

‘Transforming Critical Care Nurse Education: Lessons from Action research’

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The investigation

Aim: A comprehensive evaluation to learn how we best meet the complex educational learning needs of our students

Methodology

Longitudinal participatory action research study.
Sept 2013 - Sept 2015

Design

Triangulated inclusive approach: qualitative and quantitative.

Methods

- *Focus groups* and *questionnaires* provided a balanced voice for **all** students (n=250); PBEs (n=10), Lead Nurses (n=10), university lecturer (n=1). Tripartite approach.
- *Classroom observations* viewed all study days x 2 (n=24)

Course Vision?

E: 'Our course is very much an introduction and foundation programme for relatively newly qualified or relatively low experience nurses working in critical care'

versus

V. 'The new programme is very much more focused on developing those higher thinking skills...We are dealing with academic students, not just staff new to their area of work' (FG1, 31/10/2013).

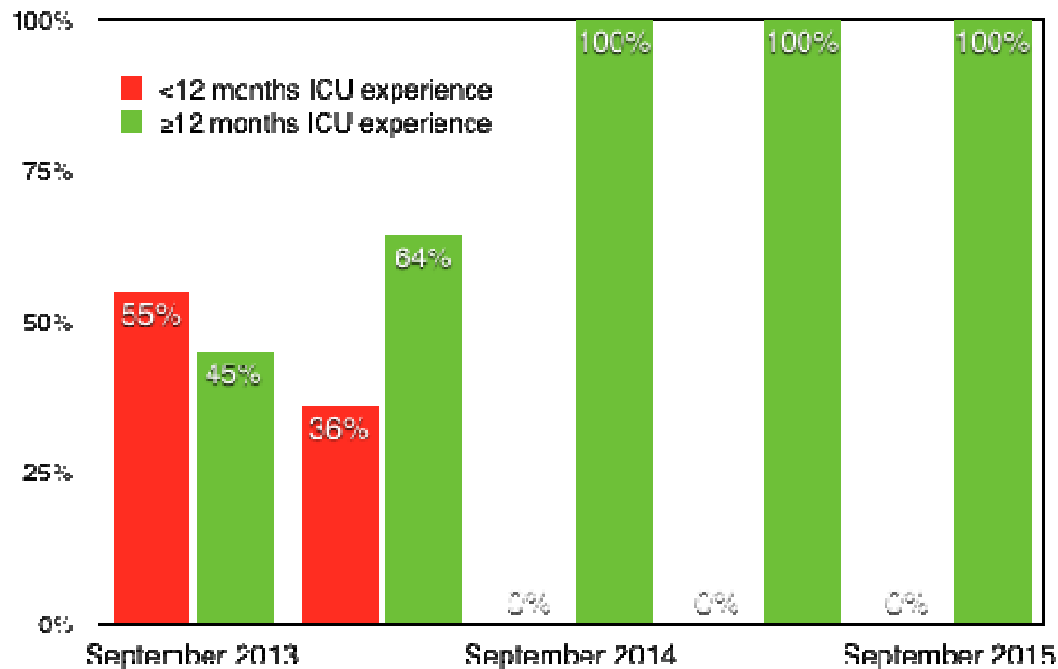
outcome:

'To develop competent critical care nurses who have insight into why they are doing what they are doing, using evidence-based practice' (LNFG, 6/12/2013)

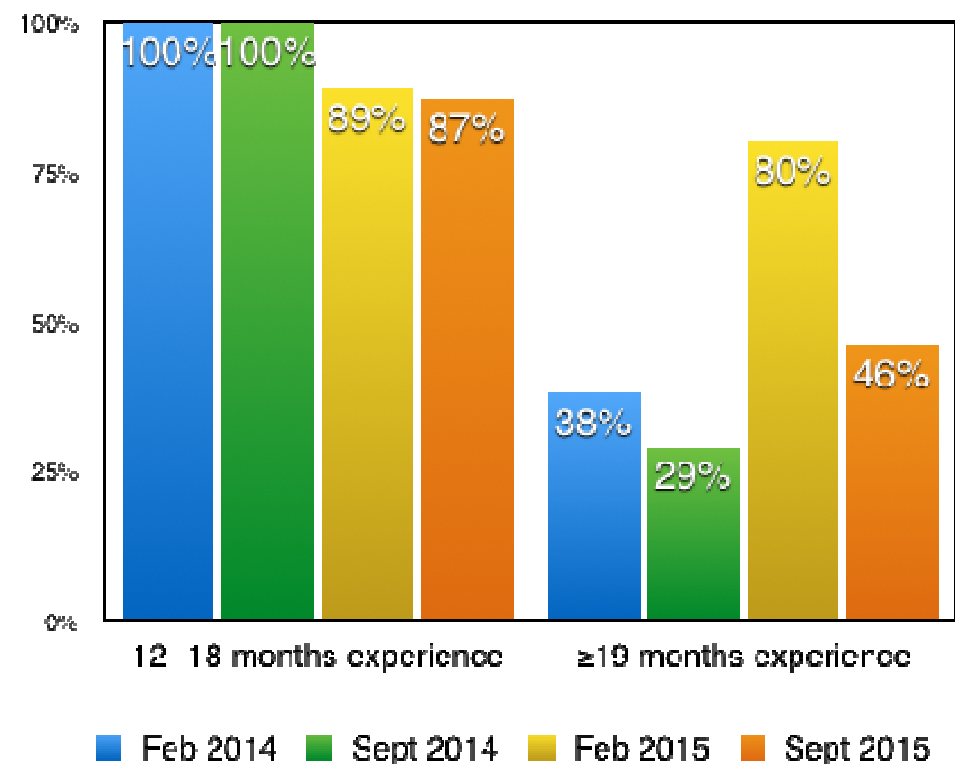
Our students

- Faculty 'I would say about 50% (students) want to come'
- 90% students were self-motivated to attend - ↑ 97% for F15
- Personal motivation - 4.54 for degree & 4.75 for M level students ('0' = no motivation & '5' highly motivated) (February 2015)
- By September 2015 - 60% were graduates

How much critical care experience did nurses have when commencing the CCP?



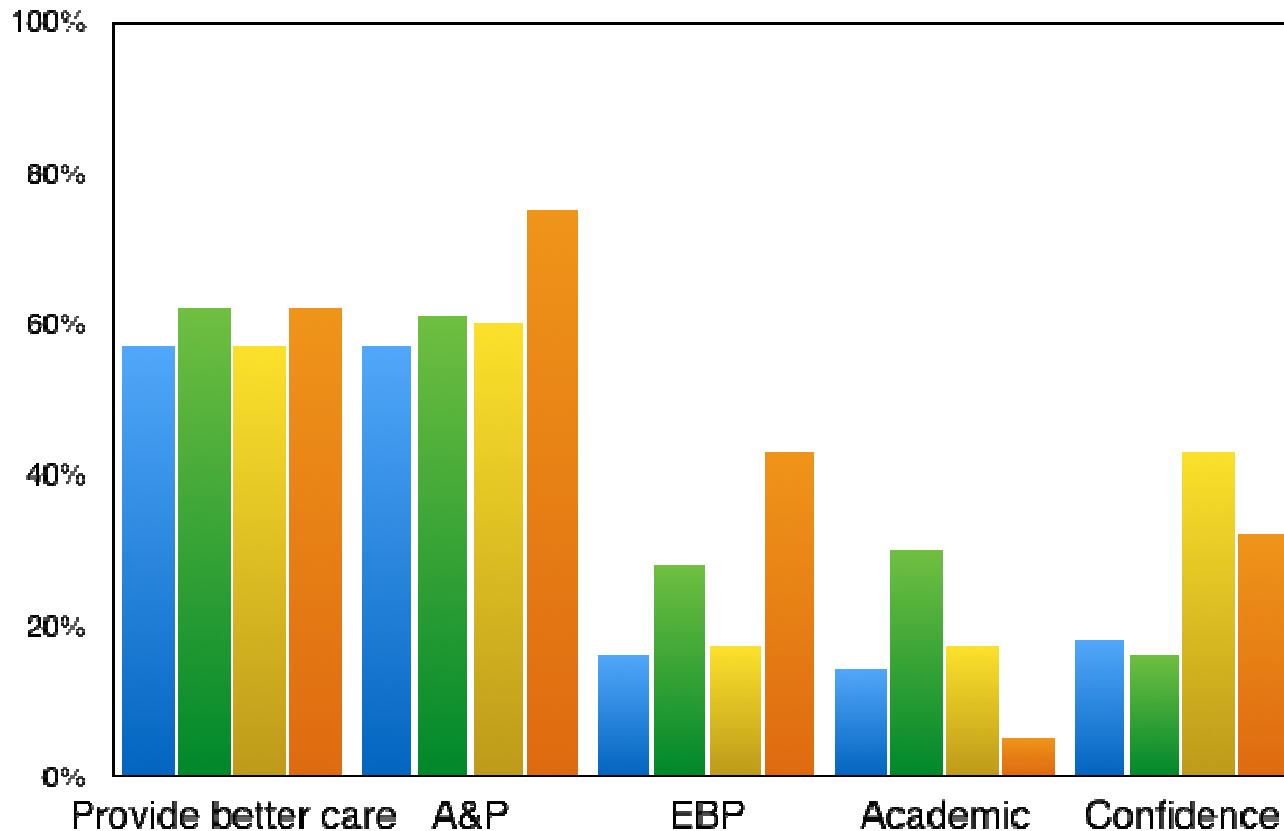
How much ICU experience do nurses perceive they need?



Intervention:

September 2014 introduced minimum 12 months critical experience + completion of stage 1 competencies as pre-requisite = more experienced students

What knowledge & skills do critical care nurses expect to develop during the CCP?



Interventions: Underpinned the CCP with robust evidence-base, pathophysiology & decision making opportunities, linking theory to practice

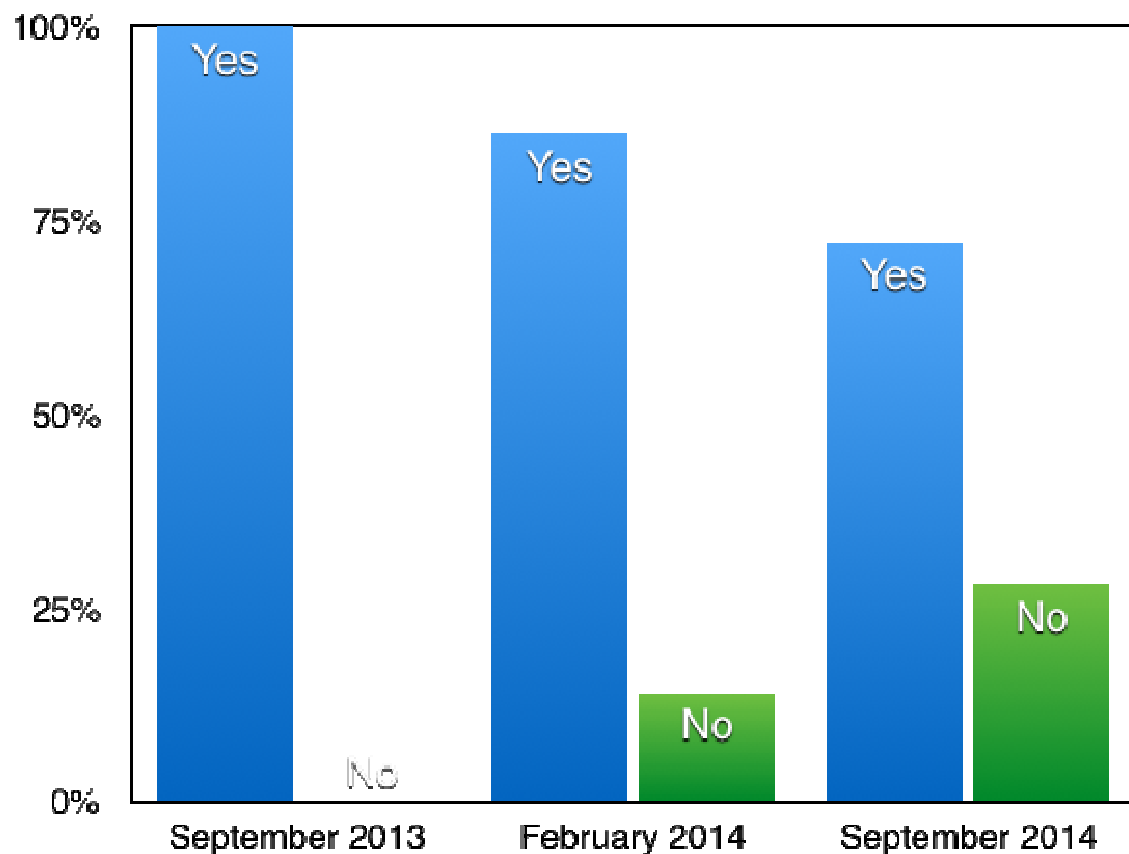
Student comments:

'to know the care you are providing for your patients is *evidence-based*' (S13 p.J, FG; p.3, 4,18, 26, 31,36, 45)

'*evidence-based* approach to give me the knowledge and skills to look after critically ill patients safely and effectively' (F14, p.16)

'to explore the *evidence base to support clinical decision making* in practice to enhance care delivery' (F14,p.38, p18, 23, 24, 35; S13, p.17,18, 23, 24,36)

Did you achieve the knowledge & skills you expected to as result of attending the CCP?



Student comments

'pathophysiology of critical illness' (S13, p.16, 8,17, 21, 5)

'evidence-based research that has influenced my practice' (S13, p.23,11)

'networking with staff from other units' (S13, p15)

'I found the critical care module far more beneficial' (F14, p.21)

'Critical Care - more depth' (F14,4)

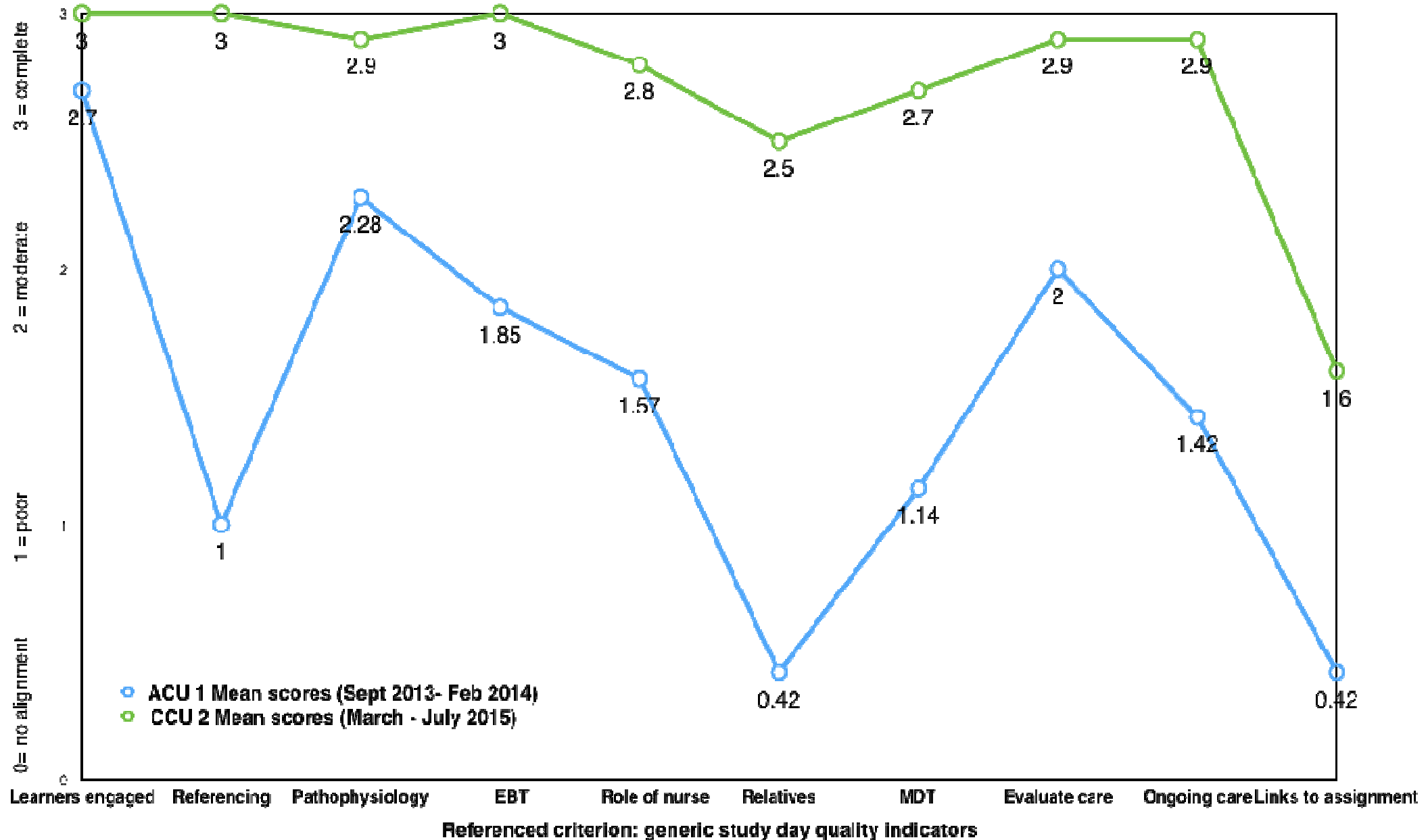
Interventions:

Increased focus on complex critically ill patient scenarios. 'Critical care has to be critical care'

A new Critical Care Programme & separate ACU began September 2016

Masters students require a different approach.

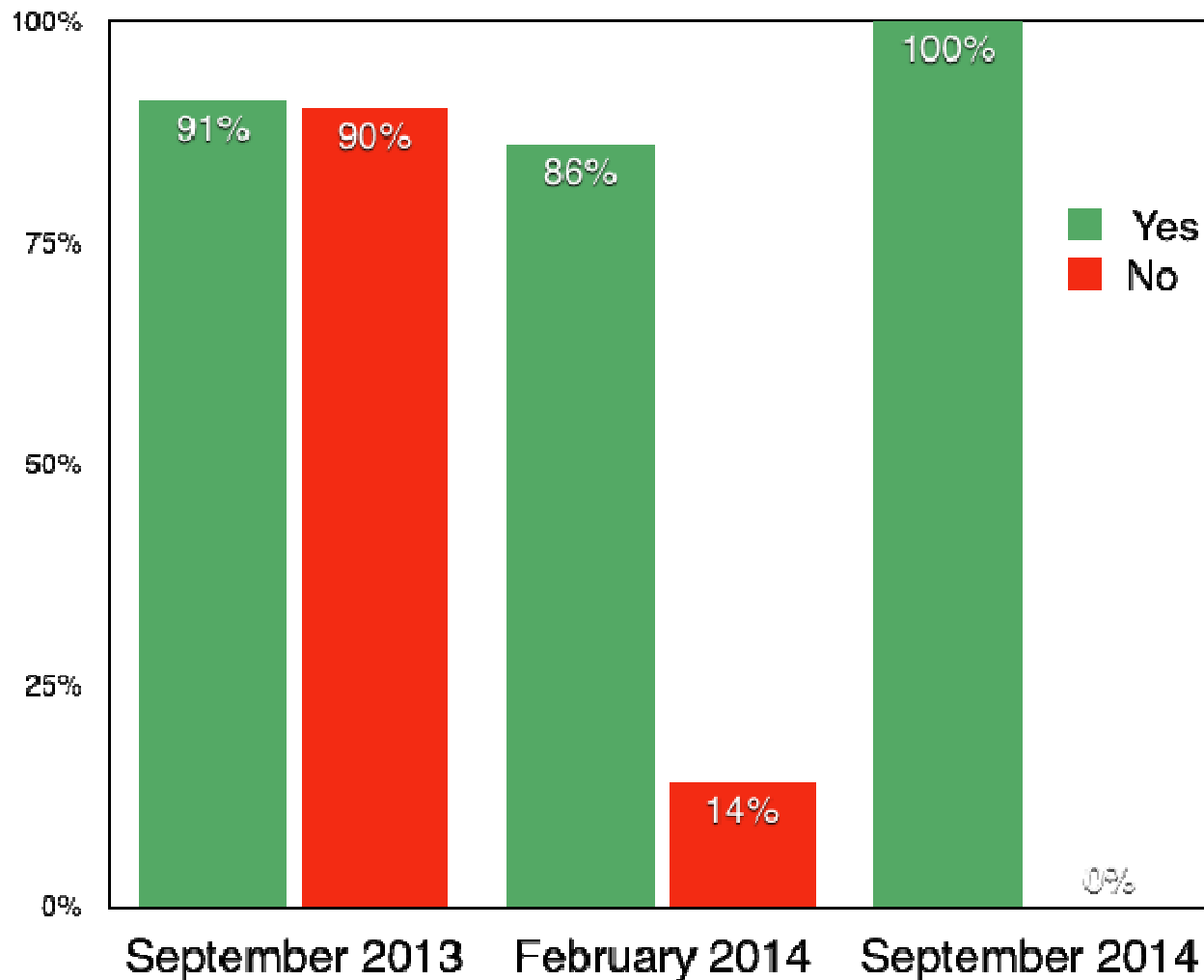
Classroom Observations: curriculum alignment start to the end of the study



What did we change?

- Pathophysiology replaced normal physiology
- Robust evidence-based practice
- Case histories:
 - Complex sequential, unravelling patient & family focused scenarios provide greater 'cohesion', 'important' in bringing the 'learning to life'
 - Allow students to engage, think critically, apply theory to practice & connect it to real issues, 'thinking like nurses' to problem solve & practice decision making with their peers
- Higher levels of student academic engagement
- A new more expansive Critical Care Course focuses solely on the study of critical care nursing, which has a more expansive approach, more suitable for M level

Has attending the course improved your clinical decision making?



Student comments - links to our vision

'expanding my knowledge , knowing what I do in practice is *evidence based*' (S14, p.1,2,3; S13, p.23,11, F14 similar x 5)

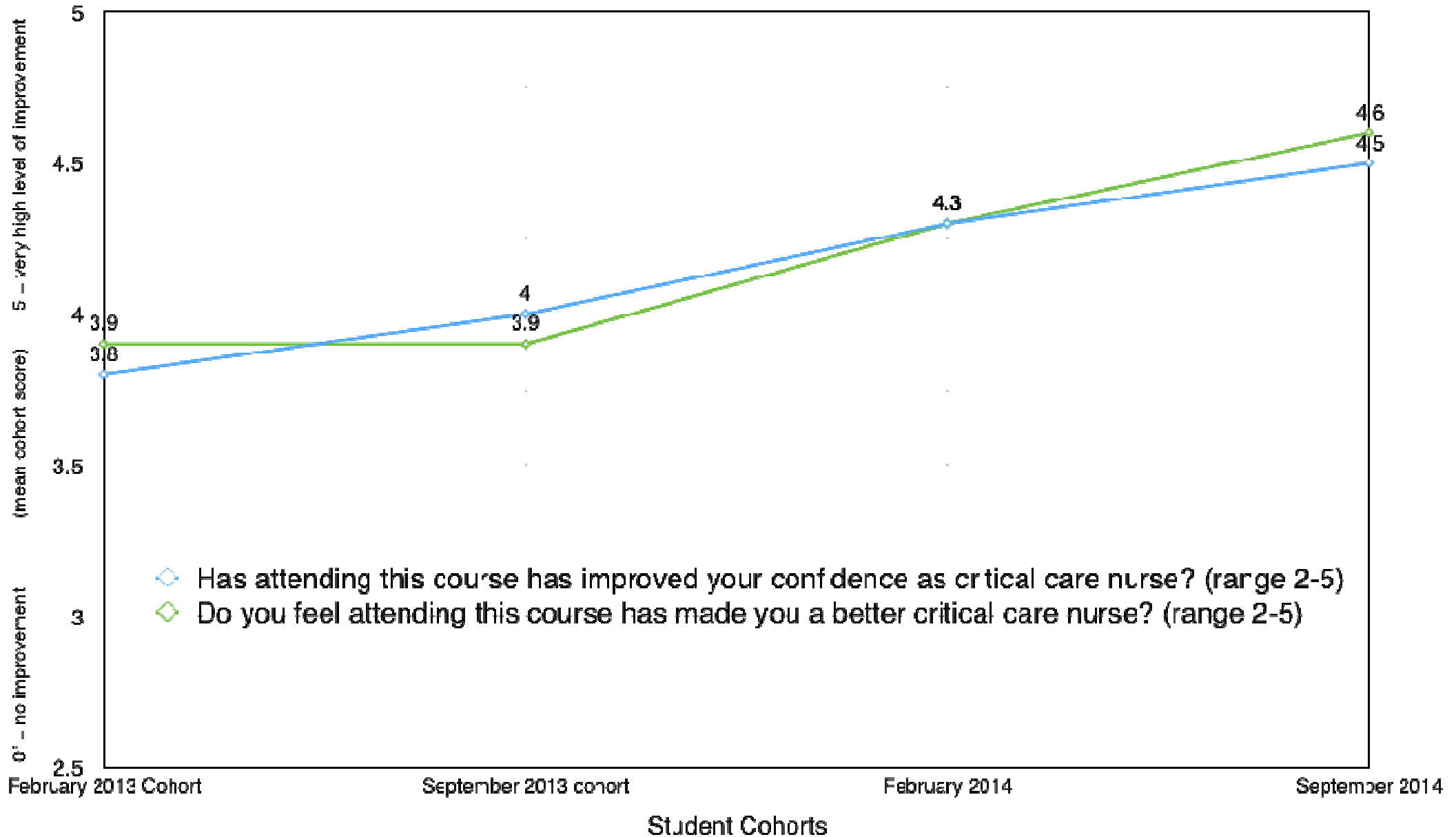
'I think it influences a lot of what you do. it makes you realise why you do things and makes you think about if you are doing things correctly, or is there a better way?' (S13, FG, p.B6)

'Relating theory to practice' (F14, p.20,12)

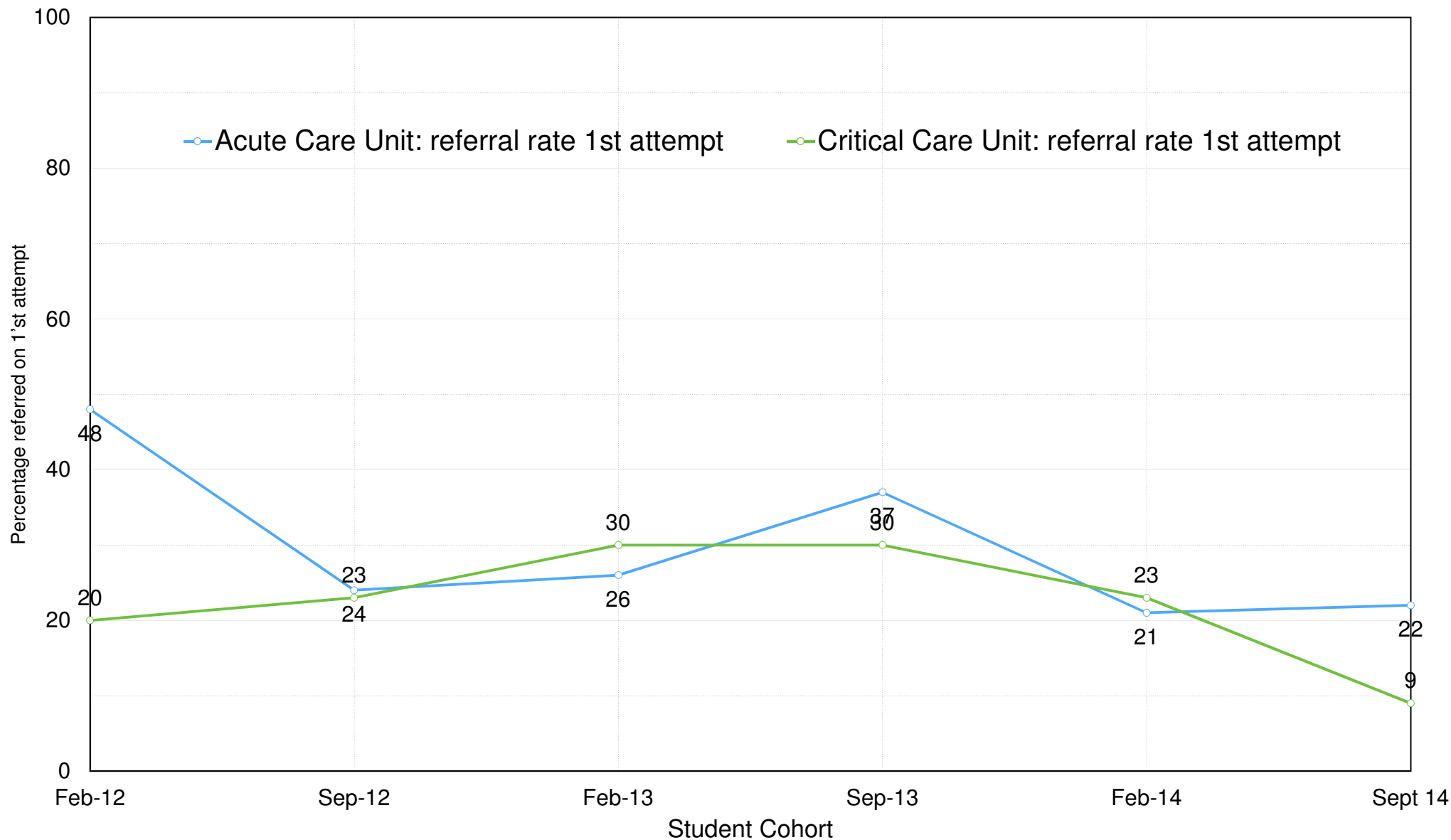
'given me more confidence & understanding of why we do something' (S14, p.6)

'yes - it has made me question things more...so it delivers' (S14)

Impact on the clinical confidence of students completing the course during the study



Summary of student academic performance: focus on first attempt referral rates



Impact

- New Critical Care Programme with ‘fundamentals’ and ‘advancing units’
- The educational ecology of the CSSI changed: teachers are more confident using diverse teaching methods, to apply theoretical knowledge directly to practice. Greater focus on developing key transferrable skills.
- Teaching materials are evidence-based and centred around nursing critically ill patients.
- Separating from acute care allowed greater focus on developing the depth, and scope, e.g. a full day on rehabilitation.
- Academic performance and clinical confidence improved significantly over the course of the study.
- Highlighted issues relating Masters level education