

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

Physiotherapists Redeployed to ICU

London Transformation and Learning Collaboration (LTLC)

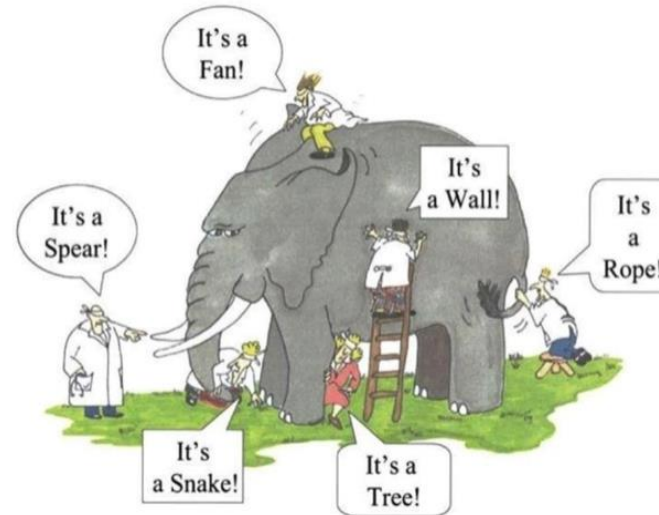
NHS England and NHS Improvement



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 Physiotherapists that were redeployed to ICU during the pandemic

Total = 122 Responses

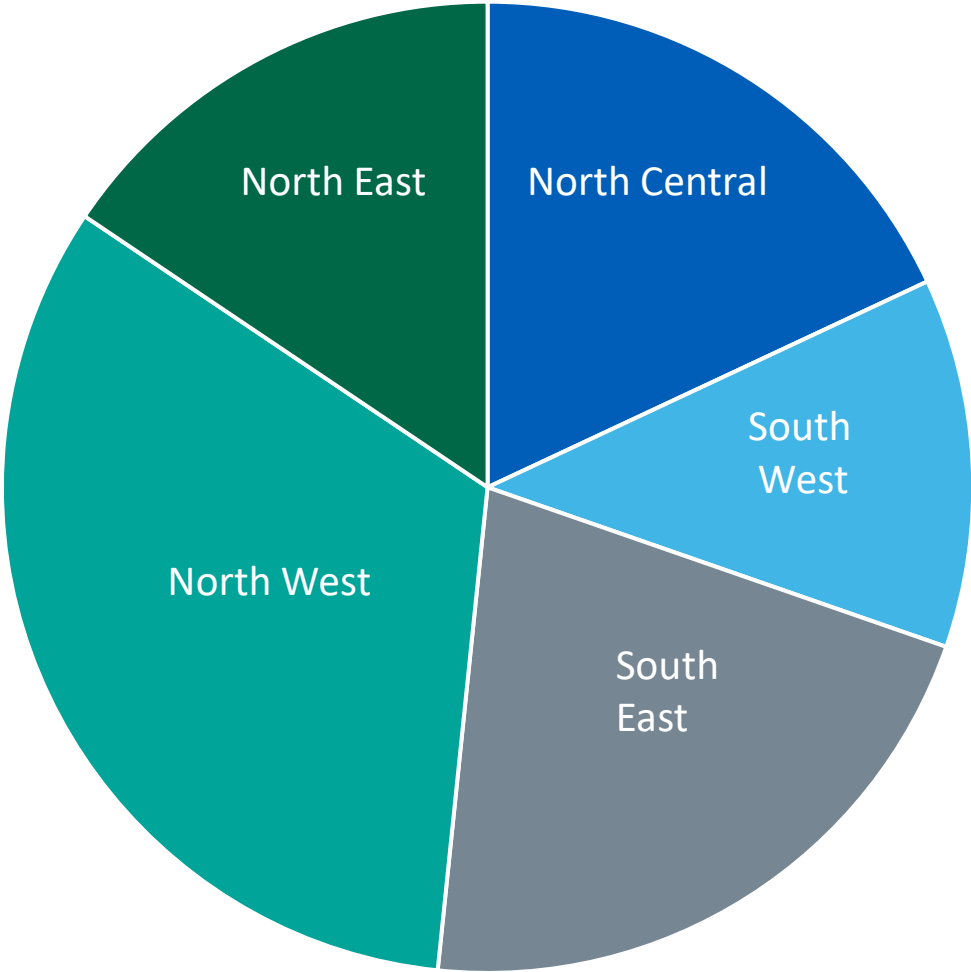
*Resources that were suggested in the survey responses are being collated separately and are not discussed in this summary

Redeployed Physiotherapists: Area and Location

Normal Area of Work	No.
Musculoskeletal	37
Rotational	17
Neurology and stroke	15
Paediatric	13
Respiratory	11
Other	11
Surgical/medical wards	5
Orthopaedics	4
Care of the elderly	4
Community	3
Emergency Department	2
TOTAL	122

Banding	No.
Band 3	2
Band 4	3
Band 5	25
Band 6	47
Band 7	33
Unknown	1
TOTAL	122

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	
Ventilation	31	Received no training	24
Proning	26	Recap of respiratory physiotherapy	23
COVID knowledge	18	Hands-on training in ICU	12
PPE	11	Introduction/cross-skilling course	5
Interpreting and recording observations	8	ICU orientation	3
Patient care	8	Equipment generally	3
ABG (taking and analysing)	5	Simulation	3
Interpreting blood results	5		
Manual handling	4		
Patient assessment	3		
Taking bloods	3	*Topics mentioned once or twice are not included	

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

- Many physiotherapists said that they did not receive any training before redeployment. This response is higher for physiotherapists than other staff groups.



*"We didn't receive any training, we learnt on the job " **Band 6 redeployed physiotherapist, NCL***

- Elements of training that were deemed most useful were: ventilation, proning, COVID knowledge, PPE and interpreting and recording ICU observations
- Some mentioned upskilling courses as being useful, with the Brunel course being mentioned a few times
- Many physiotherapists discussed how receiving 'refresher' courses on respiratory physiology was useful. Some had this delivered by respiratory physicians.
- Hand on training was frequently cited as being useful

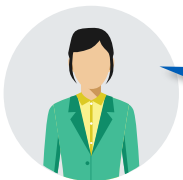
Q2: What do you wish you had known more about / had more specific training before you worked in CC?*

Responses			
Ventilation (including NIV)	34	Equipment generally	7
COVID knowledge	18	PPE and infection control	5
Nothing	12	Line management	4
Tracheostomy management	11	ABG's (taking and analysing)	4
Recap of respiratory physiotherapy	10	Interpreting blood results	4
Taking and recording observations	10	ARDS	4
Respiratory weaning	9	Changing syringe drivers	3
ICU drugs	8	Renal Replacement Therapy	2
Patient care	8	Delirium	2
Proning	7	ECMO	2
Role definition	7	Simulation	2

*Topics mentioned only once are not included

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

- Many physiotherapists said that more training was not needed and this was mainly because they already had ICU experience
- Elements of training felt to be lacking were: Ventilation, COVID knowledge, tracheostomy management, respiratory physiology and taking and recording observations. The themes were more skills orientated than for other professions.
- Orientation to equipment was commonly felt to be lacking - particularly around ventilators
- Some said they would like more information about the role that they and others were expected to do



“Basic training on ventilator settings and the general equipment in the room would have been useful”
Redeployed physiotherapist, band 5, SWL



“We could have been trained more in practical aspects of nursing beforehand ie: how to change the infusions, ventilator tube changing, re-calibrating arterial lines, NG tube care, basic ventilator settings, urinary catheter and bowel manager care. More familiarity with common ITU drugs would be helpful.”
Redeployed Physiotherapist, band 8, SWL

Q3. What were the most useful things you learnt whilst looking after patients in CC?*

Useful Things Learnt			
Ventilation/ventilators	47	Basic nursing care (taking obs, patient care)	10
Proning	20	Taking bloods	9
Tracheostomy management	15	Communication and teamwork	9
Weaning plans	14	Resilience/supporting others	6
ABGs (taking and analysis)	12	Oxygen therapy	5
Respiratory physiotherapy refresher	12	Deteriorating patients	5
ICU documentation	11	ARDS	2
Manual Handling	11	Line management	2
Suctioning	10	ECMO	2
COVID knowledge	10	CXR interpretation	2

*Those with only one response not included

Q3. Who did you learn this from and how?

From Who and How	
Physiotherapists	53
Nurses	46
Doctors	18
Self-directed learning	11
Courses	6
Proning Team	5
ICU staff generally	3
SALT	3
Occupational therapist	2
Twitter	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
- Ventilation, proning, tracheostomy management, ventilation weaning and ABGs (particularly analysis) were felt to be the most useful skills learnt on ICU. Proning, tracheostomy and weaning were more common responses than in other professions.
- Non-technical skills including communication (between colleagues as well as with patients) and teamwork were also useful skills learned within ICU
- Other physiotherapists were the greatest source on knowledge for redeployed physiotherapists, although nurses and doctors were also common responses



“The importance of teamwork and communication, especially when so many staff are working outside of their comfort zone” **Band 6 redeployed physiotherapist, SEL**

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

Skills and Knowledge		Other	
Complex ventilation strategies	21	Coping with physical stress	23
COVID management including ARDS	17	New environment and role	17
PPE and infection control	13	Coping with psychological stress	10
Ventilation weaning	8	Staff sickness	8
Chest physiotherapy in COVID pts	6	Dealing with death	7
When to escalate	4	Communication	5
ICU drugs	3	Workload	4
Cardiopulmonary resuscitation	2	Lack of organisation	3

Q4b: How did you overcome them?

Responses	No.	Responses	No.
Colleagues	53	ICU training course	4
Reflection/debrief	7	Case presentations	4
Communication aids	6	Webinars	3
Partner/family	6	Crib sheets	3
Sleep	5	Podcasts	2
Social media	5	Internet search	1
Journals	5	Books/literature	1
Wellbeing team/councillor	5	Internet forums	1
Breaks	4	Blogs	1
Sleep app	4	Hospital Guidelines	1

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

- Complex ventilation strategies, COVID management, PPE and weaning strategies were the commonest ICU related knowledge that were discussed
- Coping with psychological and physical stress as well as the emotional challenges of end of life care were steep learning curves for many. There was felt to be lack of support generally.
- The lack of knowledge about the new working environment and role was commonly discussed including where things were, how a shift worked and how the ICU team was structured
- Colleagues were crucial to managing the steep learning curves
- Many support networks and coping strategies were discussed



“The emotional side - I found it hard to balance my mental wellbeing with the physical exhaustion... I had no one to communicate my feelings/emotions with and found it very hard with seeing so many very ill patients. ” **Band 5 redeployed physiotherapist, SWL**

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

Responses	No.
Ask for help/support/ask questions	22
Have more Training	21
Nothing	15
Better self-care	8
More self-directed learning	5
Orientation to ICU	5
Be more assertive/confident	5
Improve role definition/role allocation	4
Assess competency	2
Talk to colleagues	2
Reflection/debrief	2
Improve communication	2
Supernumerary time/shadowing	1

- Asking for more help and support, as well as asking more questions were common responses. Some also said they would be more assertive
- Many physiotherapists stated that they would like more training – more so than other professional groups
- Many said that they wouldn't do anything differently
- Physical and psychological wellbeing and self-care were common responses



“Try to look after my own wellbeing better, to avoid feeling burnt out” **Band 6 Redeployed Physiotherapist SEL**

“Go and see ITU before my first shift as this was quite overwhelming” **Band 6 redeployed Nurse, NWL**



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

Responses	No.
Seek advice/help/support	48
Ask questions	21
Talk to colleagues/others	17
Prioritise physical Care	15
Breathe/remain calm	10
Improve communication	8
Know your limitations	7
Don't worry/pressurise yourself	6
Take breaks	6
Improve knowledge/study	2
Reflect	2
Prioritise psychological care	1

- Not being afraid to ask questions or seek advice/help/support was the most common advice
- Looking after yourself psychologically and physically was mentioned and included drinking plenty of water and good sleep hygiene

“Remember to take 5 mins every so often to stop, breathe, have a drink and self care e.g meditation/ find a quiet space” **Band 6 redeployed physiotherapist, NWL**



“Keep a cool head - Know when you need to step away (safely) from a situation - Know your limits/boundaries personal and professional - No shame in admitting if something is too much/not for you” **Band 5 redeployed physiotherapist, NWL**



Conclusions:

- There was a lack of training prior to redeployment which was particularly prominent for physiotherapists compared to other staff groups.
- Elements of training that were discussed more by physiotherapists as important or lacking were: proning, COVID knowledge, tracheostomy management, respiratory physiology and weaning plans
- Many physiotherapists discussed how receiving 'refresher' courses on respiratory physiology was useful
- 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 and the role prior to redeployment
- Non-technical skills including communication (within a team as well as to patients) and teamwork were deemed important and some mentioned the lack of training on these
- Coping with psychological and physical stress as well as the emotional challenges of end of life care were steep learning curves

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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