Purpose: The Trauma Registrar is an integral part of a trauma program as they maintain and analyze quality data to support injury prevention, education, and research initiatives. They work collaboratively with the TPM and TMD to identify areas for clinical practice, establishing best practices in trauma care. The Trauma Registrar position requires clinical, coding, and computer knowledge, often utilizing numerous data dictionaries and best practice guidelines to ensure valid data is reported to internal and external partners. When our Senior Registrar joined the Trauma Program in 2017, there was no established training guideline nor a predecessor to assist in transitioning them into the complex world of Trauma Registry. A “learn as you go” environment was launched as they self-navigated through multiple resources learning their job functions. While they ultimately succeeded in becoming proficient in their role, it was evident an on-boarding and training process was needed. As our Trauma Program was expanding in 2019, the need for an additional Trauma Registrar was apparent. Due to this, our Senior Registrar created a registry manual, orientation packet, and training guideline with established timeline benchmarks. Our additional Trauma Registrar began in May 2019 with an eagerness to learn and a willingness to pilot the department’s training guideline.

Resources: Program specific registry manual. Data validation plan. A dedicated Senior Registrar committed to utilizing the developed training plan to aid in the success of the new Trauma Registrar. Engaged Management and Administrative support for financial needs to fulfill education requirements. Engaged hospital leadership understanding and appreciating the role and importance of trauma registry at the program, hospital, state, and national level.

Description: The Senior Registrar made an Excel workbook with a timeline for benchmarks, weekly expectations, and monthly & yearly goals. The workbook was put in a binder with pertinent reference material. The guideline opened with the registrar understanding the importance of their role, what resources were needed and why. The curriculum aided the trauma registrar in learning to abstract all data fields starting with less complicated, progressing to fields requiring a data dictionary definition. Once all data fields were absorbed, full abstracts were completed on non-alert, POV patients, advancing to highest alert, death charts. Once the new registrar consistently scored 95% validation, training moved to reporting and registry management. In the first 90 days, a weekly summary was written by the senior registrar including a general overview and goals for the next week. The summary was signed by the trainee, trainer, and trauma program manager allowing for transparency and collaboration. Months 4-6, training was on end of month reporting, getting registered and taking trauma specific classes, and participation in IRR. Month 7 started registry management and reporting. Our new registrar is in month 9 of training, the curriculum extends to year 3 with end goals of obtaining both CSTR & CAISS.

Effectiveness: Within 3 months of their start date, our new registrar was independently completing full abstracts on all levels and types of charts with a consistent 95% validation rate. In under 6 months, they completed an ICD10 trauma specific course, participated in IRR as a validator, was chosen for a state subcommittee aimed at re-writing the state data dictionary, and independently completed daily and end of month reporting. In under 9 months, they completed the ATS Registry Course, attended the TQIP conference, assisted in site survey prep, and is registered to take the CSTR pre-test. With clear understanding of training expectations from the trainee, program manager, and hospital leadership, the above goals were met prior to the proposed timeline.

Lessons Learned: The success of this training curriculum is attributed to having a detailed plan with step-by-step instructions for each week, allowing the new registrar and trainer to not be overwhelmed. The format in which this training program is broken down is more palatable; bringing ease to navigating a new, specialized position. Weekly summary sit-downs with manager and trainer provided a clear understanding of expectations and discussion on if the program was working and if any adjustments needed to be made. Having it written out offered a visual representation of elements learned and accomplished, while reminding the trainer of what else needed to be taught. While the trainee’s learning was ahead of the proposed schedule, we are confident the timeline is appropriate for various styles of learning.
Conclusions: Trauma Registry is a specialized field requiring a combination of clinical, coding, and computer knowledge. With a thorough training plan, the rookie trauma registrar can be successful in learning all aspects of the position in appropriate stages as to not overwhelm them. By committing to a training curriculum, the trauma program creates a culture of value, attracting quality employees ultimately decreasing turnover.