

Introduction

To deliver the ICO's strategy requires a flexible workforce with variable skill mix in all care settings. In order to achieve its strategy the organisation has to ensure education and training is maintained to support safe, high quality care that demonstrates value for money, promotes flexibility and widens participation with its expansion of services.

This project describes the evaluation of a new training programme that was identified as an area of weakness within the nursing workforce for both acute and community services following integration and service enlargement. The outcome of the evaluation will provide the Clinical Education team with information to reflect on for developing other potential training needs that might arise in the future to facilitate integration of care.

Aims and Objectives

The aim of the training programme was for all registered nurses to maintain safe practice by effectively managing the care of a patient with a PICC and enhancing positive patient experience within integrated care services. The objectives for the training were that delegates would learn:

- How to identify correct patient and gain consent
- Prepare patient, equipment and environment prior to procedure
- Carry out procedure using aseptic or aseptic non-touch technics
- Document appropriately in patient's notes
- Apply clinical judgement to troubleshoot

References

DOH (2009) 'Reference guide to consent for examination or treatment 2nd Edition' www.dh.gov.uk/publications

National Institute for Health and Care Excellence (2014) 'Quality Standards of Infection Control and Prevention' NICE Publication

Methods

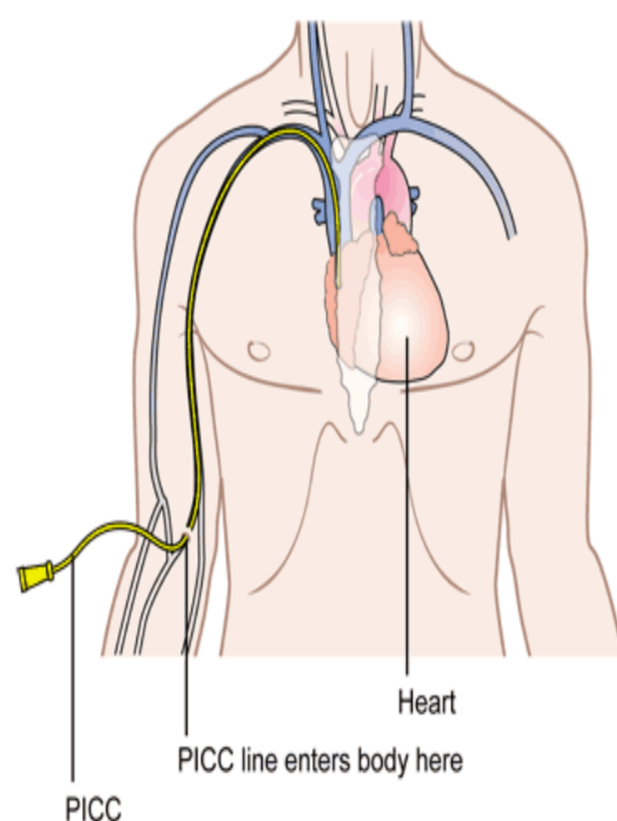
The training programme was designed around identified causes of complications within the organisation and by referring to evidence-based literature (NICE 2014) and (DOH 2009). It was form of 3 parts with each session running over 1 hour 30 minutes.

Part1- A 20 minutes PowerPoint presentation covering the theoretical part of PICC care and management.

Part2- Practical demonstration on a life-sized anatomical human arm model focusing on how to flush the line to maintain patency by applying an aseptic non-touch technique and changing a PICC dressing using an aseptic technique.

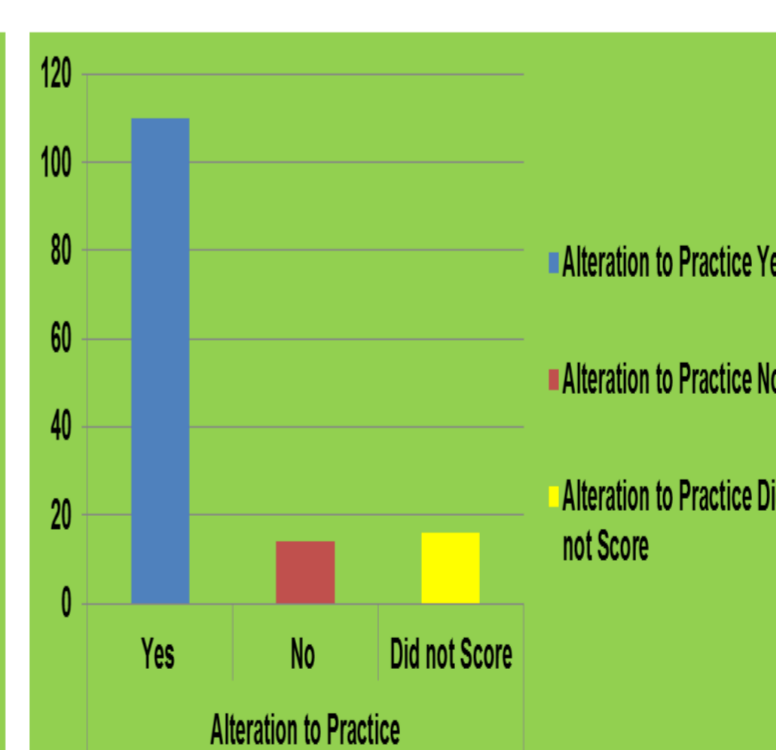
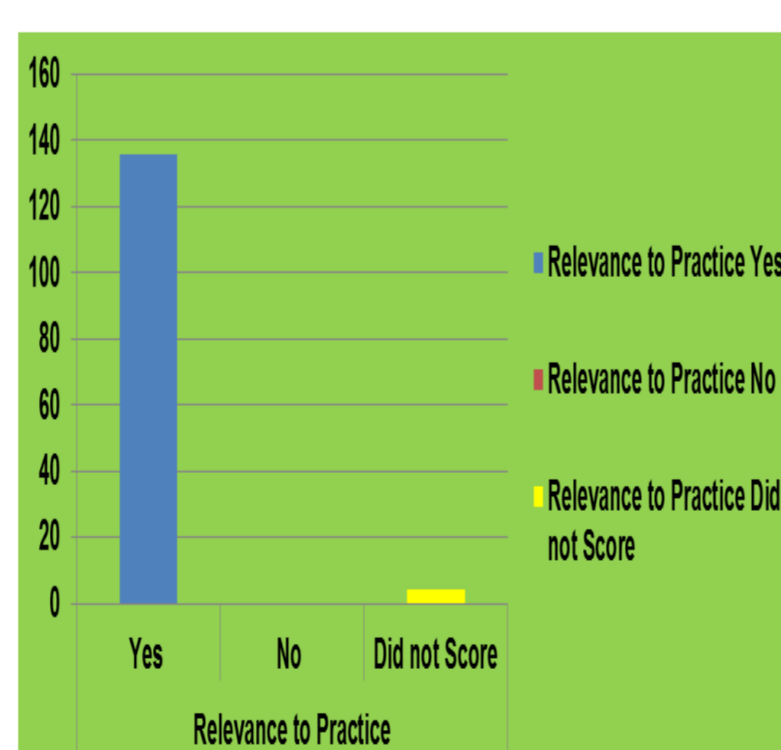
Part3- Assessment process of delegates post observation of practical procedure to demonstrate what they have learned on the human arm model. They were assessed using an Observed Structured Clinical Examination (OSCE) assessment tool. Once the delegates were deemed competent they were issued with a certificate and an evaluation form was requested to be completed after each training session.

The overall satisfaction of the training were scored from 1 to 5 (with 1= very poor and 5 = excellent). The evaluation form also reflected the relevance of the training to the nurses' practice and whether it will change their practice or not. The nurses were also encouraged to write any further comments and suggestions



Results: Quantitative Data

There were 140 evaluation forms received out of the 160 who attended. 136 attendees stated that 'yes' it was relevant to their practice and 4 attendees did not score. In addition 110 attendees mentioned that 'yes' it will alter their practice, 14 attendees said 'no' and 16 attendees did not score.



Results: Qualitative Data

Out of the 140 forms received, 63 attendees filled in the comments and suggestions section with most of the information reflecting the quality of the training session and the benefits it will provide to practice.

Quality of the Training

All of the comments and suggestions were positive about the quality of the training. The training was offered to all registered nurses within the organisation and recommendations for colleagues to attend were made. No negative comments were received.

Benefits to practice

The majority of staff trained stated that the skills they had learnt would improve their practice and clinical judgement and deem them more competent to maintain patient's safety. No negative comments were received.

Conclusion

The evaluation of the PICC training programme demonstrates an overall assessment of its success due to the large numbers of participants completing an evaluation form. The training intend to clearly identify how education and training will support the ICO in achieving its strategic goals in ensuring staffs are equipped with the right skills, qualifications and competencies to deliver high quality services in support of its workforce plan and aiming to reduce admissions and reduce readmissions through better coordination.

Despite the clinically proven benefits of PICC and its implementation in current practice, there have been no studies in the UK exploring the impact on change in practice and patient's experience while undergoing long term treatment. Future studies should robustly evaluate this. The author will be taking the results of this initial study onto further analysis and evaluation as part of his DProf (Health) research project by exploring the effects of implementing a new Peripherally Inserted Central Catheter (PICC) Care Training Programme on change in practice and patient's care in an integrated care organisation to obtain that information.

Publication

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