

Creating an in charge development programme for junior nurses on a general high dependency unit

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Senior sister

Ward 8, LGI

A bit of background..

- Ward 8 is a general adult HDU based in Jubilee wing at Leeds General Infirmary
- Opened in October 2005
- First non speciality HDU in the trust
- 4 beds initially then increased to 6 beds in 2008
- Critical care/ anaesthetic led but.. Patients are primarily managed by home team
- Access to our Beds is “managed” by the critical care consultant of the day

A few stats...

- Take all inotropes, BIPAP, CPAP, intermittent haemodialysis etc..
- Occupancy of 86% average with extreme peaks and troughs
- Acute and elective work from every speciality in the trust
- 700 patients per year
- 3 or 4 qualified staff on each shift

Our problem to solve

- How do staff see their progress within band 5 (without the symbolism of gaining an E grade)?
- “Perceptions” of being junior
- Shortage of band 5 nurses able to competently take charge – I had an off duty moment!!!
- This left us in a precarious position if a nurse in charge phoned in sick
- It’s quite a challenge to take charge! Because...

It's not the illness or the treatment sometimes, it's what else they bring with them!!

- Armed guards
- Complex families
- Infections
- Expectations
- Unfamiliar tubes and equipment
- False identities
- Prison guards and police officers
- Midwives
- Psychiatric nurses
- Anti social behaviour
- Illegal substances
- Naughty visitors!

Running a shift is..

- Unpredictable
- Fast paced
- Pressurised
- Incredibly hard work
- Sometimes a thankless task
- Not a skill you can learn without a bit of risk!!!

How our experienced nurses had learned to be in charge in the past

- “I turned up at work one day and I was it!”
- “No one showed me what to do I just learned as I went along”
- “I figured out what to do by watching other people do it”
- “They said I was too junior but then everyone was off sick so suddenly I wasn’t”

What were the problems with this?

- Increased Staff stress for everyone on duty
- Reduced staff satisfaction
- Anger at being put in a bad situation
- Potential compromise in patient safety and service quality
- Lack of support for colleagues
- Limited organisation (semi organised chaos!)
- No documented evidence of competency and development

Aim of our programme:

- We need some more nurses to take charge
- We cannot buy them ready made
- Ok.. Lets grow our own!
- How? by offering band five nurses who have successfully completed their initial competency file, the opportunity to take charge on ward 8 as part of their ongoing development in a planned, supported manner

What we wanted to create

- A programme with gradual withdrawal of supervision but maintenance of support
- A booklet that included areas for reflection and discussion about events and experiences
- Based on familiar critical care competency format
- Questions that made staff think about/look up policies and generate problem solving discussion within the team

Pilot project involved

- Criteria for participation
- 2 band five nurses identified and approached
- Pilot package put together with real scenarios to solve
- Creative off duty to achieve success
- Team leaders briefed
- Introductory Information sessions for all staff
- Regular team updates on progress

Results of pilot

- Added : –
- a half day with the critical care bed coordinator
- Teaching sessions (with handouts) to enhance understanding of issues around being in charge
- Changed the lengths of each phase to make phases 2/3 shorter and phase 4 longer
- Only 1 nurse to start the programme at a time with staggered starts

The full programme now consists of

- 12 week programme split into 4 phases
- Competency booklet with areas of practical and policy questions, reflective areas and action plans for each phase.
- 12 x 30 minute teaching sessions with handouts delivered one session per week
- Or a study day delivering them all in a day
- Final review based on a band 6 KSF appraisal document

Programme plan: phase 1

- Lasts for a maximum of 2 weeks
- Shadow nurse in charge*
- *a different nurse in charge for each shift
- super numery for 2 – 3 week day shifts
- Spend a morning with the critical care bed coordinator
- Review and action plan

Programme plan: phase 2

- Take charge with a sister on duty taking patients for day shifts
- Lasts for a full 2 weeks of off duty
- Review and action plan

Programme plan: phase 3

- Take charge with a sister taking patients or on an office day
- Lasts for 2 weeks of day shifts
- Review and action plan
- (this bit did not work so phases 2+3 now merged)

Programme plan: phase 4

- Take charge for 3 weeks of week day ,day shifts with only band 5 staff nurses on duty
- Review and action plan
- Take charge for 3 weeks of nights and weekends with only band 5 staff nurses on duty
- Final review and evaluation of the programme

The teachings

- Risk management /IR1's
- Coordinating transfers to other departments
- Managing conflict
- Running a shift
- Managing poor performance
- Managing sickness and other types of leave requests
- Dealing with complaints
- End of life
- Admission and discharge
- Managing ward rounds
- Skill mix and off duty
- Health and safety

Impact of the change

- More staff able to take charge
- Increased Patient and staff safety- managed risk
- Greater appreciation of the role by junior staff
- Enhanced shift team work
- Positive staff development opportunity
- Recruitment and retention of staff
- Shared the idea with lots of other teams

We are always happy to share!

- Adapt the programme to fit your departments team
- The key is not to recreate the wheel
- You just need to change the tread to fit your road

ANY QUESTIONS??

For more information or a copy of the
programme contact:

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