

HECTOR: A Trauma Course to Match Our Population

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Abstract

Major trauma in Ireland now affects older adults more than any other group, with patients aged ≥ 65 years making up over half of all national cases. Most injuries arise from low-mechanism falls, bringing frailty, multimorbidity, and polypharmacy into routine trauma care. Traditional trauma education has not always kept pace with these changes. The UK Heartlands' Elderly Care Trauma & Ongoing Recovery (HECTOR) course was developed specifically to support clinicians managing older trauma patients. This study describes the adaptation of HECTOR to the Irish context and evaluates a pilot delivery of the course.

Using Kern's six-step framework, the curriculum was modified to align with Irish guidelines, system structures, and resource availability. A one-day pilot course was delivered to 18 multidisciplinary clinicians during the 2025 Irish Association for Emergency Medicine (IAEM) meeting. Twelve participants completed post-course evaluations. Feedback was overwhelmingly positive, highlighting relevance, practicality, and the value of the interprofessional format. The findings indicate strong feasibility and support further rollout with more rigorous evaluation.

Introduction

Ireland's trauma population has undergone a substantial demographic shift. National audit data show that adults aged ≥ 65 years now represent over half of all major trauma patients, with falls from standing height accounting for the majority of presentations.¹ These patients often present with frailty, chronic illness, and polypharmacy, making their assessment and management more demanding. Despite this, national reports show that older trauma patients are less likely to be pre-alerted, reviewed early by senior clinicians, or managed through structured trauma pathways.²

International guidance on geriatric emergency medicine education stresses the importance of training that reflects real-world patient populations and encourages interprofessional, hands-on learning.³ In the UK the Heartlands' Elderly Care Trauma & Ongoing Recovery (HECTOR) programme was designed to address these needs by integrating simulation, case discussions, and geriatric-focused teaching for trauma teams.⁴

Given the clear parallels between UK and Irish trauma systems, HECTOR Ireland was developed as a tailored version of the course. This study outlines that adaptation and evaluates the pilot delivery of the programme.

Methods

Curriculum Adaptation

The HECTOR Ireland course was developed through a systematic adaptation of the original HECTOR (UK) curriculum, utilising Kern's six-step educational framework to ensure optimal relevance within the Irish healthcare setting.⁵ Adaptation focused on aligning the course with national clinical practice by replacing UK-specific guidelines with Irish protocols, restructuring the original two-day format into a more accessible one-day programme, and modifying all simulation cases and teaching scenarios so they reflected local hospital workflows, staffing patterns, and available resources.

Course Structure

The final one-day course structure combined didactic sessions (covering frailty in trauma, delirium recognition, optimal analgesia, and rehabilitation principles) with small-group case-based discussions and low-fidelity simulation scenarios emphasising clinical reasoning, communication, and interprofessional collaboration.

Setting and Participants

The pilot course took place at the 2025 IAEM Annual Scientific Meeting. Eighteen participants attended: four Consultants, seven NCHDs, and seven MDT members (physiotherapy,

occupational therapy, and nursing). Participants were allocated to mixed-discipline groups to promote interprofessional learning.

Faculty

The teaching faculty included Emergency Medicine Consultants, Geriatricians, a General Surgery Consultant, an Advanced Nurse Practitioner in Trauma, and a Simulation Fellow.

Evaluation

A short, anonymous post-course questionnaire captured participants' views on course quality, usefulness, and instructor effectiveness. Free-text space allowed for additional comments. Quantitative findings were summarised descriptively. One reviewer conducted an inductive thematic analysis of qualitative responses.

Results

Participant Feedback and Satisfaction

A total of 12 participants completed the post-course evaluation questionnaire (66.7% response rate). Feedback was consistently positive (Table 1).

Metric	Rating	Number of Respondents (n=12)
Overall Quality of HECTOR Course	Excellent	12 (100%)
Instructor Effectiveness	Very Effective	12 (100%)
Usefulness of Group Lectures	Very Useful	11 (91.7%)
	Useful	1 (8.3%)
Usefulness of Simulation Scenarios	Very Useful	11 (91.7%)
	Useful	1 (8.3%)
Usefulness of Small Group Topics	Very Useful	10 (83.3%)
	Not Very Useful	1 (8.3%)
	Skipped	1 (8.3%)

Table 1. Participant Ratings of Course Quality, Effectiveness, and Usefulness (n=12)

Qualitative Themes

Thematic content analysis of the free-text reflections yielded several consistent themes reflecting high levels of satisfaction and perceived clinical relevance.

Theme 1: High Perceived Value and Recommendation

Participants consistently described the course as “excellent,” “extremely useful,” and “highly relevant.” Many expressed interest in wider national adoption. A key indicator of satisfaction was the strong intention to recommend the course: “I will be recommending” and “Would love to see this as a regular course in Ireland.”

Theme 2: Effective Structure and Delivery

Participants specifically praised the pedagogical approach and the logistical structure. Key comments highlighted the course's interactive, informal nature and its well-structured design. The balance between content delivery methods was also highly valued: “excellent amount of sim and discussion” was noted, indicating the blend of simulation and group work was effective. Furthermore, the faculty received high praise for being “Friendly and approachable.” The logistical decision to condense the training was affirmed: “I liked that it was one day. It was excellent.”

Theme 3: Direct Clinical Relevance

The course was perceived as directly applicable to clinical practice, fulfilling the educational gap it was designed to address: “Practical course that I can apply to my job.” Participants also acknowledged the breadth of the material, stating they learned new information even in previously familiar areas: “Felt there were areas where I had no previous knowledge and areas where I still learned new things.”

Improvement Suggestions

Only one specific content suggestion was raised. One participant suggested including vestibular assessment information for fall-related trauma.

Discussion

The pilot delivery of HECTOR Ireland suggests that the course is both feasible and well-received by clinicians working in Irish trauma care. The overwhelmingly positive feedback across roles and seniority levels indicates that the adapted curriculum fits well within the Irish context and addresses a recognised training gap.

The emphasis on frailty, communication, and team-based management aligns closely with emerging geriatric emergency medicine principles and the needs of Ireland's ageing trauma population.³ The interprofessional nature of the course appears to have been particularly valued.

However, several limitations must be acknowledged. The sample size was small, participation was voluntary, and only two-thirds completed the evaluation. The study relied solely on self-reported satisfaction—important but limited to Kirkpatrick Level 1.⁶ The qualitative analysis was conducted by a single reviewer. These factors limit the generalisability of the findings.

Future iterations should include pre- and post-course testing, observed assessments, and follow-up to determine whether the course influences practice, guideline adherence, or system outcomes.

Conclusion

HECTOR Ireland was successfully adapted for Irish practice and was rated highly by participants for relevance, structure, and clinical usefulness. Although this pilot was small and relied on subjective feedback, the results support continued rollout and the development of more robust evaluation strategies. As Ireland's trauma population continues to age, focused education such as this has an important role in strengthening care for older trauma patients.

Declarations of Conflicts of Interest:

None declared.

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