IMPROVING THE CARE OF ACUTELY ILL PATIENTS OUTSIDE ICU SETTINGS

This is a summary: the full paper can be accessed at nursingtimes.net

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This article describes the development of a post-registration course to improve nurses’ skills in caring for acutely ill or acutely deteriorating adult patients. It discusses recent guidance and policy documents in this area, and outlines the implementation of the course, teaching and assessment methods for students, and the evaluation of the programme.

INTRODUCTION

This article describes the implementation of an innovative post-registration course for healthcare practitioners that started in September 2006. The course was designed for professionals involved in the assessment, care and management of acutely ill or acutely deteriorating patients in non-critical care areas in acute care.

In the current healthcare climate, which demands clinical effectiveness and value for money, a greater level of skill is required from nurses. They require a good knowledge of basic anatomy and physiology in order to interpret observations, as well as of the pathology and nursing management of common illnesses and injuries. However, the Department of Health and Modernisation Agency (2003) stated that current education does not properly equip healthcare providers to care for critically ill patients, particularly those outside designated critical care departments.

COURSE DEVELOPMENT

As a higher education institution, the University of Huddersfield provides specialist courses for registered nurses in traditional acute and critical care areas. These comprise specialist preparation in A&E, coronary care units and ICUs. No such course was provided for nurses working in non-specialist acute care areas to support the key developments in patterns of care, especially in relation to assessment, care and management of acutely ill patients. A gap in the range of courses offered by the university was identified, and confirmed following consultation with practitioners.

A joint venture involving academic staff and senior nursing staff from a variety of acute care settings from partnership trusts was established. The result was an acute illness course designed specifically to meet these needs.

Course content

The course encompasses two honours-level (level 3 equivalent) modules:

- The professional principles underpinning acute clinical practice (20 credits);
- The assessment, care and management of acutely ill patients (40 credits).

The professional principles module gives students the opportunity to explore and analyse current healthcare issues, applying them to their own clinical practice. This module encourages students to understand the effects of national policies and their impact on patient care and management.

The second module promotes a deeper understanding of the evidence underpinning current practice in assessment, care and management of acutely ill patients. Students are supported and assessed through a variety of methods that focus on their academic and practical competence to evaluate and implement care.

Teaching and learning strategies

The course is delivered using a combination of lectures, seminars, group work and simulation strategies.

The relatively small student number on the course (15–20) allows the lectures to be interactive and more of a two-way process, prompting discussion and exploration of topic areas. Many sessions adopt the problem-based approach, focusing on issues that encourage reflection and analysis of current practices.

To ensure baseline knowledge is achieved, directed study elements are given before some sessions. These include prior reading and workbooks for anatomy and physiology.

Students are encouraged to offer regular feedback, with an element of flexibility allowed in the syllabus, encouraging ownership of the subjects taught and the learning taking place. Following evaluation of the first cohort, it was noted that students requested increased use of simulation.

This is a key strategy for the course. The goal of simulation is to promote understanding through doing. Examples from the course include how to use a particular piece of equipment and the rationale and applied physiology behind a particular treatment or disease.

The course is part-time and students continue to work in their own clinical area. However, time is allocated to give them the opportunity to work in other areas. These alternative placements are students’ own

IMPLICATIONS FOR PRACTICE

- An effective strategy is to empower individual practitioners caring for acutely ill patients with the appropriate knowledge, skills and competencies to recognise and effectively manage them.
- The evaluation of this post-registration course indicates that it has helped practitioners to develop their skills and improve practice in this area.
- The National Patient Safety Agency (2007) recommended that every acute trust should establish a recognition group to improve the safety of patients vulnerable to unexpected deterioration.
**BACKGROUND**

- In 1999, the Department of Health convened an expert group to develop a framework for the future organisation and delivery of critical care. This incorporated a hospital-wide approach, extending beyond the boundaries of ICUs and impacting on the delivery of acute care as a whole (DH, 2000).
- The DH and Modernisation Agency (2003) reiterated that patients at risk of deteriorating or recovering from critical illness were not always well managed.
- NICE (2007) published guidelines on the recognition of and response to acutely ill adults in hospital. The guidance featured a number of key recommendations exploring which physiological observations should be recorded and acted on, by whom and how frequently.

**STUDENT ASSESSMENT**

A variety of assessment strategies are used to develop students’ communication, clinical, written, reflective and critical analysis skills. The course outcomes are assessed using a 2,000-word essay, a short presentation, a clinical practical exam and a portfolio. For details on the course outcomes, see nursingtimes.net.

The assessment strategy for the second module caused much debate, centring on whether the assessment of students should take place in clinical practice, promoting discussion around the appropriateness of the person who would assess their level of competence. As the course was new, it was not possible to rely on previous students to act as mentors/assessors, and no existing standard was available to define appropriate assessors. It was agreed to assess part of the module using an adapted objective structured clinical exam (OSCE).

Discussions were also held on the relevance of grading the OSCE. The agreement between academic and clinical staff was that, in a healthcare environment when assessing and managing acutely ill patients, practitioners would be either safe or unsafe. Therefore a simple pass or refer is the mark given.

The development of a portfolio is also used as a method of assessment. The portfolio requires students to demonstrate critical analysis of current evidence, policies and practices, and reflection of learning on their alternative placements. They are also required to undertake these activities in relation to their clinical interest.

**COURSE EVALUATION**

Evaluation of the course was undertaken using the university’s standard course evaluation form. Several quantitative questions were asked requiring Likert-style answers. The form includes a section for general comments about the course. Thirteen students undertook the first acute illness course; 11 (85%) completed the evaluation. Approval from the school research ethics committee was given and all participating students provided written consent to the use of anonymous quotes.

During analysis of the general comments section, several themes emerged, as follows:

- **Teaching and learning methods:** Throughout the course, a strong mix of theoretical elements and practical skills was covered. Comments included: ‘Taught sessions have been delivered excellently. I have found all subjects covered by the course very relevant and very helpful to my work.’

- **Student background:** The 13 students came from a wide variety of acute care backgrounds and experiences, from fairly newly qualified staff to experienced ward managers, which strengthened discussions and debates held in the group.

- **Student support:** As module leaders, we aimed to ensure the course would enable students to feel supported and challenged and also to enjoy and value their study time. This was reflected in the comments: ‘The course was fun and enjoyable and this has helped me to participate, especially in the practical sessions.’

- **Clinical competence:** Ultimately, the course aimed to develop standards of clinical practice, although evaluations were subjective and from the students’ own perspective: ‘I have learnt many new skills and have improved my practice as a result.’

- **Further studies:** Many students on the course have carried on their studies working towards their degree.

- **Other general comments included:** ‘The course has been relevant to my work area and I would recommend it to all nurses working in acute settings.’

**REFERENCES**

- **NICE (2007) Acutely Ill Patients in Hospital: Recognition of and Response to Acute Illness in Adults in Hospital. London: NICE.**