

ACS Advanced Practice Providers (APP) Policy and Regulations

Advanced Practice Providers (APPs) are valued members of the physician-led trauma team and help to provide quality, responsive care for injured patients. As ATLS Associate Instructors, APPs may provide instruction in the common framework and language of ATLS for the assessment and management of injured patients. ATLS skills are applied by health care professionals in the context of their education, training, and experience.

This document outlines a policy change for the ATLS Faculty Manual, specifically the creation of a formal status of ATLS Associate instructors. Advanced Practice Providers are eligible to teach approved components of the ATLS course within the parameters of this category.

Policy change:

4.1.3.2 Advanced practice providers (APPs) may become ATLS Associate Instructors who teach under the supervision of the ATLS Course Director. EFFECTIVE SEPTEMBER 24, 2024.

Prerequisites for Associate Instructor Candidacy for APPs:

1. APPs must have one of the following credentials:
 - a. Nurse Practitioner (NP)
 - b. Physician Assistant (PA)
 - c. Certified Registered Nurse Anesthetist (CRNA)
 - d. Certified anesthesiologist assistant (CAA)
2. The APP has been actively involved in trauma patient care for >4 years (and can provide documentation of this from their Trauma Medical Director)
3. The APP has been recommended as Instructor Potential by the Trauma Medical Director (TMD) at the trauma center at which the APP practices. APPs who were recognized as having Instructor Potential during their ATLS Student Provider Course (but could not be officially listed as such) must still provide the TMD documentation
4. The APP has successfully passed the ATLS Student Provider Course for the current edition of ATLS

Process by which Associate Instructor Candidates (AIC) are elevated to full Associate Instructor Status:

1. **The Candidate (APP) must successfully pass an approved ATLS Instructor Course**
 - a. Although the teaching assignments for the APPs in the ATLS Student Provider Course will be primarily skills teaching, it is important that they train in the entirety of the Instructor Course experience; the teaching of skills includes elements of the Interactive Discussion as well as the evaluation of the learners' performance of the Initial Assessment. Therefore, they will be given assignments for Microteaching as well as for conducting an Initial Assessment Patient Scenario



- b. The assignment for skills teaching during the Instructor Course should be taken from the list of approved skills in this document.
2. **The Candidate (APP) must teach in an approved ATLS Student Provider Course (traditional or hybrid) under the preceptorship of senior ATLS Faculty** (an Instructor Course Director or someone who has taught in an Instructor Course) in order to be elevated to full Associate Instructor Status. The Candidate must demonstrate proficiency in the Course elements of interactive teaching and the ability to teach a skill using the approved ATLS multi-step model for psychomotor skills teaching.
- a. **Interactive Teaching**
 - i. The Candidate may demonstrate the ability to engage in interactive teaching by any of the following methods:
 1. Leading or Co-leading the Triage Scenario Discussion
 2. Leading or Co-leading the Stop the Bleed Didactic Discussion
 3. Demonstrating interactive discussion techniques during the small group(s) at the Skill Station s/he is facilitating
 - b. **Psychomotor Skills Teaching**
 - i. The Candidate must conduct a skill station from the list approved by the ATLS Committee and by the site Course Director
 - ii. The skill station must include at least one psychomotor skill requiring the use of the multistep teaching model
 - c. **The Candidate may not use an ATLS Refresher Course as their teaching experience**

Approved Course Components for Associate Instructors

Skills stations

Secondary Survey

- i. Multistep Model Skills
 1. Placement of Cervical Collar
 2. Fracture Splinting
- ii. Additional Skills
 1. Performance of Complete Secondary Survey
 2. Evaluate Patient for Compartment Syndrome
 3. Review of Extremity Fracture Images
 4. Transfer Communication
- iii. Other Considerations
 1. Anticipate Associate Instructors can teach the involved skills independently with overall supervision by Course Director
 2. Associate Instructor will conduct the Station using scenario-based interactive techniques



Disability

- i. Multistep Model Skills
 1. Helmet Removal
 2. Log Roll and Removal of Spine Board
- ii. Additional Skills
 1. Clinical evaluation of the Cervical Spine
 2. Brief/Focused and Detailed Neurologic Examination
 3. Transfer Communication
 4. Review of Head CT scans and Cervical Spine Images
- iii. Other Considerations
 1. Anticipate that most Associate Instructors can teach the involved skills independently with overall supervision by Course Director
 - a. The multi-step model skills should be able to be conducted independently by the Associate Instructor in most cases
 - b. If it is thought that additional expertise is required for the Review of Head CT scans and Cervical Spine Images, recommend the Station be co-led by a physician
 2. Associate Instructor will conduct the Station using scenario-based interactive techniques

Circulation

- i. Multistep Model Skills
 1. Wound packing
 2. Tourniquet Application
 3. Placement of Intraosseous Device
 4. Placement of Pelvic Stabilization Device
- ii. Additional Skills
 1. Placement of Traction Splint (demonstration)
 2. Review of Imaging (pelvis pre-and post-application of pelvic stabilization device; extremity pre-and post- traction)
 3. Transfer Communication
- iii. Other Considerations
 1. Anticipate most Associate Instructors can teach the involved skills independently with overall supervision by the Course Director



2. If FAST/eFAST is discussed or taught as part of the Skill Station, a physician should co-lead the Station
3. If the optional skills (Diagnostic Peritoneal Lavage, Pericardiocentesis, Venous Cutdown, Femoral/Subclavian Venipuncture) are taught as part of the Skill Station, a physician should co-lead the Station
4. Associate Instructor will conduct the Station using scenario-based interactive techniques

Airway

- i. It is recommended that only Associate Instructors with documented airway management credentials, such as Certified Registered Nurse Anesthetists (CRNAs), teach this skill station under the overall supervision of the Course Director.
- ii. The recommendations for the use of Associate Instructors for this Skill Station are limited to Non-invasive/Preparatory Basic Airway Skills and Orotracheal Intubation. It is not recommended that Associate Instructors teach invasive airway skills such as cricothyroidotomy/surgical airway
- iii. At some sites, the Airway Skill Station is divided into two separate stations. In that setting, it may be possible for the **qualified** Associate Instructor to independently (with overall supervision of the Course Director) conduct the station in which the Basic Airway/Orotracheal Intubation skills are being taught while a physician instructor conducts the station in which the invasive airway skills are being taught. However, if all the Airway skills are taught at a single station, a physician must co-lead the station with the qualified Associate Instructor.

Non-Skill Station teaching

The Associate Instructor may lead or co-lead the following Course elements at the discretion of the Course Director:

- Triage Scenarios
- Stop the Bleed Didactic Session



Responsibilities of the Course Director

- a) The Course Director is the de facto supervisor of an Associate Instructor teaching in an ATLS Student Provider Course
- b) The Course Director has discretion regarding teaching assignments of ATLS Faculty regardless of discipline, accepting responsibility, making sure the Course complies with ATLS quality standards.
- c) As with physician instructors, the Course Director should assure that Associate Instructors are assigned teaching roles that are commensurate with their experience and comfort level.
- d) As with physician instructors, the Course Director should be available for consultation with the Associate Instructor before and during the Course should the need arise.

