Emergency nursing

MULTIPROFESSIONAL EDUCATION: IMPROVING CARE FOR ACUTELY ILL CHILDREN

Caroline Mearns and colleagues outline a course that addressed a shortage of staff competent in delivering care to young people.

Abstract
A three-year programme was established for practitioners who work with acutely ill and injured children and young people. Courses were held in urban and rural areas of Scotland and more than 2,000 NHS staff, including nurses, paramedics, doctors and allied health professionals, took part. Three-day training comprised clinical skills updates, scenario-based teaching and observed structural clinical examinations. As a result, NHS Scotland says care delivery to children, young people and their families has improved in community and hospital environments.

Keywords
Children’s nursing, emergency care, interprofessional working, the multiprofessional team

MULTIPROFESSIONAL EDUCATION for staff involved in the emergency care of children and young people was identified as a priority in the Action Framework for Children and Young People’s Health in Scotland (Scottish Executive 2007). Previously, the Emergency Care Framework for Children and Young People in Scotland (Scottish Executive 2006) stated that hospitals do not always have staff who are competent in the care of children and young people or in the provision of child-friendly environments. As a result, NHS Education for Scotland (NES) established three levels of education (core, intermediate and specialist) to include in the first national, multiprofessional training programme for practitioners working with acutely ill and injured children and young people in Scotland.

Approximately 17 per cent of Scotland’s population are children (The Registrar General’s Annual Review of Demographic Trends 2010). Planned admissions to hospital are less common among children than among adults; a large proportion of child admissions (20 to 25 per cent) are emergency (Scottish Executive 2006). Practitioners’ levels of anxiety are often increased when a sick or injured child presents, particularly if they have had little exposure to emergencies involving children.

The need for integrated, interprofessional, competency-based education and training in paediatric emergency care in Scotland was apparent, and a nationally agreed core competency framework was developed by NES in 2006, as described in the emergency care framework (Scottish Executive 2006). The principles in the document were supported by several policy documents including Better Health, Better Care: Action Plan (Scottish Government 2007) and the action framework (Scottish Executive 2007). This article outlines the implementation of the first national, multiprofessional, paediatric emergency care education programme.

Training programme
A three-year project was funded by NES. The infrastructure included the recruitment of one clinical education lead co-ordinator (CELC) to oversee project developments, and four regional clinical education leads (CELS) to deliver the education and training.
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to practitioners throughout Scotland, including remote and rural areas. Depending on location and availability, a range of facilities were used: clinical skills laboratories, village halls, hotels, church halls and a football stadium.

The framework (Figure 1) shows a four-level model of training, based on the different care facilities available. It was anticipated that the core level of education would be targeted at staff level 1, the intermediate level of education at staff levels 2 and 3, and the specialist/advanced level at staff level 4 of care provision. In reality, the core level was delivered to staff working across all levels of provision.

Following the successful pilot of the core level of education by the Robert Gordon University, Aberdeen in 2007, a 12-week online and three-day, face-to-face programme are now available for degree level (Scottish Credit and Qualification Framework level 9 – equivalent to a bachelor degree). The programme includes formative and summative assessments and is still available through some Scottish universities, but students need to fund themselves.

Children, young people and their families expect that healthcare professionals who are responsible for the health of children will be appropriately qualified and experienced, competent and confident (Scottish Executive 2006). The core elements of the course are listed in Box 1.

Box 1 Core level course content
- Assessment and management of the sick child/young person, using airway, breathing, circulation, disability, exposure (ABCDE).
- Recognition of illness, injury, pain and vulnerability in children.
- Paediatric basic life support.
- Pain management.
- Basic first aid.
- Onward care.
- Communication.
- Understanding of the rights of children and young people.
- Legal and ethical issues.
- Child protection.
- Clinical skills evaluation.

(NHS Education for Scotland 2006)

The core level learning programme is modern and flexible, designed for healthcare professionals in groups of no more than 12 candidates. Lectures using PowerPoint presentations were combined with group discussion, workshops and problem solving in clinical scenarios. There is currently an emphasis on interprofessional education (IPE) to improve quality of care and effective collaboration in a rapidly changing healthcare environment, which means learning together. The provision for this is growing, and IPE has been identified as essential to patient-centred care (Baker et al. 2008). Barr (2000) defines multiprofessional education (MPE) as learning together and IPE as learning together to promote collaborative practice. According to Baker et al. (2008), IPE can be achieved if small groups of healthcare professionals can share different experiential activities.

With this in mind, the core level education three-day, face-to-face programme emphasises clinical skills and scenario-based teaching with the observed structured clinical examination (OSCE) as the summative assessment (Karani et al. 2004), now established in nursing and multiprofessional education (Roberts 2000, Wiford and Doyle 2006). Validity was assured in the core level course by mapping assessments to learning outcomes and teaching methods (Biggs 2003, Royce-Sadler 2005).

Evaluation of core level education
The participants completed evaluation forms at the end of the three-day programme. In particular, it was found that the scenarios helped them to link the theory to practice and develop their skills.

After a tendering process, the University of Northumbria was commissioned to evaluate the education programme externally. The aim was to evaluate the impact of the NES-tiered education on the children, young people and their families, the individuals, their teams, as well as the service they provided. The methodology included a literature review, national survey, questionnaires, case studies, and practitioner, staff and patient/family interviews. The evaluation report was published in December 2009 and is available on the NES website (www.nes.scot.nhs.uk).

Care delivery to children, young people and their families had improved following an increase in the knowledge, skills and confidence of staff, better assessment and communication, and provision of child-friendly environments. The education was for all NHS staff who worked with children and young people in any hospital or community environment.

Sustainability and skills maintenance
According to Cornock (2007), paediatric emergency clinical skills rapidly decline if not practised and updated biannually. The CELC and CEL posts came to an end in March 2010 on completion of the three-year project. NES has established an online skills maintenance programme that is available to all NHS staff in Scotland and has recommended that this be undertaken every two years.

There is now an established pool of trainers who can impart this education throughout Scotland, and each region has the equipment necessary to enable scenario-based teaching. The core level programme is available at three universities across Scotland, albeit no longer funded by NES. Thus sustainability can be ensured.

Intermediate and advanced level
A module for intermediate education has been developed at honours degree level (SCQF Level 10) as ‘Assessment and Management of Common Clinical Problems in Infants, Children and Young People in Unscheduled Care’. This pilot programme began in September 2009, and was completed in 2011. Education is available at Glasgow Caledonian University, but is no longer funded by NES.

An advanced education subgroup was convened in March 2009. It was recognised that, at this level, a team teaching approach was necessary, that the curriculum should include leadership skills and that it would still involve simulation and scenario-based training. A report detailing our findings has been circulated to stakeholders throughout Scotland.

Following the recommendations in this report, it is up to the individual health boards to identify training needs of staff and, where necessary, provide appropriate training and education. The provision of effective healthcare for children in the remote and rural areas of Scotland poses particular challenges. The availability of senior paediatric staff, transport issues, and reduced exposure to unwell children can make it difficult to maintain and update skills. The child health team at NES works closely with colleagues from Remote and Rural Healthcare Education Alliance to ensure that programmes of education meet the needs of staff in these locations.

Conclusion
This national multiprofessional education has been successful and the demand for the core level training has exceeded NES targets, with 2,308 NHS staff having completed the course, including nurses, allied health professionals, paramedics and doctors. Healthcare practitioners who had undertaken the education reported an increase in confidence and competence, resulting in improved care to children, young people and their families. There is however, an obvious need to re-evaluate over the next few years.

References

Conflict of interest
None declared