

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

## Survey Results – ICU Staff Receiving Education

London Transformation and Learning Collaboration (LTLC)

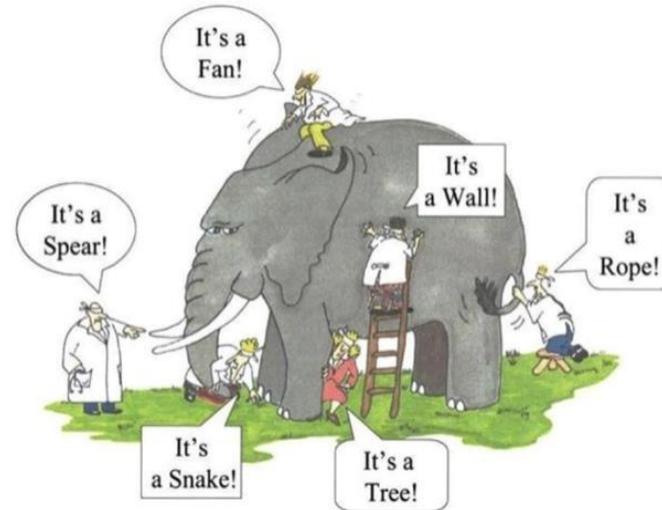
NHS England and NHS Improvement



# 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 Received Education during the Pandemic

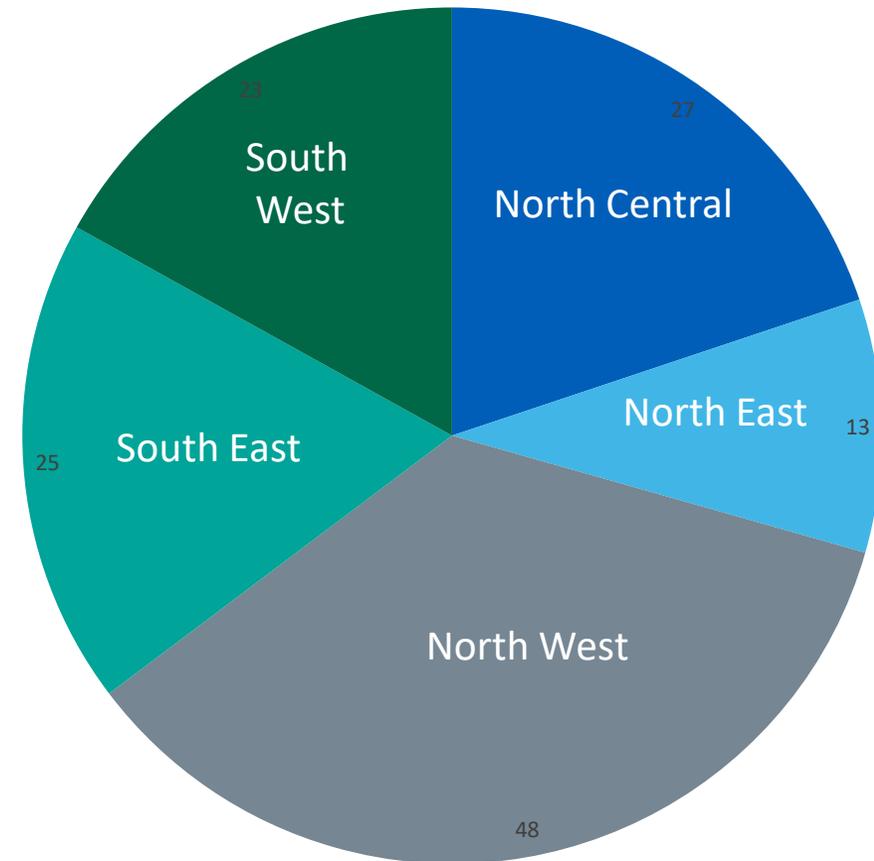
## 3 Main Questions

\*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	63
Physiotherapists	28
Pharmacy	8
Doctors	24
Dieticians	1
Speech and Language Therapists	3
Healthcare and Nursing Assistants	7
Other	4
<b>TOTAL</b>	<b>138</b>

Response Rates by Area of London



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

Clinical Content		Other Content		Organisational Elements	
PPE	49	Equipment related inc. ventilators	12	Good Support System	14
Ventilation	26	Explanation of the role	11	Team meetings/updates	5
Proning	23	Additional Courses	10	How the ward/systems work	3
Clinical guidelines	15	I did not receive training	9	WhatsApp groups	2
COVID information	13	Specific/named courses	6		
ICU drugs	11	Elements of local induction	5		
Deteriorating patient	4	ICU computer systems	2		
Tracheostomy	5				
Simulation	3				

\* Themes with only one response not included in the table

## Q2. Were there elements of your preparation that you feel were missing?\*

Clinical Content		Other Content		Organisational Elements	
PPE	15	None	21	Psychological Support	21
COVID information	10	Confidence/competence in role	16	Practical support	10
Ventilation	9	Role definition	11	Communication **	8
Clinical guidelines	5	Equipment orientation	10	Poor role allocation	6
Deteriorating patient	4	Elements of local induction	4	Poor systems in place	5
ITU drugs	4	Lack of shadowing time	3		
Proning	2	Leadership	3		
Tracheostomy	2	ICU computer systems	2		
Simulation	2				

\*Themes with only one response not included

\*\* Communication relates to poor communication structures as a whole, not lack of training on communication

# Discussion – Q1. and Q2. The most useful elements and those that were missing

## Responses overall:

- Looking at responses for Q1 and Q2 combined, 9 responders said they had no training and 5 commented that it was insufficient. 21 responded that no elements of training were missing

## Responses relating to Clinical Content:

- Things that were deemed most useful were the same as those commonly felt to be lacking:
  - Ventilation, PPE, proning, clinical guidelines and COVID specific information were top
- There was different emphasis on importance of elements amongst professions. For example:
  - ICU medications – nurses, ventilation and proning - physiotherapists, clinical guidelines - doctors
- Many people mentioned the usefulness of ‘additional courses’ (commonly ‘up-skilling courses’)
- PICU nurses who were now working on adult ICU commonly commented on the teaching around the differences of the ICUs being either appreciated or lacking
- Some highlighted the lack of educational resources

# Discussion – Q1. and Q2. The most useful elements and those that were missing

## Responses relating to **Other Content**, including **Role and Equipment**:

- The importance of orientation to new equipment was a common theme and was felt to be lacking - particularly orientation to new ventilators
- There was a lack of role preparation included information on what staff could expect to be facing (examples given included high death rates in patients, unusual working conditions, risk of infection)
- There was a lack of knowledge on role definition
- 10% of responders discussed not feeling confident or competent in their role and this was linked to a lack of information given to them on role definition and preparation for their role
- Several staff have said that they would have liked leadership training, particularly to help them with managing less skilled staff

# Discussion – Q1. and Q2. The most useful elements and those that were missing

## Responses relating to Organisational Structure and Support:

- It was felt that there was a lack of psychological support before, during and after the pandemic
  - South East London had a comparatively positive response about psychological support
  - Support from colleagues and seniors was highly valued
- 'Practical' support was also lacking and this related to support with wearing PPE for long periods, physical exhaustion and managing shift patterns
- Some people discussed poor role allocation as well as skills not being matched to roles
- Communication was commonly discussed, both positively and negatively
  - Negative aspects included communication from senior decision makers, between staff groups on ICU, between different areas of the hospital, a lack of mechanisms to provide feedback and a lack of ways to communicate updates.
  - Team meetings and WhatsApp groups were noted to be helpful for disseminating information and as a platform to give feedback

### 3. What would you do differently if you could go back to the start of the first surge response?

Responses	
Need for more Staff	22
Nothing	21
Manage Excessive workload	16
Avoid slow response/prepare now	11
Better self-care	10
Improve own clinical knowledge	9
Get more involved	7
Support others more	7
More breaks/shorter shifts	7
PPE related	3

- Better self-care and being better at supporting others were common responses of what people would do differently next time
- Responders discussed wanting to have better clinical knowledge and this often related to COVID
- A common organisational issue was that there was a slow response and lack of preparation
- Feelings of an excessive workload and a need for more staff were particularly high amongst nursing staff.

# Conclusions: ICU Staff Receiving Education

- Training on ventilation, PPE, proning, clinical guidelines and COVID specific information were deemed the most important
- Equipment training, particularly of ventilators, was lacking and this was commonly mentioned in relation to induction
- A lack of role definition and preparation led staff to feel under confident and not competent in their role
- Communication was an issue throughout many different areas and including a lack of platforms for staff to feedback
- There was a lack of psychological support before, during and after the pandemic as well as a lack of more practical support around working conditions

# 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

