

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

Other Staff Groups Redeployed to ICU

London Transformation and Learning Collaboration (LTLC)

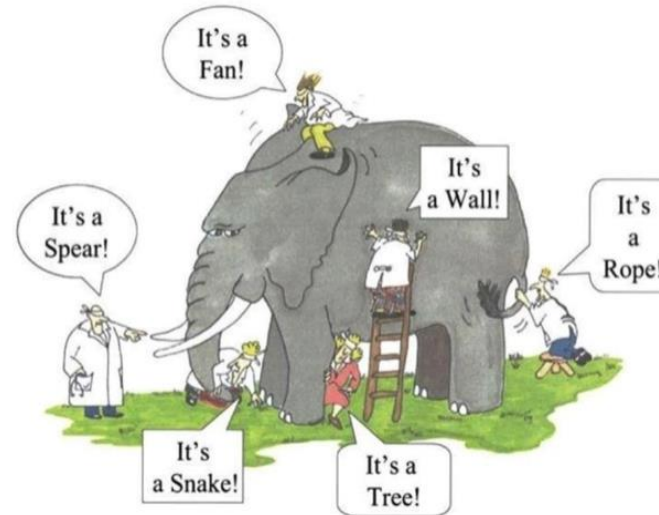
NHS England and NHS Improvement



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 Other Staff Groups that were redeployed to ICU during the pandemic

Total = 41 Responses

This section includes all staff groups with a smaller number of responses. They have therefore been combined as opposed to being analysed separately

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

Redeployed 'Other' Staff Groups: Profession

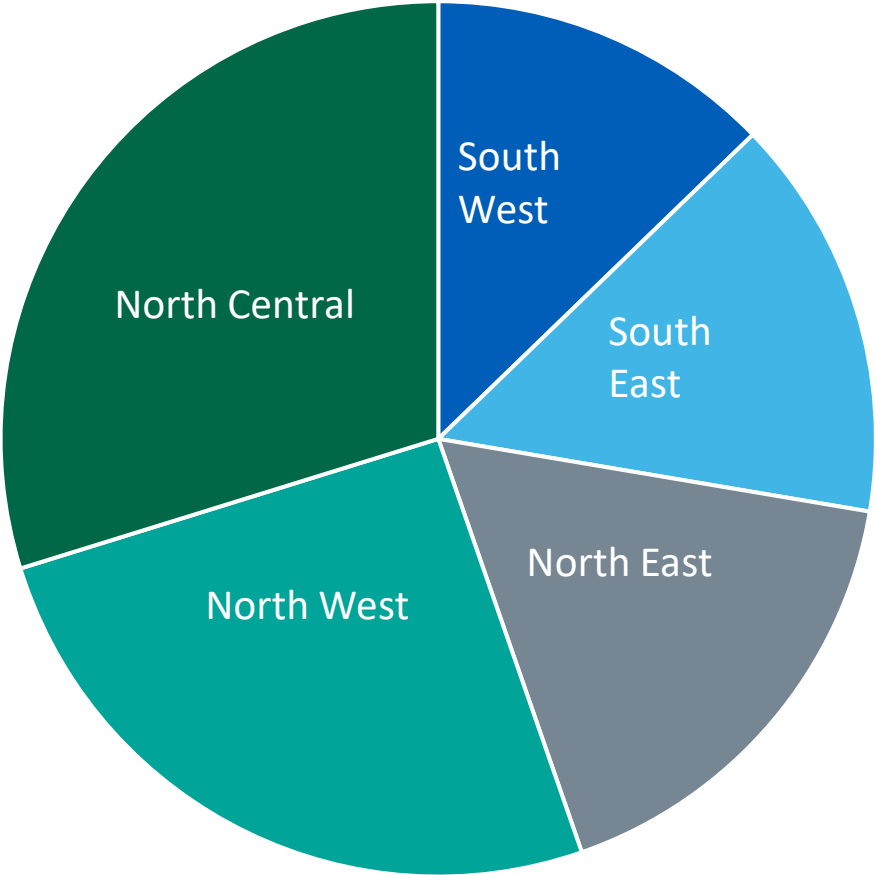
Normal Area of Work	No.
Advanced Care Practitioner	6
Dentist	5
Operating Department Practitioner	4
Podiatrist/podiatrist assistant	4
Unknown	4
Nursing Associate	2
Medical Student	2
Midwife/research midwife	2
Dental Nurse/therapist	2

Normal Area of Work	No.
Therapy Assistant	2
Nuclear Medicine Technologist	2
Clinical psychologist	1
Hearing therapist	1
Rehabilitation Assistant	1
Dietetic Assistant	1
Operational Manager	1
Optometrist	1
TOTAL	41

Redeployed ‘Other’ Staff Groups: Banding and Location

Banding	No.
Band 6	6
Band 7	6
Band 8A	8
Band 8B	2
Band 8C	1
Other	18

Response Rates by Area of London



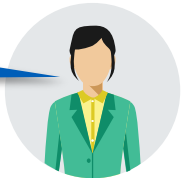
Q1: During the initial COVID response what was the most useful and important elements of training you received?*

ICU Skills and Knowledge		General	
PPE and infection control	9	Hands-on training in ICU	7
Airway management and ventilation	6	Introduction/cross-skilling course	5
Patient care	5	Received no training	5
Interpreting observations	5	Equipment generally	4
Managing deteriorating patients	3	Wellbeing	2
COVID management	2	Daily updates	1
ABG (taking and analysing)	2	ALS course	1
		Learning from colleagues	1

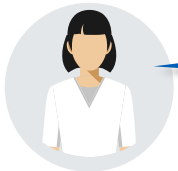
Discussion Q1: During the initial COVID response what was the most useful and important elements of training you received?

- Some responses commented on the lack of training received prior to redeployment
- Elements of training that were deemed most useful were: PPE, ventilation and airways management, interpreting ICU observations and patient care
- Hands-on training was commonly cited as being the most useful element of training
- Cross-skilling or introductory ICU courses were deemed to be very useful, however many discussed the need for more hands-on training and shadowing within ICU
- Equipment training was also cited as being useful

“One to one training, from the staff I was a bed buddy to” ***Redeployed ODP***



“We did not receive any training prior to being redeployed on to the CC wards. However, we did have a tour around the unit to acclimatise which I found useful.” ***Redeployed dental therapist***



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

ICU Skills and Knowledge		Other	
Recording and interpreting obs	10	Orientation to ward, role or team structure	3
Ventilation (including NIV)	8	ICU computer systems	2
ICU medications	6	More training generally	2
Managing a deteriorating patient	2	Simulation	1
PPE and infection control	1	When to escalate	1
ABGs	2	Equipment generally	1
Enteral feeding	1	Assessment of competency	1
Patient care	1	Nothing	1
Fluid management	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: recording and interpreting observations, ventilation and ICU drugs



“I had not seen a ventilator in use prior to my redeployment, which was stressful. ”

Redeployed Therapy Assistant

- There was a lack of local induction and orientation to the ward
- Some commented on their lack of knowledge on what the role would entail



“I wish I was provided with a more thorough description of the expectations of me during these shifts” ***Redeployed Nuclear Medicine Technologist***

- One responder commented on the need to know when to escalate



“I wish i knew things to escalate when i started, such as a sats drop, or the priority of some of the medication, i.e if some are running low its okay if they aren't changed immediately, but if some aren't refilled immediately the patient will get very unwell very quickly.” ***Redeployed Dietetic Assistant***

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	
Patient observations	16
Patient Care	11
ABGS (taking and interpreting)	8
ICU medications	7
Ventilation	5
Teamwork and communication	4
Compassion/empathy	3
Deteriorating patient	3
Enteral Feeding	3
Equipment	2
Orientation to ward	2
When to escalate	2

From Who and How	
Nurses	21
Self-directed learning	6
Doctors	6
Hands- on learning	4
Practice development team	3
Physiotherapists	2
Radiographer	1
management	1

*Topics with only one response not included

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

- Patient observations (taking and interpreting), ABGs (particularly analysis), ICU medications and patient care were felt to be the most useful skills learnt on ICU
- Non-technical skills including empathy, compassion, teamwork and communication were mentioned
- Nursing staff were unsurprisingly the greatest source on knowledge for redeployed nursing staff, although many commented on the importance of self-directed study



“where the most commonly used things were, what all the different obs mean, what to escalate” **Redeployed Dietetic Assistant**

Q4a: What were the steepest learning curves you faced on redeployment?

Skills and Knowledge		Other	
Providing patient care	8	New environment and role	9
Use of equipment including ventilators	5	Everything	5
PPE and infection control	4	Coping with psychological stress	5
Patient observations	3	Working in a team	4
ICU medications	1	Workload and shift work	1
Deteriorating patients	1	Time management	1
Patient assessment	1		
Patient observations	3		
ICU medications	1		

Q4b: How did you overcome them?

Responses	No.
Colleagues	24
Self-directed learning	9
Resources provided on ICU	4
Other study course	3
Books/literature	1
Counselling	1
Observing	1

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

- Using ICU equipment including ventilators/ventilation was a common response, along with discussion around the general challenges of caring for ICU patients
- The lack of knowledge about the new working environment was commonly discussed including where things were, how a shift worked and how the ICU team was structured
- Coping with psychological stress was a steep learning curves for many
- Colleagues were crucial to managing the steep learning curves as was self-directed study



“It was essentially 'on the job' training - we have a 2hr upskill briefing prior to starting but everything was on the job” **Redeployed Nuclear Medicine Technologist**

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

Responses	No.
Greater knowledge	10
Ask for help more	4
Be more confident/ assertive	4
Nothing	3
Have more Training	3
Work more closely with colleagues	3
Understand job role better	3
Supernumerary time/shadowing	1
Improve orientation to ICU	1
Improve workforce allocation	1
Debrief	1
Better self-care	1

- Many people discussed wanting to having better knowledge both generally and also about specific ICU skills

“I would have read more about the CC setting and what to expect” **Redeployed Rehab assistant**



- Some said they would be more assertive



“Be more assertive regarding my own limitations” **Redeployed Nursing Associate**

- Some said they would have asked for help or asked questions more frequently

“I would like the opportunity to be able to ask questions without full PPE on .” **Redeployed Therapy Assistant**



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

Responses	No.
Utilise ICU Staff/ask questions/ask for help	10
Prioritise psychological care	6
Improve knowledge/study	5
Know own limitations	4
Make friends	4
Be a positive influence	3
Don't go	1
Know the role	1

- Not being afraid to ask questions and ask for help was the most common advice
- Looking after yourself psychologically was commonly discussed
- Ensuring the correct knowledge before redeployment was advised

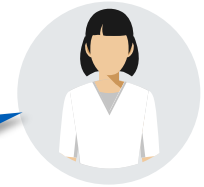


“Talk to others about your experience and do not bottle your feelings ” **Redeployed manager**



“Focus on what is in your influence, create a positive narrative of your experience ” **Clinical Psychologist**

“Ask questions and ask to be shown how to do things. Say if you are not sure about something. ” **Redeployed dentist**



Conclusions:

- There was a lack of training prior to redeployment. The most important elements missing were: recording and interpreting observations, ventilation and ICU drugs
- It was commonly mentioned that hands-on training and shadowing/supernumerary days within ICU prior to redeployment would have been useful
- There was a lack of local induction and orientation to the ward prior to redeployment. This included where things were located
- If staff could redo their redeployment, they would like to be more assertive, ask more questions and ask for help more often
- Equipment training was lacking particularly around ventilators
- Coping with psychological stress was a steep learning curve
- The benefits of colleagues (both ICU and redeployed colleagues) were commonly discussed in relation to both increasing knowledge and increasing wellbeing

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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