

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

Survey Results – ICU Staff Delivering Education

London Transformation and Learning Collaboration (LTLC)

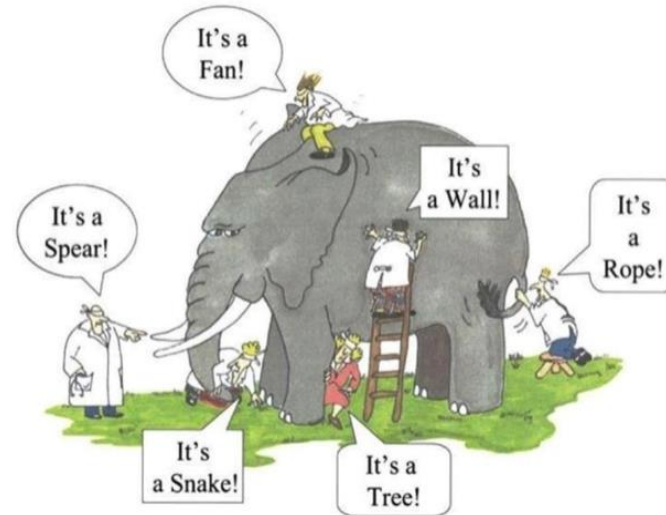
NHS England and NHS Improvement



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 critical care as BAU and 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 up-skill staff to support the London region to expand ICU capacity with the potential to open more critical care beds in surge. (Numbers are currently in review).

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 ICU Staff that Primarily Delivered Education during the Pandemic

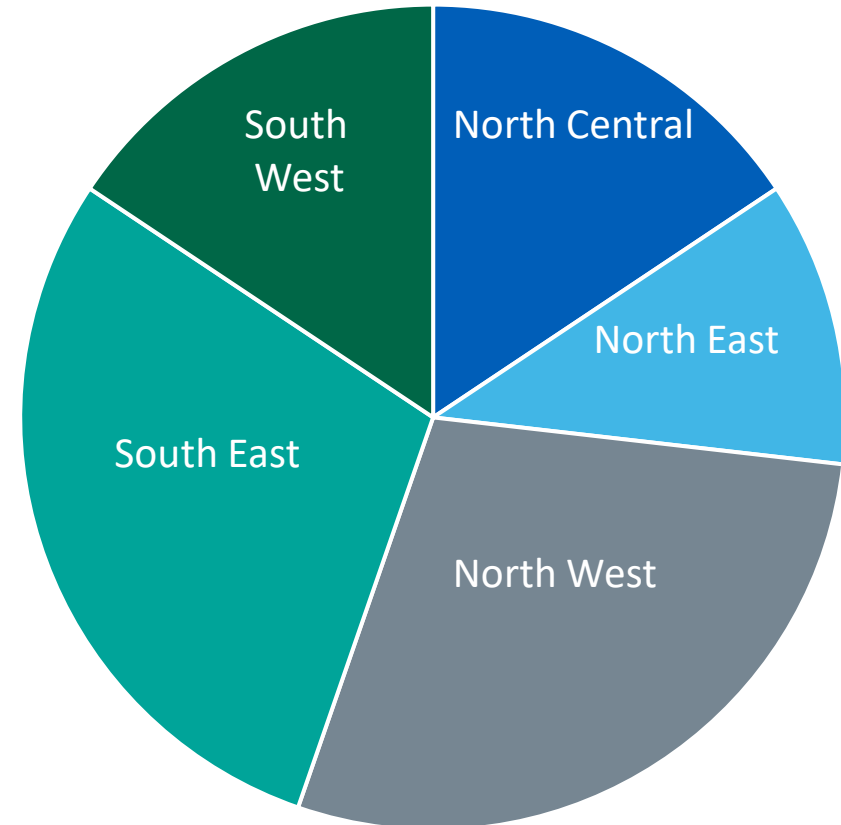
5 Main Questions

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

Demographics: Profession and Location

Profession	No of Responses
Nursing	83
Physiotherapists	26
Pharmacy	19
Doctors	19
Dieticians	15
Speech and Language Therapists	10
Healthcare and Nursing Assistants	7
Other	20
TOTAL	179

Response Rates by Area of London



Question 1: What were your educational challenges?

Provisions for Education		Challenges for Educator		Challenges for Learner	
Time to train	28	Training whilst on the job	27	Transfer from classroom to ICU	5
Space to train	9	Assessing learner's needs and understanding	17	Supervision of redeployed staff	5
PPE availability	7	Teaching in PPE	9	Lack of 'hands on learning'	3
Staff to train	7	Number of people needing training	8	Learner anxiety	3
Lack of resources	4	Educator stress/stressful environment	8	Information overload for learners	2
IT/computer issues	3	Teaching despite not being 'expert'	5	Redeployment issues	1
Release of staff	3	Changing information (e.g. COVID Mx, PPE)	5		
		Teaching 'good enough' not 'good' care	3		

Discussion - Question 1: What were your educational challenges?

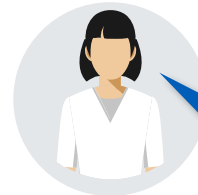
- Lack of provisions included time, space, PPE, staff, training resources, release of staff, issues with IT/computers
- Training whilst on the job was the biggest challenge for educators
- Challenges for learners included lack of transfer from the classroom to ICU, lack of 'hands-on' training and learner overload
- Difficulty in assessing learner's needs due to their diverse backgrounds and difficulties checking their understanding
- Stress and anxiety of educators, learners and the environment



“It was very stressful to teach because we were given more patients than we were used to and then expected to teach helpers on top of that”, **ICU Nurse, band 5, NCL**



“You have to calm them down so they can understand what you are saying”, **ICU Nurse, band 5, SEL**



“It was incredibly busy and loud on the units, it was hard to always ascertain where learners were at”, **ICU Nurse, band 6, SEL**

Question 2: What skills were you unable to teach?*

General Skills		Specific Skills		Equipment	
Simulation	5	Inotropes	8	Ventilators	17
Resilience/stress Mx	5	Tracheostomy management (SALTs)	7	'Equipment' training	3
ICU computer systems	5	Infusion pumps	7		
Competency	3	Rehabilitation/ ICU stepdown	6		
Practical skills	3	Sedative drugs	5		
Clinical judgement	3	ICU nutritional protocols/feeding (dieticians)	4		
Emergency situations	2	Renal Replacement Theory (pharmacists)	3		
Risks of interventions	2	Multi Organ Failure	3		
Non-COVID ICU	1	Proning	2		

*12 other topics mentioned only once and not included

Discussion - Question 2: What skills were you unable to teach?

- Responses specific to profession
 - SALTs – Tracheostomy management
 - Pharmacists - Renal replacement therapy
 - Physiotherapists and OTs – Rehabilitation
 - Nurses – Ventilators, infusion pumps, inotropes
 - Dieticians – ICU feeding
- Most frequent responses were ventilators, inotropes, tracheostomy and infusions
 - Were educators overteaching?

“There was tendency as an ICU nurse to over teach. This left some staff overwhelmed and other staff over confident”, **ICU Nurse Lecturer, SEL**



- Ventilators - concern around different ventilators, anaesthetic machines
- Lack of simulation due to closed education centers and social distancing restrictions
- Resilience/stress management was difficult to teach
- Teaching on ICU computer systems was lacking

Question 3: Which professional groups were the greatest benefit during redeployment? Please elaborate*

Professions		Teams		Professional Organisations	
Nurses	42	Specific 'teams'	18	British dietetic Association	4
Physiotherapists	19	• Proning		UKCPA	3
Recovery/ex-ICU nurses	12	• Mouthcare		CSP	2
Anaesthetists	8	• Tracheostomy		BACCN	2
Everyone	6	• Cannulation		SLACCN	2
Paediatric Nurses	5			BTS	1
Occupational Therapists	4				
CCU nurses	4				
Operating Department Practitioners	3				

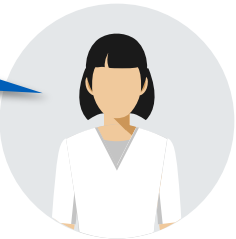
*13 other professions mentioned not listed here as well as many other professional organisations

Discussion

Question 3: Which professional groups were the greatest benefit during redeployment? Please elaborate?

- Overwhelmingly positive about redeployed staff
- Nurses with ICU experience or with experience in acute medicine commonly cited
 - E.g. Paediatric nurses, ex-ICU staff, recovery nurses, CCU nurses

“Recovery staff and ex critical care nurses - with greater background knowledge and confidence with advanced health interventions they were able to adapt well and were more useful”, **ICU Nurse Band 5 NEL**



- Physiotherapists

“Inpatient Physiotherapists...as they had a good baseline level of knowledge to cross skill and build on, this helped with building resilience into the normally very stretched critical care teams” **Physio Band 8 SEL**



- ‘Teams’ were deemed very useful for relieving workload – Is there an ongoing role for them?

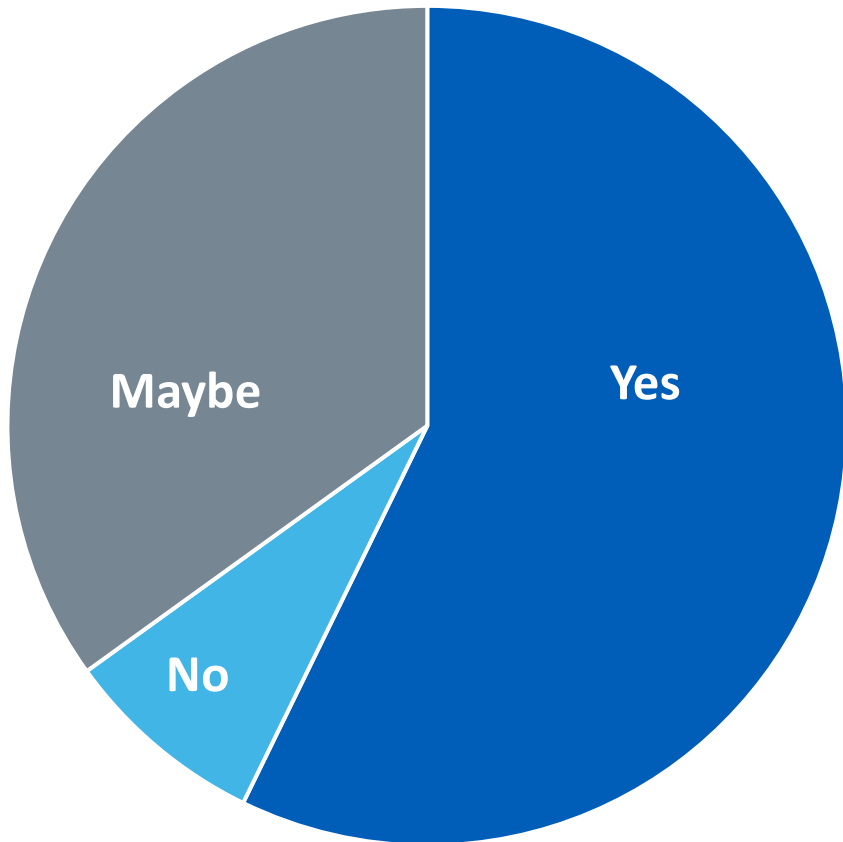
Question 4: What (if any) support would you and your fellow educators like to help deliver training before another surge?*

Resources generally - Online resources (6/20) - Film/video support/resources (5/20)	20	Nothing	6
Allocated training time/ time	11	Simulation Training	5
Support with equipment/devices	9	COVID specific knowledge	4
More 'hands on' training/supernumerary shadowing	8	IT support	4
Training curriculum/competency framework - IV competencies (4/8)	8	Money	3
Preparation/ Start early	6	Centralised training	2

*9 other topics mentioned once not listed here

Question 5: Would delivering education collaboratively with other ICUs help you?

No. of responses =166)



Concerns about working collaboratively

Aspects of ICU are unit specific	28
- Protocols/documentation/guidelines are unit specific	(19)
- Devices/equipment/computer systems are unit specific	(8)
- Patients/staff skill sets are unit specific	(1)
Large trust/multiple ICUs already	6
Concerns about face-to-face training	2
People are too busy/travelling time	2
Already working collaboratively with ICUs	1

Conclusions: ICU Staff Delivering Education

- Training on the job was the biggest challenge
- Stress and fear were widespread and impacted education. Resilience and stress management was difficult to teach
- Simulation may have helped with fear and lack of transfer, but was often not possible
- IT issues included lack of computer access, poor internet connection, inability to use MS teams, lack of education on ICU computer systems
- Strong desire for support with equipment training - education around ventilators was a huge concern
- Were ICU staff 'overteaching'? Many highlighted need for curriculum and competency frameworks
- Concerns around collaboration relate to the individual nature of some aspects of ICUs

The LTLC: Education Workstream

The LTLC are using the survey results and 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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