

South Thames Retrieval Service Nursing Outreach Education Programme: A new online resource for nurses in District General Hospitals

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Introduction

In July this year South Thames Retrieval Service (STRS) launched an online resource designed to equip nurses in the region with the stabilisation of critically unwell children. Study leave restrictions and staffing levels prior to 2020 had made an impact on the local hospitals' abilities to free nurses up to attend study days, and then Covid-19 restrictions drew all face-to-face teaching to a close. It became clear that alternative approaches to outreach teaching would have to be explored.

How does it work?

The STRS Nursing Outreach Programme is hosted by the Retrieval Nurse Practitioners (RNPs) at STRS and uses the Evelina London Ocean2Sky moodle platform. 20 District General Hospitals in the South Thames Region have been issued with login access codes. On completion of each topic, the user completes an evaluation form, and a certificate of completion is produced for their continuing professional development records. There is no cost to the users.

The Ocean2Sky enables the nurse to work through the materials at their own pace and choose the topics that meet their learning needs, or their interest.

Whilst able to be used as a stand-alone resource package, the programme works best when used alongside a short RNP-led case-based teaching session, either online, or in person if resources and restrictions allow.

Evaluations to Date.

Participants complete an online evaluation form which asked them to rate their confidence before and after completing a topic and offers the opportunity to comment on the programme itself. Analysis of Ocean2Sky data show that 11 DGHS from a total of 20 have accessed the programme, and 33 evaluation forms have been completed.

Figure 1 shows paired data demonstrating an overall increase in confidence levels of staff. Pre-training 8(24%) of nurses rated themselves as a 4 or 5, on a scale of 1-5 whereas post-training, 28(85%) of nurses rated themselves as a 4 or 5 in confidence level.

All participants stated that they would recommend the programme to a colleague.

"Brilliant session, easy to follow and watch"

"Very useful topic and easily explained"

"Brilliant session, easy to follow and watch, not overloaded with lots of information which makes it more interesting. Videos are good and explains clearly."

"Nice to be able to do at own pace online, would be good to practice the more practical side in person eg securing ETTapes."



Content

The content of the programme is divided into topics, including an introduction and summary of the previous year's data from STRS. Content includes taught sessions, demonstration videos, scenarios, interactive learning packages and printable documents. Most of the teaching content has been produced by the RNPs at the STRS, however there are some links to external sources.

Stabilizing the critically ill child

Recognizing the deteriorating child.

Caring for a child with an ETT

Caring for a child with a tracheostomy.

Introduction to CXR

Neonatal Collapse

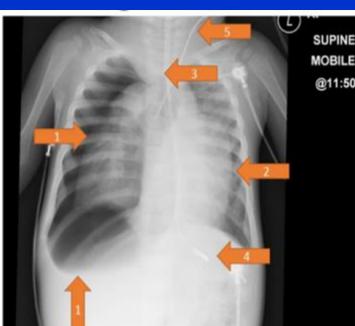
Interpreting Blood Gases



Discussion

Multidisciplinary outreach days have been a regular fixture of the STRS calendar for many years. The days are coordinated and run by the consultant team and attended by mostly medical staff. Anecdotal feedback from nurses found that the medical focus of the days does not meet their needs, and they find it difficult to ask questions in the presence of their medical colleagues.

Each RNP is allocated link DGHS where they are responsible for providing nursing outreach support. Nursing outreach days have been offered to the DGHS, but attendance has been declining over the past few years. In 2019, 122 nurses attended 12 nursing focused outreach days hosted by STRS in their DGHS. 8 of the DGHS in the region did not have any nursing days run in their institution. Numbers of attendees ranged from 5 to 15. In contrast, 765 staff attended MDT study days run by STRS medical consultants. Possible factors influencing attendance include the disparity in study leave offered to medical trainees and nursing staff in DGHS; and the non-clinical time available to STRS consultants who are able to co-ordinate multiple MDT days in comparison to RNPs who run the nursing outreach days.



CXR Findings:

1. A large right sided pneumothorax; air can be seen in the pleural cavity (note the lack of lung markings) which is pushing the right diaphragm downwards and restricts expansion of the right lung. This is a tension pneumothorax.
2. The heart is being pushed further left.
3. The patient is intubated with an ETT at T2
4. There is a NGT in the stomach.
5. There is a central line inserted into the left internal jugular vein.

Conclusion and On-Going Challenges

Early evaluations of the programme are encouraging despite the short time it has been live. To date, only 11 DGHS out of a total of 24 have accessed the programme, highlighting the need to advertise the programme more effectively.

The nature of the generic DGH logins does not allow analysis of which individuals have accessed the programme. The 33 evaluation forms completed have mostly been submitted by sisters or practice development nurses, indicating that junior staff have not been accessing the learning material. Restrictions to study leave in the region remain an issue and continue to effect staff development and training. Individual DGHS will need to provide innovative ways to encourage individuals to access the material for their teams to benefit from it, perhaps allowing them to claim 'time back' for learning conducted at home.

The opportunity to practice skills, such as securing an ETT is missing from this programme, and opportunities for DGH nurses to do this need to be provided in addition to the online component of the programme.

Following posting on Twitter, there have been enquiries from outside the region regarding access to the programme. In the future, potential to expand access beyond the South Thames Region can be explored. In the meantime, topics and content continue to be added and updated to ensure that teaching is current and relevant and meets the requirements of the DGH nurses in the region.

For more information, please contact

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N=33	Confidence score after completing a topic				
	1	2	3	4	5
Confidence score before completing a topic	1		2		
	2		3	6	
	3			11	3
	4			1	6
	5				1
Before / After		Confidence score of 4 or 5			
No change 2 (6%)		Pre-training 8 (24%)			
Increase 31 (94%)		Post-training 28 (85%)			
Decrease 0 (0%)					

Figure 1: Confidence levels of staff before and after completing the programme