

Induction of New Staff

Statement of Best Practice

All staff to the unit will receive an induction and competency based programme

Introduction

Nursing staff working in critical care are required to provide safe, high quality service for the public, and support improvements in the critical care environment, so that the safety and quality care is continually enhanced. The critical care environment is a constantly changing field with emerging technologies and therapies to aid patient recovery, through the onslaught of an often life-threatening illness. Nurses need to ensure they develop and maintain competence in practice to meet the challenges presented.

Induction ensures that new staff joining the critical care area are prepared for the challenges ahead, ensuring they are equipped for their role giving them a framework to direct their development within Critical Care.¹

Trust Requirements

All identified mandatory training must be completed, however, this will differ depending on the Trust you belong to. Including:

- Corporate induction
- Manual handling
- Violence and Aggression
- Information Governance

Supernumerary Period

All nursing staff appointed to critical care will be allocated a period of supernumerary practice. This period is to allow adequate time for registered nurses to develop basic skills and competencies to safely care for a critically ill patient. All registered nurses commencing in critical care should be commenced on Step 1 of the National Competency Framework.

To ensure a safe practitioner at the end of the supernumerary period, essential competencies are identified to be completed within this period. If there are difficulties in completing the competencies then the education lead / unit manager should be consulted re: negotiating extending supernumerary time and development of an action plan.

The supernumerary period for newly qualified nurses should be a minimum of 6 weeks; this time frame may need to be extended depending on the individual. The length of the supernumerary period for staff with previous experience will depend on the type and length of previous experience and how recently this was obtained.²

Mentor / Preceptor /Assessors

All newly registered nursing staff should be allocated a preceptor. Newly appointed nursing staff that have completed their preceptorship should be allocated a mentor.

Mentors / assessors must meet the following requirements:

- Complete an NMC approved mentor preparation programme
- Comply with the NMC Mentorship Standards
- Performs all clinical skills in a professional, safe and consistent manner.
- Demonstrates evidence in developing their knowledge skills and competence beyond their nursing registration
- Have completed a post registration qualification in critical care nursing
- Demonstrates that their current practice is evidenced based and in line with current critical care recommendations and guidelines
- Is able to make recommendations in relation to competence and provide rationale
- Is approved by the critical care service manager / lead nurse / clinical educator

Time working with Mentor / preceptor

Supernumerary Period - $\geq 50\%$

To complete framework 40% with mentor / assessor/practice educator and / or delegated other.

National Competency Framework

The competencies are designed to be a multi-purpose tool that will underpin the provision of high quality, individualised patient care. The competencies describe what an individual is expected and able to do when they are fully functioning as a competent safe practitioner at each step.

Recommended Best Practice Principles

Learning Contract – a learning contract is required between the individual learner, lead assessor and unit manager/clinical educator before undertaking the competency programme.

Designated Practice Educator - a designated critical care practice educator (or equivalent) is required to support the implementation of the competencies in practice, and lead in the development and implementation of the adopted critical care education strategy.

Supernumerary Study Time – support protected study leave for formal education programmes as and when required.

Learner and Mentor Clinical Time - facilitate a minimum of 40% of learners' clinical practice hours with their mentor / assessor / clinical educator and / or delegated other.

A Creative Environment for Learning - provide a range of learning experiences, involving patients, clients and professional team members to meet the defined learning needs of the workforce.

Clinical Placement - Provide and/or support clinical placements to facilitate learner development and achievement of clinical outcomes and core/essential competency requirements.

Mentor and Assessor Quality Assurance - regulation and quality assurance of mentors and assessors should be undertaken by local organisations, universities and critical care practice educators (and /or equivalent), to ensure validity and transferability of the assessment process and nurses' competence.

Assessment and Accountability

When assessing a critical care nurse against the clinical standard required, the assessor is asked to specify if the individual nurse can demonstrate competence in relation to each statement outlined within the document. Competence can be demonstrated through observation of practice. The following techniques can be used to support their decision:

- Discussion & probing questions
- Simulation
- Completion of associated workbooks
- Reflective practice
- Portfolio
- Record of achievements.

Through the application of effective mentorship and assessor strategies, consistency in the attainment of nursing competence can be assured. The following standards should be achieved and practiced by all nurses with assessment responsibilities and mentorship accountability:

- Demonstration of a breadth of understanding in assessment strategies and the ability to contribute to the total assessment process as part of the teaching team.
- Provide constructive feedback to learners and assist them in identifying future learning needs and actions.
- Managing failing learners so that they may enhance their performance and capabilities for safe effective practice or be able to understand and manage their failure and the implications of this for their future.
- Be accountable for confirming that learners have met, or not met, the critical care competency statements and are capable of safe and effective practice at the relevant level.
- Demonstration of a working knowledge of current educational programmes, practice assessment strategies and relevant changes in education and practice for the learner and assessor.
- Demonstration of an in depth understanding of their accountability for the decision they make to pass or fail a learner when assessing competence.

The National Competency Framework aims to:

- Provide clarity for organisations and describes what they can expect a competent critical care nurse to do within their role.
- Reduce variations in assessment of nurse competence across the critical care community.
- Provide a standardised approach to the competency assessment of critical care nurses undergoing post registration academic programmes of study.
- Provide a currency that allows recognition of competence between health care organisations.

References:

1. **CC3N: National Critical Care Competency Working Group.** *National Competency Framework for Adult Critical Care Nurses: Introduction Booklet* . 2012.
2. **Joint Professional Standards Committee.** *Core Standards for Intensive Care Units*. 2013.
3. **CC3N: National Critical Care Competency Working Group.** *National Competency Framework for Adult Critical Care Nurses: Support Booklet* . 2012.