

# Exploring the ICU Education Experience Across London During the COVID Pandemic: Survey Results

## Dieticians Redeployed to ICU

London Transformation and Learning Collaboration (LTLC)

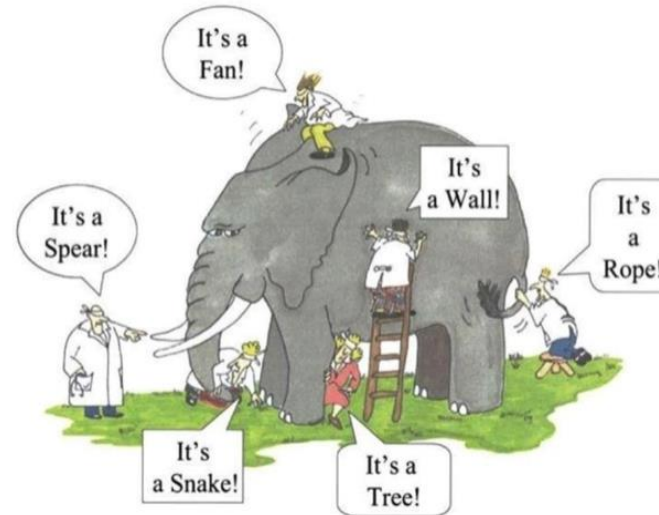
NHS England and NHS Improvement



# Purpose of the London Transformation & Learning Collaborative (LTLC)

We want to assist system working and move forward in a way that will support growth and optimise effectiveness.

- Work **collaboratively**
- Share **best practice** across organisations, systems and the region
- Enable colleagues to be more prepared to work in an expanded critical care as well as in the event of a second surge thereby **improving staff experience**
- Support each other in **improving patient outcomes**
- Providing training content and structure that can be delivered **consistently and effectively**



To optimise the performance of the entire system, stakeholders need to shift from trying to optimise their element of the system to improving relationships among its constituent elements. They need to shift towards thinking systemically.

# About the LTLC Programme:

## Purpose

- To increase the supply and resilience of staffing for critical care across London
- To develop a London plan that seeks to ensure that the NHS workforce is equipped with the skills and capabilities to manage existing demand, potential future spikes in demand as a result of Covid-19 and longer-term permanent expansion of critical care capacity in London.

## Primary outcome

- To cross-skill staff to support the London region to expand ICU capacity with the potential to open more critical care beds in surge

## Scope

- Develop clinical education transformation capability across the NHS in London: Develop transformation programmes which align to patient need, service model, and workforce models.
- Co-ordinate design and delivery of training to support London's response to Covid-19: Establish innovative education delivery models that will support the development of an agile workforce that has the robust capability to deal with a second surge.

# Survey Aims and Research Questions

**Aim:** Explore education experiences of those who worked in ICUs across London during the COVID pandemic; both those who worked in ICU and those who were redeployed to ICU

## Research Questions:

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### ICU staff delivering education

- Demographics
- Education successes
- Education challenges
- Useful professional groups
- Support needed for a second surge
- Would collaborating with other ICUs help?
- Training resources and IT systems used

**179** responses

2

### ICU staff receiving education

- Demographics
- Useful elements of training
- Elements of preparation that were missing
- What would you do differently?

**138** responses

3

### Non-ICU/Redeployed staff

- Useful elements of training
- Training that was missing
- Useful things learnt (how and from who)
- Steepest learning curve (how it was overcome)
- Training resources used
- What would you do differently?
- Advice to a colleague going to work in ICU

**616** responses

**Total = 933 responses**

# Survey Results: Responses from Dieticians that were redeployed to ICU during the pandemic

Total = 26 responses

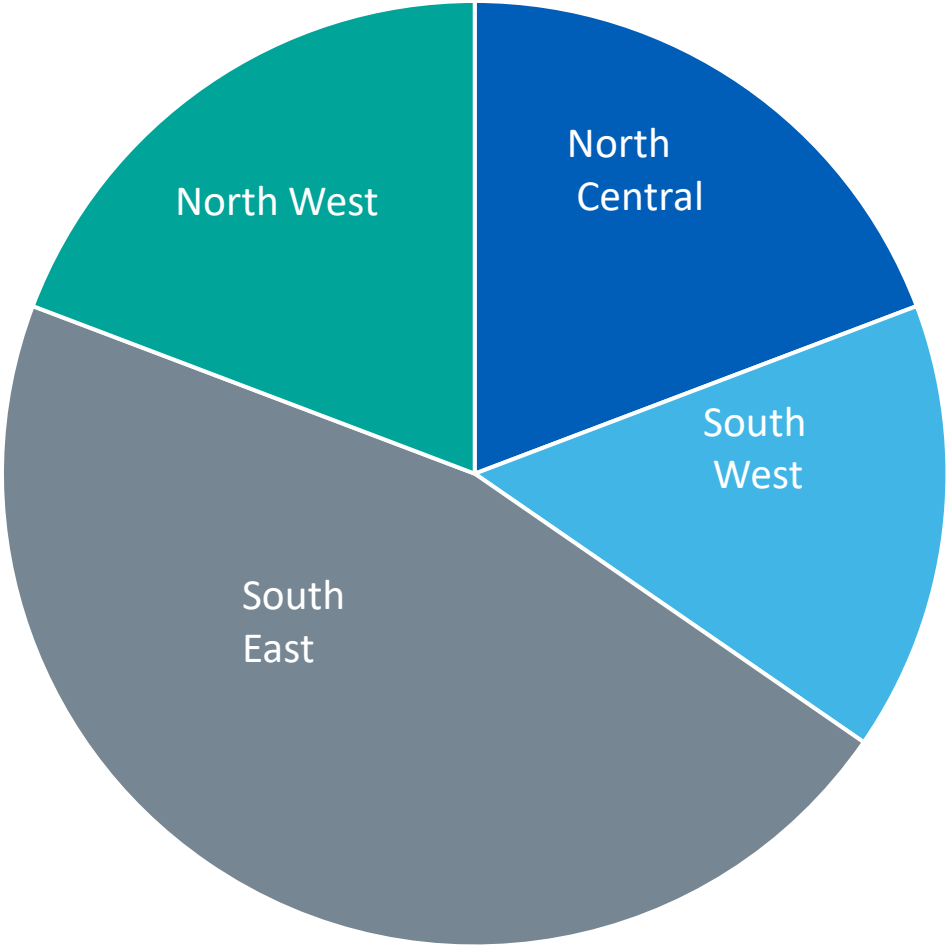
\*Resources that were suggested in the survey responses are being collated separately and are not discussed in this summary

# Redeployed Dietitians: Area and Location

Normal Area of Work	No.
Gastro	5
Paediatrics	4
Acute	3
Care of the elderly	2
Community	2
Cancer	2
Renal	1
Outpatients	1
Leadership	1
Cardiac Rehab	1
<b>TOTAL</b>	<b>26</b>

Banding	No.
Band 5	3
Band 6	8
Band 7	13
Other	2

Response Rates by Area of London



# Q1: During the initial COVID response what was the most useful and important elements of training you received?

ICU Skills and Knowledge		General	
ICU nutrition training	5	Training within ICU	14
PPE	4	Support from others	5
COVID knowledge	1	Received no training	5
Ventilation	1	Prompts/crib sheets	3
ICU drugs	1	IT systems	2
		Ward orientation	1
		Role definition/information	1
		ICU guidelines	1
		Equipment training	1

# Discussion Q1: During the initial COVID response what was the most useful and important elements of training you received?

- A lot of dieticians discussed the support they received as opposed to specific skills and ICU knowledge



“Support and encouragement from an amazing team of experienced ICU staff” ***Band 6 Redeployed Dietician SEL***

- Training within ICU was stating as being very important



“Having the chance to spend time with the CC dietitians and learn from their experience” ***Band 7 Redeployed Dietician SEL***

- Important elements of training were ICU nutrition training, PPE and COVID specific knowledge



## Q2: What do you wish you had known more about / had more specific training before you worked in CC?

ICU Skills and Knowledge		Other	
Ventilation (including NIV)	4	Orientation to ward and team structure	4
ICU drugs	4	Team dynamics/ICU structure	3
Equipment	3	Knowledge of role/role definition	2
Taking and recording observations	2	End of life care	1
PPE and infection control	2		
Renal replacement therapy	1		

## Discussion Q2: What do you wish you had known more about/had more specific training before you worked in CC?

- Elements of training felt to be lacking were: ventilation, ICU drugs and PPE
- Lack of orientation to the ward and the team structures was a common theme
- There was a lack of knowledge about the ICU role of dieticians and role definition prior to redeployment



“The dynamic of a CC unit, the fundamentals of a CC unit (never worked in a CC unit/seen a ventilator)” **Redeployed dietician, band 6, NCL**



“A basic orientation of what the numbers on ventilators means, what the different medications are for, a basic guideline to what the nurses do during a shift e..g wash the patient, change the sheets, clean mouth etc” **Redeployed dietician, band 6, NCL**



“The exact boundaries of my role. But what would have been most useful was support in the first few days of actually being on the ward by a member of staff who's role was the support redeployed staff (there was no such person)” **Redeployed dietician, band 6, NCL**

## Q3. What were the most useful things you learnt whilst looking after patients in CC?\* Who did you learn this from and how?

Useful Things Learnt	
Dietician specific knowledge	11
Understanding ICU	5
Patient care	3
Proning	3
Teamwork/communication	3
Ventilation	2
PPE	2
ABG (taking and interpreting)	1

From Who and How	
Dietician	12
General experience	6
Nurse	4
Doctor	1
Colleagues generally	1

## Discussion Q3: What were the most useful things you learnt whilst looking after patient in CC? Who did you learn this from and how?

- Dietician specific knowledge was the most useful things learnt and include estimating energy requirements, factors that effected this specific to ICU and consequences of enteral feeding,

“dietetically what the focus was around tolerance of feed and managing meeting increased protein requirements given the raised BMI and filter needs” **Redeployed health care assistant, band 7, SEL**



- Generally understanding how ICU works was also commonly discussed

“Proper understanding of ITU and the demands of it” **Redeployed health care assistant, band 5, NWL**



- Non-technical skills including communication (between colleagues as well as with patients) and teamwork were useful skills learned within ICU
- Other dieticians were the greatest source on knowledge for redeployed dieticians

## Q4a: What were the steepest learning curves you faced on redeployment? How did you overcome these?

Steepest Learning Curves			
Psychological stress	5	ICU medications	2
Ventilation	4	Poor teamwork	2
Lack of technical knowledge	4	Poor communication	2
New environment	4	workload	2
Lack of role definition	3	Patient care	1
End of life care/death	3	IT systems	1
Training on the job	3		

How were they overcome?	No.
ICU Colleagues	15
Self directed study	7
Other redeployed staff	7
Books/literature	5
Supervision	5
Self-care	3
Study days	2

## Discussion Q4: What were the steepest learning curves you faced on redeployment? How did you overcome them?

- A lack of technical knowledge both around ICU dietetics as well as ICU skills was commonly discussed.



“Different environment, different way of working in critical care. Quite a lot of learning was needed to keep up with critical care dietetics” **Band 6 redeployed dietician SEL**

- Coping with psychological stress was a steep learning curves for many
- A lack of role definition and clarity on what was expected of dieticians within ICU was mentioned

“Due to nursing staff not being asked what they wanted us to do, many of them did not know what to expect of us and vis versa” **Band 5 redeployed dietician NWL**



- Some discussed how difficult it was to train and learn on the job



“Training... on the job rather than through a competency framework ” **Band 6 redeployed dietician SEL**

- ICU colleagues were important in managing the learning curves and many discussed self directed learning

## Q5: What would you do differently if you had to go back to your initial redeployment?

Responses	No.
Improve knowledge	6
Better self care	6
Nothing	4
Be more assertive/confident	2
Shadow in ICU first	2
Be more aware of role	1
Better communication	1

- Many said that they would like to have improved their knowledge through more self-directed learning

“Read more, access more webinars, longer lead in time taking small caseload with supervision”  
**Band 8 redeployed dietician SEL**



- Some discussed ways that they would prioritise self-care
- Many said they would feel more positive about the experience and be more assertive and confident

“Ask exactly what tasks they want us to do and get a clearer understanding of our defined roles as a bed buddy.” **Band 5 dietician NWL**



“I would have tried to have not been so anxious and just have embraced it a lot more, and have been more confident in myself”  
**Band 6 redeployed dietician SWL**



## Q6: What is the one piece of advice you would give a colleague going to work on CC?

Responses	No
Ask for help	8
Improve knowledge	6
Psychological preparedness	5
Stay calm	4
Be more confident	2
Embrace the opportunity	2
Communicate/better teamwork	2

- The responses commonly related to asking more questions and being more assertive



“Ask as many questions as possible. You can’t full understand CC without asking those questions and gaining that knowledge” **Band 5 redeployed dietician NWL**



“Be prepared to see people die and fight your corner, don't let people boss you around” **Band 6 redeployed dietician NCL**

- Other responses related to being prepared psychologically for the impact of working on ICU



“Be prepared for what you will see on the ward, but know its a very supportive team and there is always someone you can talk to” **Band 7 redeployed dietician SE**



# Conclusions:

- It was commonly mentioned that hands-on training within ICU by ICU dieticians was the most useful part of training. Many commented that they would have wanted more shadowing time in ICU prior to redeployment
- Important elements of training for dieticians were ICU specific nutrition training, PPE and COVID specific knowledge. Elements felt to be lacking were ventilation, ICU drugs and PPE
- There was a lack of local induction and orientation to the ward prior to redeployment
- There was a lack of clear role definition and expectation. The lack of role clarity worked both ways; not knowing what other's roles were, and others not knowing what the dietician's roles were
- Not being afraid to ask for help and ask questions, along with being more assertive were common themes throughout all the questions
- The psychological and physical stress of working within ICU were strong themes and it was not always felt that there was the necessary support available

# The LTLC: Education Workstream

The LTLC are using these survey results (as well as focus groups) to inform the following:

## Support role definition

Publish a skills matrix mapped to existing competency frameworks for all critical care roles

This can be used locally to inform learning objectives and avoid “over-teaching”

## Share Education Content

Curate existing high quality education content into modules mapped to the skills matrix

Specific areas include:

- Leadership training
- Teamworking
- Wellbeing
- ICU equipment

## Create a Skills Passport

Create electronic competency passports, interfacing with IT systems, e-learning and face to face education

Explore compatibility with e-rostering platforms

# Further information

If you would like to find out more information about the Learning Transformation & Learning Collaborative (LTLC), programme and content available, please click here:

- <https://www.e-lfh.org.uk/programmes/london-transformation-and-learning-collaborative-ltlc>

Please contact us if you have any questions or comments:

- [LTLC@hee.nhs.uk](mailto:LTLC@hee.nhs.uk)

# Close

