

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

Health Care Assistants Redeployed to ICU

London Transformation and Learning Collaboration (LTLC)

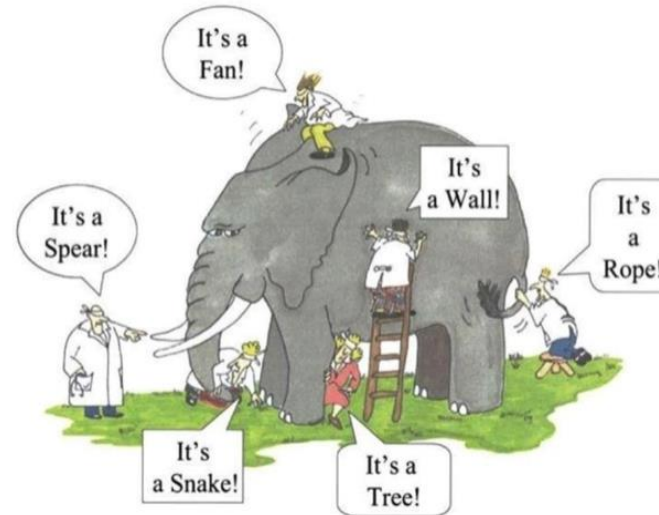
NHS England and NHS Improvement



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:

1

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 Health Care Assistants that were redeployed to ICU during the pandemic

Total = 24 responses

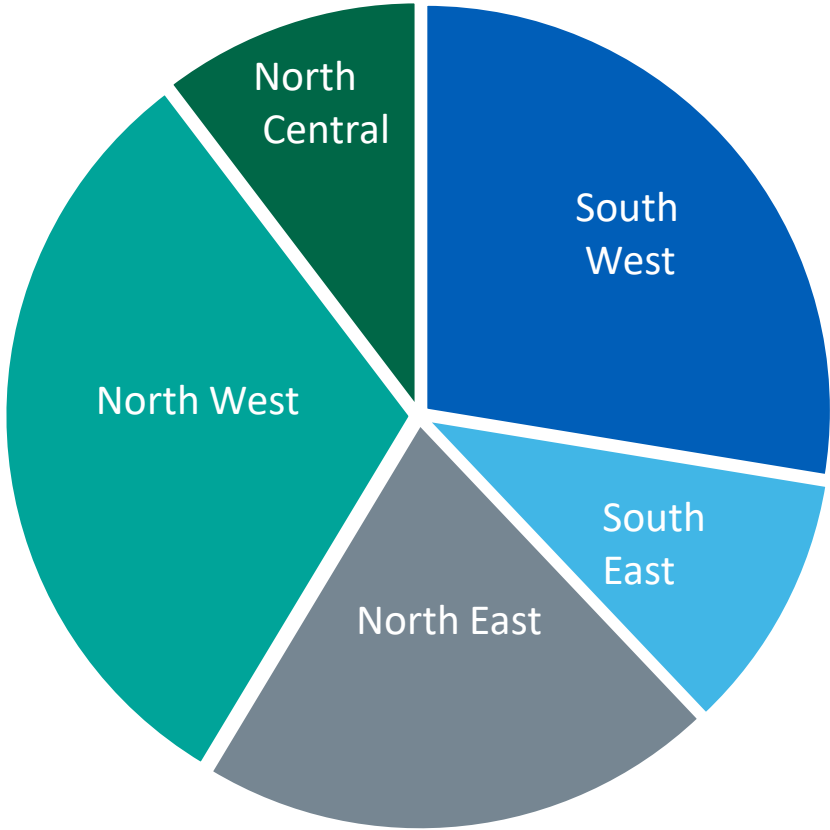
*Resources that were suggested in the survey responses are being collated separately and are not discussed in this summary

Redeployed Health Care Assistants: Area and Location

Normal Area of Work	No.
Unknown	8
Surgery	4
Theatres	3
Stroke	2
School	2
Endoscopy	1
Cardiothoracic	1
Outpatients	1
Elderly Care	1
Paediatric	1
TOTAL	24

Banding	No.
Band 2	9
Band 3	10
Band 4	4
Unknown	1

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	
PPE	5	Hands on training	5
Patient care	4	Received no training	3
Ventilation	3	IT systems	1
ABG (taking)	3	Introduction/cross-skilling course	1
Interpreting observations	2	Ward orientation	1
Renal replacement therapy	1		
Tracheostomy Care	1		

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

- Some health care assistants said that they did not receive any training before redeployment



“I did not had any training, I just have to use my own initiative how to work out ” ***Band 4 redeployed health care assistant***

- Important elements of training were PPE, patient care and ventilation
- Hands on training was stating as being very useful



“received vital training from other helpers who were able to show me how to take hourly observations and calculations regarding medication input, record ventilator settings and taking blood gases under supervision. ” ***Band 4 redeployed health care assistant***

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

ICU Skills and Knowledge		Other	
Taking and recording observations	3	Knowledge of role	2
Ventilation (including NIV)	2	Orientation to ward and team structure	2
PPE and infection control	2	Hands-on-training in ICU	2
Healthcare terminology	2	Simulation	1
Equipment	1	Wellbeing	1
Taking blood	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: how to take and record observations, ventilation and PPE
- Lack of orientation to the ward was a common theme
- There was a lack of role definition prior to redeployment which one responder commented continued throughout redeployment



"I wish I could have more experienced in ccu before starting to work there" ***Redeployed healthcare assistant, band 3***



"Exactly what my role was. I know it was unknown really at the start of the redeployment but it would have been useful to know that my role was personal care and medication etc" ***Redeployed Health Care assistant, band 4***



"We should be trained in how to take bloods because a lot of the time we were useless to the nurses" ***Redeployed healthcare assistant, band 2***

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	
Recording and interpreting observations	6
ABG (taking and interpreting)	4
Ventilation and airway management	3
Communication	3
Teamwork	2
Taking blood	1
Patient care	1
PPE	1
Cannulation	1
Compassion	1

From Who and How	
Nurses	9
Doctors	1
Educator team	1
Health Care Assistants	1
Managers	1
Other redeployed staff	1
Technicians	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?

- It was felt that most learning occurred within ICU as opposed to during training
- Recording and interpreting observations, ABG (performing, recording and interpreting) and ventilation were felt to be the most useful skills learnt on ICU
- Non-technical skills including communication (between colleagues as well as with patients) and teamwork were useful skills learned within ICU
- Nurses were the greatest source on knowledge for redeployed nursing staff

“How to speak to patients with compassion and understanding ” Redeployed health care assistant, band 3, SWL



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

Skills and Knowledge		Other	
Providing patient care	3	Team dynamics	3
PPE and infection control	2	Coping with psych. stress	3
Equipment	1	New environment and role	2
ICU documentation	1	Nothing	2
ABGs (taking)	1	End of life care	1
ICU medications	1	Protocols	1

How were they overcome?	No.
ICU Colleagues	9
Books/literature	1
Education team	1
Study days	1
Self-care	2
Support from normal workplace	2
Other redeployed staff	2
Spiritual	1

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

- There was a huge range of responses with little repetition
- Providing patient care to ICU patients and PPE were technical skills with steep learning curves
- Some health care assistants commented on difficult teamwork dynamics and that they did not always feel valued within the team



“Nurses that were frustrated with my presence, offered minimal direction or guidance. Most nurses were incredibly helpful but some were hostile and irritated by my (albeit naive) questions” **Band 3 redeployed healthcare assistant**

“The Medical and nursing teams were not friendly and saw themselves as being significantly more important” **Band 2 redeployed health care assistant**



- Coping with psychological was a steep learning curves for many
- ICU colleagues, particularly ICU nurses, were important in managing the learning curves

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

Responses	No.
Have more Training	4
Nothing	3
Would not return	2
Be more aware of roles	1
Be more assertive	1
Ask more questions	1

- The most common response from health care assistants was that they would like more training

“More training and more information on what to expect” **Band 2 Health care assistant**



- Some said they wouldn't do anything differently
- Some said that they wouldn't return

“I would have started asking questions sooner. I was scared at the start so didn't ask much, so I wasn't learning very fast.” **Band 3 redeployed Health care assistant**



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

Responses	No.
Prioritise psychological care	4
Prioritise physical Care	3
Ask questions	1
Work within limits	1
Focus on teamwork	1
Don't go	1

- The responses overwhelmingly related to psychological and physical wellbeing



“reach out to your family and friends for support” **Band 4 redeployed health care assistant**

“It is a good experience and it challenges your emotional well-being and so as your knowledge as a healthcare profession” **Band 2 redeployed health care assistant**

“Know your limitations and make sure everyone else knows your limitations. Critical care nurses are highly skilled individuals and for those who have worked in that environment for a long time, they can sometimes assume that what is second nature to them is second nature to people from different backgrounds” **Band 3 redeployed health care assistant**

“during covid the advice would be you wont think its affecting you but it does so make sure you get whatever help is out there because you are on your own” **Band 2 redeployed healthcare assistant**

Conclusions:

- There was a lack of training prior to redeployment for health care assistants. The most important elements missing were: PPE, patient care, how to take and record observations and ventilation
- It was commonly mentioned that hands-on training and shadowing was the most useful part of training
- There was a lack of local induction and orientation to the ward prior to redeployment. This included where things were located and as well as information on role definition
- Health care assistants did not always feel valued within the ICU team and this theme is specific to this staff group. This theme should be addressed and further insight gained
- Not being afraid to ask for help and ask questions, along with knowing where limitations lie are common themes throughout all the responses
- 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

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