

The Paediatric Intensive Care Society Standards for Nursing Orientation/Foundation Programmes in a Level 3 Paediatric Critical Care Unit

Background

These standards have been prepared by the PICS-Educators group, and are updated from the 2000, version. The aim of these standards is to provide a baseline level of orientation across UK Paediatric Critical Care Units. It is acknowledged that many units already exceed this level.

Key Standards

- ◆ At the end of a specified period of orientation/foundation time, all new nurses should be able to safely care for a stable ventilated patient, seeking appropriate support when required.
- ◆ Nurses new to the specialty should undertake a structured programme with clear achievable learning outcomes, assessment and quality control. This may be internal or credit bearing through higher education. This programme will be subject to formal evaluation.
- ◆ Nurses new to the specialty should be offered a minimum of 4 clinical weeks pro rata of supervised practice.
- ◆ Nurses new to the specialty, including rotational posts, should undertake a minimum of 75 hours theoretical learning during the first 6-12 months which may be either taught or self-directed.
- ◆ Preceptorship programmes for newly qualified nurses should either be incorporated or run alongside the orientation programme.

Orientation/Foundation Period

- ◆ The period of orientation is defined as the time before a new member of staff is able to care for a stable ventilated critically ill/injured infant/child with minimal supervision.
- ◆ The length of the orientation period will be established at local level but is not expected to last for longer than 12 months.
- ◆ A formal evaluation will occur at the end of the foundation period, which will align with the appraisal process and enable the nurse to pass through their Gateway if employed on Agenda for Change.
- ◆ Nurses who are not progressing towards this standard should be offered a personalised, structured programme of support in line with local trust policy to assist them in attaining the standard.

Supernumerary Status

- ◆ There should be a minimum of 4 clinical weeks pro rata of supernumerary/supervised practice time. Individual units can increase or decrease this to suit local need.
- ◆ Individual circumstances may necessitate an extended period of supernumerary/supervised practice, which should be managed through documented action planning, according to local policy.
- ◆ Supervised practice and orientation time should be negotiated for nurses with previous paediatric intensive care experience, according to individual need.
- ◆ Supervised practice will be facilitated by an appropriately experienced, named nurse, who may be described as a mentor, supervisor preceptor or buddy.

- ◆ Preparation for the role of mentor should be in place locally, this may be a formal course or internal preparation.
- ◆ Support systems should be in place for the mentor and nurse.
- ◆ The new starter should have contact with the nurse/team responsible for education and development of staff during the first week of employment.

Theoretical Learning

- ◆ Theoretical learning should encompass the knowledge, skills and attitudes required to care for critically ill/injured children with specific regard to clinical safety, professional and organisational skills.
- ◆ The content should focus on holistic care. Incorporating an airway, breathing, circulation, disability, exposure (ABCDE) approach, cover any elements which are locally specific to the specialty, including basic and advanced resuscitation, communication and end of life care.
- ◆ There should be documentation to guide learning which will include learning outcomes and progress reports; this should align with the appraisal process and local employment policy.

Evaluation of progress

There should be at least three meetings documenting progress of formal evaluation during the programme. This could be review meetings or appraisal according to local policy.

References and further reading

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