

NATIONAL STANDARDISATION OF AN INDUCTION PATHWAY FOR TRAINEE ADVANCED CRITICAL CARE PRACTITIONERS (TACCP)



BACKGROUND

The ACCP workforce continues to steadily expand. With this so too does the need for nationally informed, structured and standardised ACCP specific induction processes.

PRIMARY AIM:

To conduct a national consultation of trainee and qualified advanced critical care practitioners (ACCPs) to understand the current provision of ACCP induction.

SECONDARY AIMS :

To formulate an inclusive and representative induction pathway document using the data collected to support effective transition from base profession to tACCP. To ensure equity of opportunity, community support and informal mentorship as an integral bedrock of the ACCP workforce.

AUTHORS

Louise Houslip, Ashton Burden-Selvaraj, Caroline McCrea, Lucy Halpin, Stevie Park, Anita Jones, Jo-Anne Gilroy, Natalie Gardner, Kate McCormick and Ali Hopkins.

AFFILIATIONS

Faculty of Intensive Care Medicine (FICM)
Faculty of Intensive Care Medicine sub committee (FICMASC)

DEDICATIONS

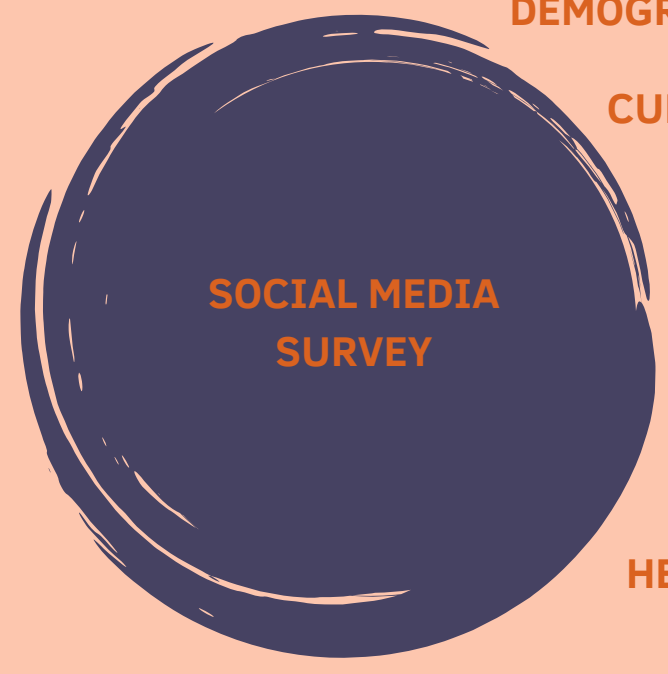
Presented on behalf of our wonderful friend, colleague and contributor, Louise Houslip.

EMAIL

ashtonjade.burden-selvaraj@uhcw.nhs.uk



METHODS



- PROFESSIONAL DEMOGRAPHICS
- CURRENT INDUCTION PATHWAY
- RECOMMENDED RESOURCES
- PROCEDURAL SKILLS
- HEI INDUCTION
- ACADEMIC SKILLS

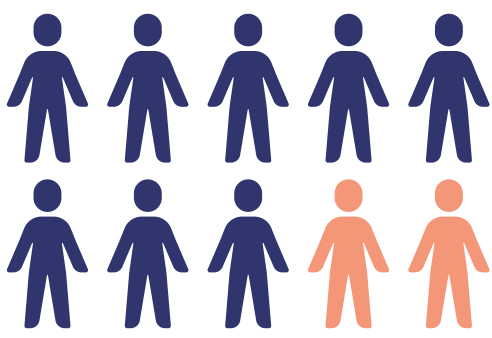
6 STAGES

- FORMATION OF WORKING GROUP
- NATIONAL CONSULTATION
- ANALYSIS
- DRAFT INDUCTION FRAMEWORK
- FICMASC & PEER REVIEW
- FINAL DRAFT & RATIFICATION

- The National Association of ACCPs Facebook group was used to promote engagement with the project. An open access document was disseminated to capture tACCPs and ACCPs views on induction.
- A national survey was developed to gauge the current experience of and consensus on induction, both clinical and academic and capture suggestions on what a future ACCP induction pathway should look like. This ran for two weeks in April 2021.
- Shared responsibility was taken for analysis of each subset of data.
- Themes were identified from the data collection which guided the creation of the induction pathway. Each member of the team authored a section. Emphasis was put on a signposting section. Networks such as the Muslim NHS Women's network, Nurse Lifeline, hospital LGBTQ+ networks, the NHS Black and Minority Ethnic network and many others were cited, in keeping with the working groups commitment to harnessing a supportive, equal and representative ACCP community.
- In Sept 2021 the draft document was sent to HEI tutors, ACCP lead consultants and fellow ACCP peers nationwide for review. The document was sent to FICMASC following this.
- Corrections and adjustments were made accordingly and in November 2021 the document went live on the FICM website, following successful review.

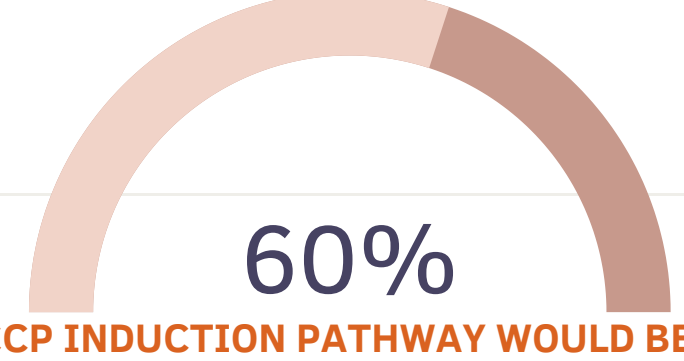
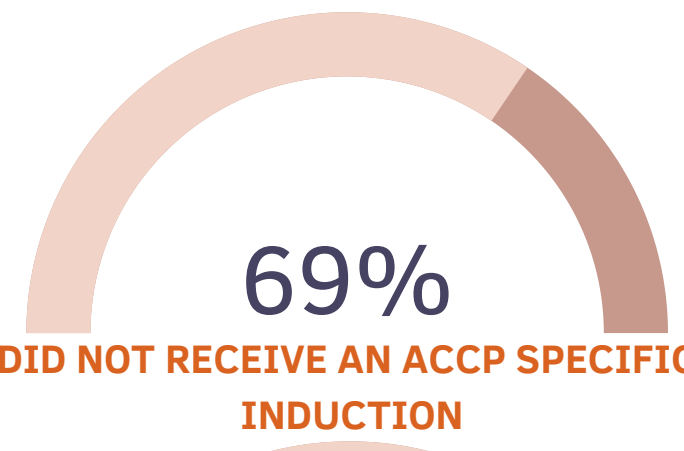
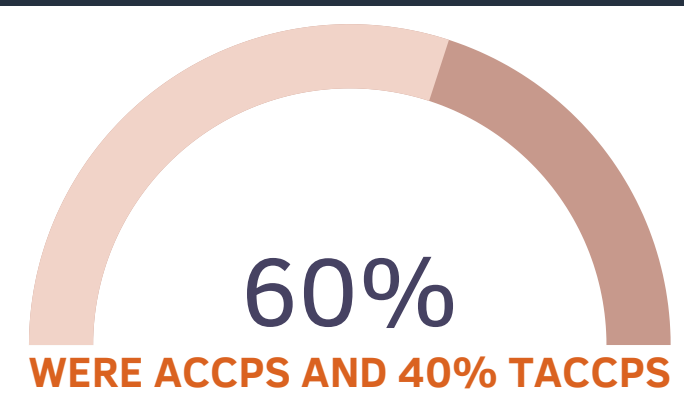
RESULTS

106 RESPONDENTS



- 88% WITH CRITICAL CARE NURSING BASE PROFESSION
- 12% WITH AHP BASE PROFESSION

- Introduction to WPBA documentation and logbook
- Lead ACCP meeting & introduction to team
- ACCP lead consultant introduction
- 50% of respondents wanted an ACCP induction to last between 1-4days
- Designated time to shadow ICU registrar / current ACCPs / CCOT
- Consideration of internal and external tACCP induction needs (equipment training, shift organisation)
- Allocation of an informal mentor (current ACCP or Taccp, clinical supervisor)
- Formal radiology training (IRMER)



AHP SPECIFIC INDUCTION SUGGESTIONS

57% AHP respondents were not supported to learn critical care bedside skills relevant to the role of ACCP (including IV infusion pump use, bedside monitors, layout of an ICU bedspace). A need was highlighted for introduction to common medications, preparations and pharmacology and time spent with critical care nursing team.

CONCLUSIONS

- Great variability and inconsistency in ACCP induction exists nationally
- Disparity in radiology requesting permissions trust to trust
- There is more to be done to support AHP base profession ACCPs in the transition into the role
- Positive preliminary feedback from peer review
- Induction pathway approved by FICMASC and subsequently live on the FICM website
- After the document has been live on the FICM website for 1 year a further national survey will be conducted to evaluate it in it's current form and ensure it remains a dynamic and responsive document that grows with the needs for the ACCP community.

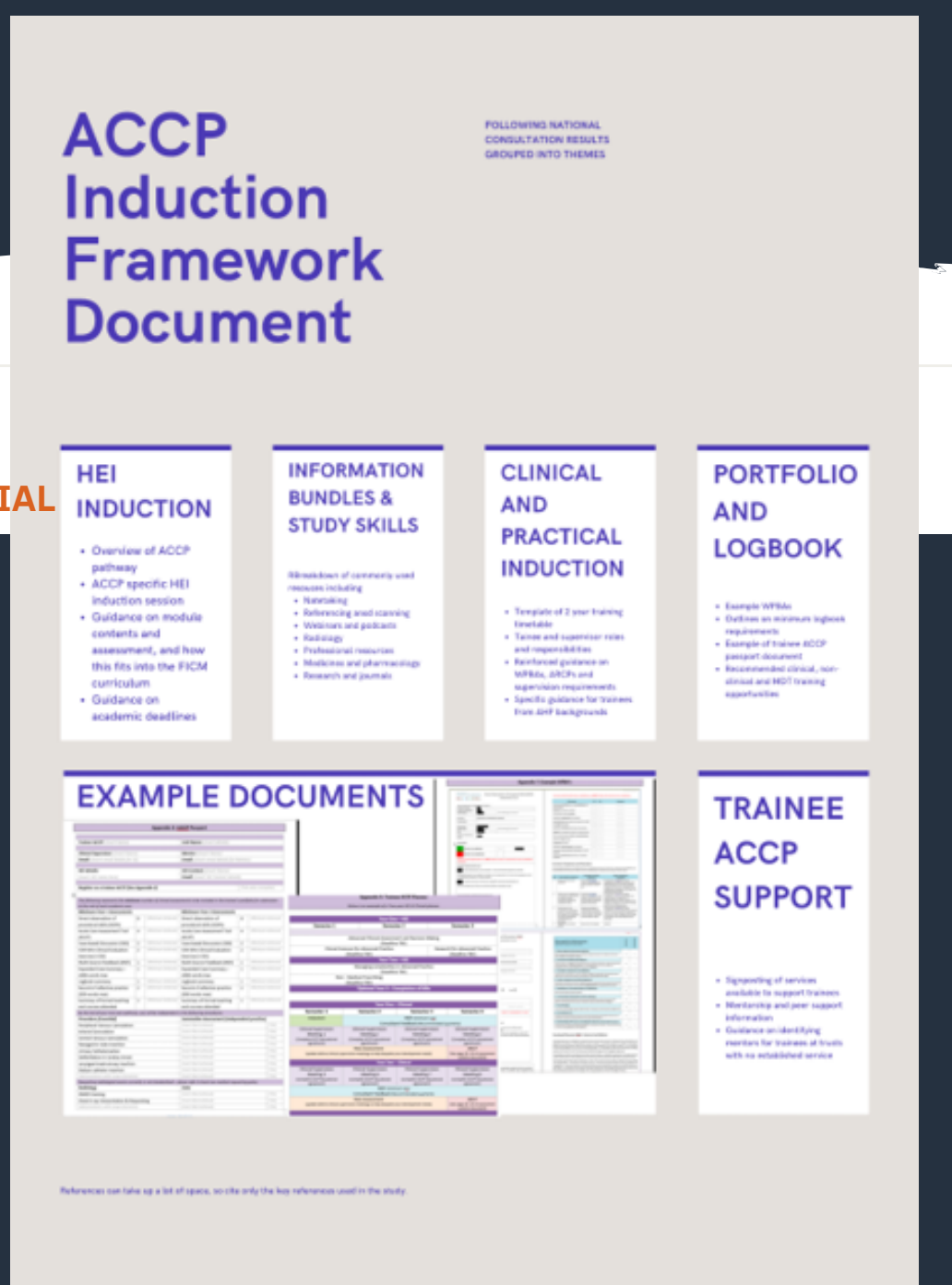


Figure 1: Section overview of the ACCP Induction Pathway. Example documents of resources made by the working group, including a tACCP 2 year academic and clinical planner template, work based assessment guidance and ACCP Passport.