

Investing in Critical Care Education with a new blended Steps programme

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Purpose

Post Covid there was greater pressure than ever to ensure critical care nurses were Step 1 competent following a large recruitment drive. We needed to invest in an education strategy that could be delivered to high numbers of nurses, whilst maintaining high quality, well evaluated education delivery involving the MDT.

Significance

A recent survey of UK Critical Care Nurses found that one in two Adult Critical Care (ACC) nurses are expecting to leave their current unit in the next 3 years (CC3N, 2022). The loss of experienced and highly skilled nurses significantly impacts on team morale, growth and development (Vincent et al 2019).

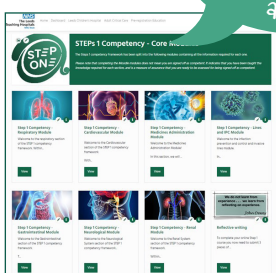
Leeds Teaching Hospitals (LHT) ACC has a nursing budget of 476 WTE (whole time equivalent) Registered Nurses (RNs) to ensure the specialist services provided by the organisation is within national staffing standards (GPICs). In the year following the Covid pandemic, ACC lost 107 WTE with a 22% depletion of experienced Registered Nurses. This left us with a 40% deficit of RN's.

This depletion of experienced nurses also resulting in a loss of experienced staff to mentor new starters. In order to invest in and retain new staff, a different approach to education delivery was required.

Method

ACC invested in 'Moodle' which is a virtual learning platform and the education team had intense training on how to develop engaging content. The Step 1 competencies were divided up into sections and allocated to educators who were experts in their fields to map content. Alongside the virtual learning platform, practical skills sessions were established and simulation developed in order for learners to be able to consolidate theory. New starters now receive the majority of their induction virtually and subsequently given deadlines in order to complete the modules online. Time is allocated on rosters and learners can complete the sessions at home. Support with IT equipment and internet access can be provided if required. Initially, learners were given 2 weeks to complete each module, however on launching, this felt rushed and potentially stressful for learners alongside shifts. Therefore this was altered to allow one month between modules.

This image illustrates the home page of the Step 1 page as hosted on Moodle – the aim was that the modules were broken down into manageable sections and the visuals were clear and inviting to the learner.



"I really enjoyed the course and learnt a lot."

Result

Around 50 new nurses have been through the Step 1 educational programme, a blended strategy of online learning resources which is complemented with hands on skills training as well as simulation sessions at specific points throughout their first year. This has been evaluated extremely positively. Feedback has shown that staff would like more interaction with each other and a space to communicate throughout the programme. Discussion boards are in development within the virtual learning environment, with a plan to monitor the boards. This will act as a space for learners to share thoughts and ideas, critically analyse literature and receive feedback on tasks from unit educators.

Conclusion

Under extreme operational pressure it is possible to implement an alternative educational programme to meet the needs of learners whilst also freeing time up for educators to deliver more bespoke training at the bedside. The next focus is to develop the advanced specialist competencies and roll out the programme regionally and nationally.

"I really enjoyed the course and learnt a lot."



This image illustrates a 'Practical Skills' session, here learners complement the theory they have studied on the virtual learning platform, as well as getting hands on training on key equipment in a safe environment, all whilst within their supernumerary time – meaning hopefully new staff feel prepared to go into the numbers.



This image illustrates a simulation session. Here educators facilitate short sim sessions with MDT involvement in order for new starters to consolidate learning. These sessions are run at month 9 of the STEP 1 programme within the new starters first year of Critical

Care. Scenarios involve, intubation, a blocked tracheostomy and a cardiac deterioration, all with specific learning objectives.

Future Recommendations

The future plans for the programme will be focused on increased engagement and interaction through discussion boards. This heavily relies on the site being monitored and sharing responsibility of this throughout the team whilst maintaining continuity for learners. The longer term future plan for education within Adult Critical Care would be to develop content to deliver theory based sessions of the CC3N advancing modules to the platform, followed up by a taught consolidation session.

"Excellent content!"

References

Vincent L, Brindley PG, Highfield J et al (2019) Burnout Syndrome in UK Intensive Care Unit staff: Data from all three Burnout Syndrome domains and across professional groups, genders and ages." *Journal of the Intensive Care Society*, 20 (4), 363-369.
CC3N (2022) UK Critical Care Nursing Workforce: Survey of CC3 members.