

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

Occupational Therapists Redeployed to ICU

London Transformation and Learning Collaboration (LTLC)

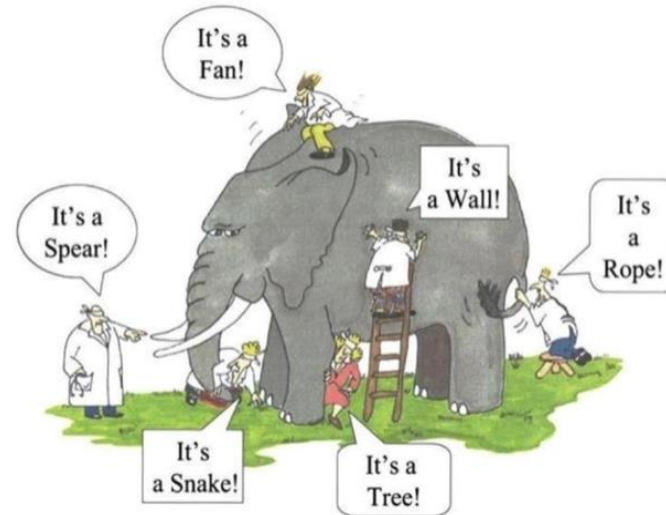
NHS England and NHS Improvement



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 Occupational Therapists that were redeployed to ICU during the pandemic

Total = 15 Responses

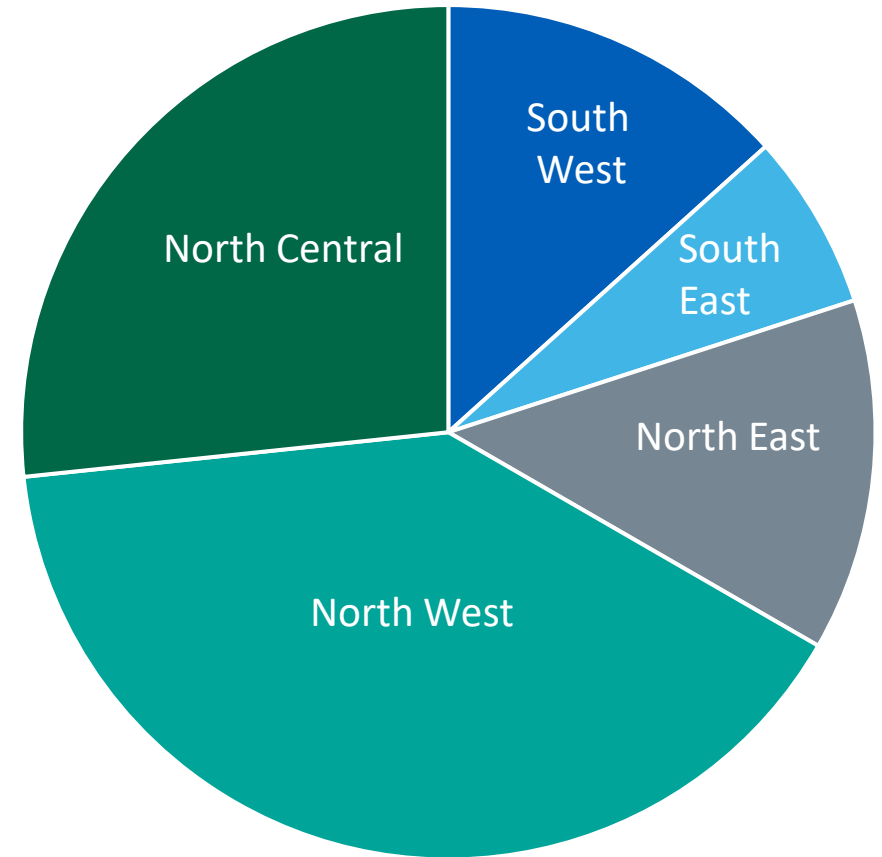
*Resources that were suggested in the survey responses are being collated separately and are not discussed in this summary

Redeployed OTs: Area and Location

Response Rates by Area of London

Normal Area of Work	No.
Out Patients	2
Rehabilitation Centre	1
Oncology	1
Acute Wards	3
Paediatric community	4
A+E	1
Trauma and Orthopaedics	2
Stroke	1
TOTAL	15

Banding	No.
Band 5	4
Band 6	4
Band 7	7
Total	15



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

Practical Skills		General	
Proning	4	Shadowing in ICU	6
PPE	3	Understanding job role	4
ABG	3	Documentation	2
Ventilation Settings	2	Support from colleagues	2
Mouth care	1		
Catheter	1		

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

Responses	No.
ICU equipment (orientation and use)	7
Ventilators	5
Orientation to ward	5
ICU documentation	2
ICU drugs	2
Other skills (including blood taking, monitor attachment)	2
Patient positioning/ upper limb care	2
PPE	1
Catheter care	1
Deteriorating patient	1
ICU shadowing	1

Discussion Q1 and Q2: The most useful elements and those that were missing

- Like other professions, proning and PPE were commonly mentioned as important however this was often because it was the only training that was received. Taking and interpreting ABGs was also mentioned as useful.
- Occupational Therapists felt the most important elements of training were shadowing and being orientated to the ICU



“The pre-redeployment training was overwhelming, the best was my first shift with a very helpful HCA” **Redeployed OT SWL**

- Knowledge on the job role and responsibilities were was deemed important and often lacking
- The importance of orientation to new equipment was a common theme and was felt to be lacking, particularly orientation to ventilators

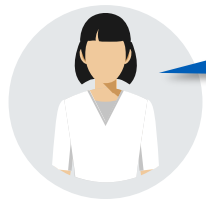
Q3: What were the most useful things you learnt whilst looking after patients in CC? Who did you learn this from and how?

Useful Things Learnt	No.
ICU documentation	6
Suctioning	4
Moving and handling (including proning)	4
Ventilator settings	3
Patient care	2
MDT working	2
Patient experience of ICU	2
Communication skills	2
Post-ventilation care	1
Monitor attachment	1

From Who and How?	No.
Nurses	9
Physiotherapists	6
Redeployed staff	3
Training sessions	3
Remote/online learning	2
Consultant	1
Proning team	1
Reflection	1
Patient	1
Shadowing	1
Health care assistant	1

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

- Most learning happening on the job as opposed to during training and was most commonly delivered by nursing staff
- ICU documentation was deemed highly useful and was learnt within ICU as opposed to before redeployment
- Suctioning and moving and handling were mentioned more commonly by OTs than other professions
- Some commented on how useful it was for their role as an OT to understand the patient experience of ICU



“...a better understanding of what the ICU experience is like for patients so that when I see step-down patients from ICU I have a better idea of what that experience looked like for the patient” **Redeployed OT NCL**

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

Steepest learning curves	
Physical stress (fatigue, working hours)	4
Working environment	4
ICU drugs	3
Ventilators	3
Working in a team	3
Deteriorating patients	3
Moving and handling of ventilated patients	2
Recording observations	1
PPE	1
Supporting families	1

How were they overcome?	
Asking/learning from colleagues	10
Further training generally	3
Self-directed learning	3
Debrief/reflection	3
Supervision/shadowing	3
Repetition/practice	1

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

- The new working environment was stressful and consisted of different working patterns that were exhausting
- Colleagues were crucial to managing the steep learning curves
- Additional training that occupational therapists undertook were often online and video resources were particularly valuable



“The readjustment to the environment and working pattern. It could not be more different than working in ...paeds” **Redeployed OT**

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

Responses	No.
More knowledge about role	4
More knowledge about ward	4
Better self-care	3
ICU shadowing time	2
Know more on deteriorating patients	2
More training	2

- Knowing more about the ward and what the job would entail was commonly discussed
- Better self-care and reducing stress and anxiety were mentioned
- Again, spending in time in ICU before starting redeployment was discussed as important



“Ask for training and clarification as to what we can do and are expected to do”
Redeployed OT NWL

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

Responses	No.
Ask for help	7
Self-care	3
Orientation to ward and role	2
Reflect/debrief	2
Orientation to equipment	1
State your competencies to others	1
Shadowing	1

- Not being afraid to ask questions was a common piece of advice
- Looking after yourself was mentioned and included drinking plenty of water and sleep hygiene
- Orientation to environment and equipment, as well as shadowing prior to redeployment were also mentioned



“Prepare yourself with information and get familiar with the environment in advance if possible, and ask questions and talk to the experts who work in CC.”, **NWL Redeployed OT**

Conclusions

- There was generally a lack of training prior to the redeployment of occupational therapists; proning and PPE were commonly the only training given
- Shadowing days within ICU prior to redeployment would have been invaluable
- There was a lack of orientation to the ward prior to redeployment
- There was a lack of role definition leaving occupational therapists not knowing what their responsibilities were
- Equipment training and orientation, particularly of ventilators, was lacking

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

Close

