

Literature Review:

Our thesis aims to evaluate work based learning approaches in developing acute skills for nurses in critical care wards. In this section of the literature review, we will discuss policies in the nursing profession, case studies and various approaches to work based acute skills learning programmes. For our purposes we conducted a literature search using popular medical databases and terms such as 'acute skills' 'learning programmes' and 'critical care learning'. Our review highlights on the several important approaches to work based learning ranging from reflective practice to experiential learning and work based formal practical training to enhance professional skills.

A learning programme for acute ward nurses responsible for caring of critically ill patients has been the central focus of nursing practice development. According to Coad et al (2002), a work-based learning approach has been found to empower ward staff with the necessary skills of nursing and the authors studied the efficacy of a five-day competency based high dependency skills course in enhancing professionalism and quality of care in nursing. The aims of comprehensive critical care are developing leadership potential and enhancing networking opportunities for nurses within critical care and acute ward areas.

Critical care is the most challenging aspect of nursing care and acute skills in nursing are enhanced not just by work-based learning programs but also from first hand nursing and emergency experiences. Titchen (2003) describes emergency care in which one professional learns from another as 'critical companionship' that serve as a framework for learning from practical healthcare experiences. Critical companionship describes the essence of caring and helping relationship in which an experienced helper and facilitator, in this case, the critical care nurse accompanies another

less experienced learner for a practice session on experiential learning using the elements of complete support and highlighting the high challenge. The purpose of critical companionship is to enable others to practise in person-centered, evidence based manner. Critical companionship is thus a work based experiential learning approach in which a senior experienced nurse helps a colleague and this practice is especially effective in either one-to one or group learning projects as also in practice development projects, organizational change management, practitioner research, work based learning approaches, clinical supervision areas as well as action learning (Titchen, 2003). Titchen describes the critical companionship framework as a learning approach and examines and analyses the approach through action research giving examples on the efficacy of the critical companionship framework in an acute medical ward. The same framework has also been used in practice development programs, in NHS trusts to help nurses to become critical care companions of older people who take the NHS services.

However a work based learning program for acute ward nurses can also be based on reflective practice and reflection on nursing experiences is an important tool that enhances professionalism. Johns (1995) discusses a single shared experience within guided reflection and highlights the process of guiding learning through reflection showing the importance of reflective practice in work based learning within nursing. The shared experience discussed in the paper relates to an every day nursing experience in which a ward nurse of an acute ward for the elderly responds to a request for medical attention. The reflective practice is discussed here and it becomes a significant source of knowledge informing other nurses of the nursing practice. Reflective accounts are subjective accounts and based within specific contexts. The contextual nature of these accounts actually helps to extrapolate the reflective accounts to similar situations and aid in interpretations. Reflective

practitioners use their experiences to interpret similar situations and also use existing knowledge on practice to interpret and analyze their situation as related to practice and their profession in general.

A structured ward programme should be implemented in critical care units and Hodges et al (1986) assert that a structured ward programme is essential for a regular staff-patient interaction. Staff –patient interaction differs according to programme structure, staff-patient ratios, and chronicity of the illness in the patient. Structured ward programmes and increased staff-patient interaction is necessary in chronically disturbed and ill patients and the lowest staff patient interaction occurs in acute or emergency wards. Acute ward patients have been found to receive the least attention from the nurses after 10 days of admission in the acute ward.

Thorne and Hackwood (2002) give an account of collaborative working between the NHS trusts and a university hospital in the UK while responding to the needs of patients in critical care units. The authors point out that a dynamic evolving process of course development in nursing skills practice is necessary to promote quality care for patients. Courses and skills that nurses should attend must reflect the needs of the nurses caring for acutely ill patients in critical care units or even outside the critical care environment such as happens in cases of emergency for outpatients. The need and usefulness of a critical care skills course also known as 'Introduction to Critical Care Skills' for caring of patients in critical and intensive care units and ward areas are discussed. Development of nursing skills is facilitated by work-based learning that uses core competencies to relate to the holistic approach of caring patients with complex and critical care needs.

From our literature search, both collaborative working and work-based learning seem to be important in development of nursing skills for critical care. However as Prowse and Heath argue,

despite the primary focus of collaborative work and work based learning in NHS, there are very few studies and limited evidence to show any influence of collaborative working or work based learning on patient outcomes.

In a recent paper, Prowse and Heath (2005) explores both work based learning and collaborative working in health care by drawing on findings of a study about the influence of the knowledge of nursing skills on patient care outcomes. The experiences of nurses in critical care settings have been studied using a qualitative research approach. The daily experiences of specialist nurses in critical care wards were noted using interviews and other methods of qualitative analyses to produce a descriptive and interpretive account. The study emphasizes that nursing knowledge influence patient outcomes considerably, as nurses use their bio-scientific and medical knowledge as well as their experiences to achieve the desired patient outcomes.

Here the importance of work based learning and experiences in nursing have been highlighted and the study also shows that the nurses engaged in collaborative working with other healthcare professionals and doctors in everyday working and learning. The study explored the relative importance of several elements in nursing namely - situational and experiential knowledge, work based learning and clinical problem solving. The Department of Health (2001) proposed 'Working Together, Learning Together' approach which has been followed through collaborative working and highlights a kind of collaborative competence that contributes to the NHS and DH plans of promoting and encouraging teamwork in clinical settings.

Several other studies as for example by Hardcastle (2004) move away from the importance of collaborative learning and tend to focus on practice development and continuing education in nursing. Hardcastle points out that both continuing education and practice development are integral

components of specialist nursing practice in intensive and critical care units. The effectiveness of the different approaches to teaching and learning in critical care nursing has been studied by several research initiatives although how continuing education and practice affects the enhancement of nursing skills has not been examined thoroughly. This study by Hardcastle uses thematic analysis to explore effective education by critical care nursing practice and the question that is being asked in the study is ‘What does effective education for critical care nursing practice mean to nurses currently practising in the specialty?’ or rather, what is the value of continuing effective education in practice and how does it relate to practice development. For the study, 88 critical care nurses were asked to give written descriptions of effective education and these descriptive statements on what the nurses meant by effective education were analyzed to separate them into components, constituents, themes, essences and meanings. The four major themes that emerged from this analysis were personal quality, practice quality, the learning process and learning needs. Individual learning needs were found to vary and relevance of each nurse’s needs have been identified as an essential theme within effective education for critical care nursing practice. Apart from individual learning experiences, shared or group experiences were also considered as important and has been discussed with reference to education and practice development in nursing specialty. Thus, the study highlights both the general and individual learning needs in nursing, and identifies the development of work based skills as a strategy for learning and practice development in critical and acute care nursing.

Several studies focus on understanding the needs of individual critical care nurses and highlight that the competencies in the different areas of nursing should be developed individually and objectively to maintain a high quality of nursing care. There are very few international guidelines or medical care policies that describe the qualities that are needed by critical care nurses to function

effectively in critical and intensive care units and guidelines when available are mainly related to education and training of nurses and say very little about the actual practice. Scribante et al (1996) aim to formulate and describe guidelines for competency requirements in trained critical care nurses. A focus group discussion and interview along with an open conversation was conducted to promote interaction among the participants who asked questions and responded to answers and comments. The important categories of skills identified in case of critical care nursing were professional competence, interpersonal skills, cognitive competence, and critical care patterns of interaction. Critical care competency requirements are thus divided into these categories and objective guidelines could be formulated accordingly as to what the nurses require to provide quality service in critical care units. The study aimed to formulate objective guidelines on competency requirements for critical care nurses, guidelines which could be followed to improve care services in clinical settings.

Critical care competency frameworks have been developed on multi-levels from novice to expert levels of nursing and as suggested by Bourgault et al (2004) these competency frameworks were used for the development of knowledge and skills specific to critical and acute care. These frameworks provide guidance of personal development to nurses within critical care and also facilitate the assessment of individuals learning needs in nursing. Certain performance criteria are established and competency requirements are based on these criteria. Competency levels are attained when the criteria are met. The competency statements thus give skills criteria at different levels of practice and define the clear expectations of the level to be achieved by a trainee and also provides guidelines for advanced and intermediate as well as the senior experienced nurses.

Implementation of competency framework in work based learning programme for acute skills ward nurses face considerable difficulties in terms evaluation and development. The initial method is that of assessment of practice of qualified nurses who undertake courses in critical care nursing. Most competency frameworks are related to skills training or nursing courses and are based largely on evaluation and development of the core competencies of critical care nursing. Most of this is based on guidelines and Mclean et al (2005) discuss guidelines provided by National Health Service Knowledge and Skills Framework which serves as a competency framework for assessment of practice of nurses who undertake courses in intensive care nursing. These guidelines and development of competency and skills requirements statements and frameworks have major implications in nursing and serve as models for further implementation programs and educational coursework.

To make nursing practice easier and more effective, Ballard and Trowbridge (2004) emphasize that nurses should be trained in a way that student learning practices should match their practical experiences to facilitate skills learning. In this study mentioned, nursing students are exposed to critical care situations in their undergraduate training days. The paper highlights the importance of critical care clinical experience and the planning steps before implementation of competency frameworks such as faculty approval, administrative and management approval in the hospital, preceptor identification and evaluation of grading and the experience.

One of the most important aspects of developing nursing competency framework for intensive care nursing is patient perception or what the patients consider as important in intensive care and how they evaluate quality of services. Cescutti-Butler et al (2003) conducted a study on perceptions of patients of nursing competency skills in neonatal intensive care units. A grounded theory approach

was used in the study. The study was based on focused conversational interview data provided by eight parents who met the inclusion criteria. The interviews were recorded, transcribed and analyzed thematically. Practical and ethical considerations were important in this study and four key themes conceptualizing competency emerged from the data. The different perceptions are grouped as follows:

1. parents or patients are facilitated to integrate into the intensive care unit and do not feel a burden to the nurses concerned ;
2. parents/patients feel in control of their treatment whilst in the care unit;
3. parents/patients have a choice to opt out from observing tasks and procedures on their baby and can relax without hassles completely trusting the nurses;
4. parents and the inter-professional team within the clinical setting work collaboratively and communicate to provide appropriate information to each other regarding the progress of the baby and the mother as also the general care provided.

These results of core competencies of nurses indicate that parent perceptions of nursing competence in neonatal care units are not based solely on skills and tasks but overall caring behaviors of nurses, which is an important part of professionalism. Ideas on the conceptual basis of caring in intensive care units as well as the importance of caring behaviors suggest that learning to share responsibilities with families and parents and creating a positive atmosphere for parents before the responsibilities are handed over to the parents completely, should be included as elements of skills training for nurses following competency criteria.

One of the most effective ways of promoting competency in high dependency skills in acute care nurses would be training through learning groups. Wong (2000) discuss the importance and

effectiveness of a learning group formed to expedite the newly recruited nurses' skills and knowledge that are required in critical care units. In this particular study, the new nurses were provided with four months of continuous education in learning groups and within the group all members showed an interest to learn from the discussions. The trainee nurses also demonstrated their acquisition of skills and their ability to perform different clinical procedures as a result of participation in the group. Following this particular study, Wong points that the learning group facilitates quicker adaptation and smoother transition of new nurses to intensive care units. This group education also facilitated better relationships with colleagues at the hospital workplace and enhanced skills of nurses showing its overall advantages in all areas of competence.

Following the literature review on research studies and evidence on development of competency framework for nurses in critical care, the policies and recommendations from NHS and the Department of Health for critical care nursing competencies involve initially a detailed analysis of the following questions:

- What are the effects of changing the number of intensive care and high dependency beds in a particular unit?
- What are the effects of changes in the casemix of the patients?
- What are the effects of changes in the lengths of stay of the patients?
- What are the advantages, and disadvantages, of formal co-operative arrangements for the care of patients in a group of units? (DoH, 2005)
- The key objectives of critical care in clinical settings aim:
 - To increase capacity
 - To develop critical care services supporting critically ill patients throughout the hospital - not necessarily restricted to traditional critical care 'units'.

- To provide an integrated critical care organisation within and between hospitals working in collaborative critical care networks.
- To develop a culture of information gathering to provide robust, comprehensive information and data to support critical care delivery. (DoH, 2005)

Some of the competencies in high dependency care units as recommended by the Department of Health include:

- Developing the competency framework using various techniques such as:
 - values clarification exercises
 - thematic analysis;
- Developing indications of team effectiveness including systematic review of literature in this area;
- Integrating clinical and team competencies currently existing involving
 - obtaining existing competencies
 - the thematic analysis of results; and
 - the mapping of results from locally developed competency frameworks against the emerging team framework
- Continuous evaluation, identifying stakeholder issues and future directions involving
 - the monitoring of concerns, claims and issues
 - reporting of results. (Source: Developing team competencies for patient-centred critical care services, DoH, 2004)

Within the NHS, the Modernization Agency is working collaboration with Emergency Services to improve critical care units and promote better information sharing.

Conclusion:

In this part of the dissertation, we conducted a literature review in which we discussed various aspects of critical care and on the competencies required to enhance nursing skills to improve quality of care. We discussed the importance of structured learning programs as well as group discussions and interaction of staff and patient to develop nursing competencies in critical care. In this context we highlighted that both collaborative working work based learning are important in improving competency and high dependency critical care skills and knowledge. The roles of leadership and development of a network or inter-professional working relationship have been stressed. Learning programme such as critical care skills courses, structured ward programmes, critical care companionship in which learning occur through a co-worker, and work based practical learning as well as learning through continuing education in practice development have been discussed as some of the methods that can be used to improve nursing skills and competencies in high dependency wards. In all cases, the importance of work based learning has been emphasized. Considering patient perception to improve competencies in intensive care and using recommendations and guidance of the Department of Health are other options for improving quality of care, nursing skills and high dependency care competencies in acute and critical care nursing.

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