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Research paper

A two phase study to revise the Australian Practice Standards for Specialist Critical Care Nurses



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ABSTRACT

Background: Observational work to develop the ACCCN Competency Standards was undertaken more than 20 years ago. Since then the landscape of critical care nursing as a specialty has changed and it is not known if the Competency Standards reflected contemporary practice.

Objectives: To revise the ACCCN Competency Standards for Specialist Critical Care Nurses to ensure they continue to meet the needs of critical care nurses and reflect current practice.

Methods: A two-phased project was undertaken. In Phase I focus groups were held in all states. Thematic analysis was conducted using two techniques. The standards were revised based on the main themes. Phase II consisted of an eDelphi technique. A national panel of critical care nurses responded to three survey rounds using a 7 point likert-type scale to indicate their level of agreement with the revised standards. A 70% agreement level for each statement was determined a priori.

Results: Phase I: 12 focus groups (79 participants) were conducted. Phase II: A panel of specialist critical care nurses (research, management, clinical practice and education) responded to round 1 ($n = 64$), round 2 ($n = 56$), and round 3 ($n = 40$). Fifteen practice standards with elements and performance criteria were grouped into four domains (professional practice, provision and coordination of care, critical thinking and analysis, collaboration and leadership). The revised Practice Standards for Specialist Critical Care Nurses build upon and are additional to the Nursing & Midwifery Board of Australia National Competency Standards for Registered Nurses. The standards reflect contemporary critical care nurse practices using an expanded range of technologies to care for complex critically ill patients across the lifespan in diverse settings.

Conclusion: The national study has resulted in the 3rd edition of the Practice Standards for Specialist Critical Care Nurses. There was input from stakeholders and agreement that the revised standards capture contemporary Australian critical care nursing practice.

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1. Introduction

Over the last 30 years nursing has seen the development and proliferation of registration level¹ and specialist level standards for practice.^{2–6} Standards provide a framework to describe professional practice of a specific level.⁷ As early as 1985 the antecedent Confederation of Australian Critical Care Nurses (now the Australian College of Critical Care Nurses [ACCCN]) developed the *Standards for Nursing Care of Critically Ill Patients*.⁸

Five years later the ACCCN adopted a competency-based approach for critical care nurse standards. This decision was influenced by the 1990 Nurse Competency Assessment Project⁹ that determined minimum competencies for registered nurses, as well as the National Training Board promotion of the development of competency-based standards. The 1996 Competency Standards for Specialist Critical Care Nurses articulated the clinical practice of experienced critical care nurses. They were the result of a multi-centre mixed methods study that included data collection in more than 50 hospitals and observation of over 100 specialist and expert critical care nurses by trained observers (resulting in almost 1000 hours of observed practice), with further validation at a national workshop.¹⁰ A strength of the Competency Standards for Specialist Critical Care Nurses^{11,12} was their development from a rigorous research process of observation of specialist critical care nurses. The research methodologies were found to be robust in comparison to other critical care nursing practice standards^{2–5,13} that had been predominately developed using expert panels.¹⁴

Between 2001 and 2002 a modified Delphi technique was used to assess the ongoing validity of the Competency Standards for Specialist Critical Care Nurses.¹¹ The expert panel of 40 experienced critical care nurses reached 70% agreement on the revised standards in two Delphi rounds. Changes to the first edition were relatively minor and consisted of deleting repetition and editorial changes to increase clarity and application of the standards.¹²

The ACCCN recommended that the Competency Standards for Specialist Critical Care Nurses¹² be used to inform curricula development and assessment of clinical practice in critical care nurse education.¹⁵ This recommendation has been widely adopted by education providers.^{16,17} Gill et al.¹⁷ reported that 17 of 22 of critical care course providers (77%) utilised the ACCCN Competency Standards for Specialist Critical Care Nurses¹² as a guiding framework for assessment of student clinical performance. Despite their wide spread use as an assessment tool, the validity of using the Competency Standards for Specialist Critical Care Nurses¹² for this purpose has been challenged. Fisher et al.¹⁸ found they had very weak construct validity, and suggested the validity could be strengthened by modifying from six into four domains. The six original domains were enabling, clinical problem solving, professional practice, teamwork and leadership. The organised clustering of related competencies into these six domains was further questioned when overlap and repetition across domains was identified in the context of clinical performance assessment.¹⁹

In addition to the lack of support for the existing six domain model, it is unknown if the Competency Standards for Specialist Critical Care Nurses¹² continue to reflect current critical care nurse practice. The original observation of specialist practice was undertaken in 1993, when Australia and the world were very different to the environments we face now. For example access to hospital intranet where policies and procedures are stored, the patients' health care journey is tracked²⁰ and external databases used to access evidence based literature was limited,²¹ also the digital revolution was in its infancy and advanced technologies used to support life were not part of everyday practice.²² In addition, the workforce in Australia has changed with a majority of the workforce employed part-time²³ which may limit access to performance development opportunities. Further, there are national²⁴

and employer²⁵ requirements for a nurse to be capable of safely performing²⁶ to professional or industry standards which ultimately impact upon the development of competencies or standards for practice. The aim of the research was to revise the Competency Standards for Specialist Critical Care Nurses¹² to ensure they continue to meet the needs of critical care nurses and reflect contemporary clinical practice.

2. Methods

An ACCCN working group agreed on the research design for the revision. Considered most appropriate was a mixed methods approach of integrating qualitative and quantitative data to build on findings. The qualitative data were collected using focus groups and the Delphi technique was a quantitative method used to build on, validate or corroborate the results.²⁷ The Delphi technique had also been previously used in the revision of the 1st edition of the Competency Standards for Specialist Critical Care Nurses,¹¹ where the expert panel reached greater than 70% agreement after the first Delphi round. The revision process was thus undertaken in two phases: Phase I consisted of focus groups with specialist critical care nurses to explore their views about the Competency Standards for Specialist Critical Care Nurses¹² and identify any changes required to reflect contemporary practice. Phase II consisted of a modified Delphi technique to reach expert panel agreement on the revised standards.

Nine other specialty nurse organisations contributed to the original observational work. Eight of these organisations have since developed their own Competency Standards.^{28–30} In recognition of the good will generated through the original collaboration, and acknowledging that several organisations had since used the ACCCN work as a basis for their own Competency Standards, an invitation was extended to these groups to participate in the revision. None of the groups accepted the invite to contribute. A health consumer representative was also invited to contribute to the revision by providing comments and feedback on the revised draft document.

2.1. Ethical considerations

Ethics approval was obtained for both phases of the study from a university Human Research Ethics Committee. Focus group participants provided written informed consent. The interviews were audio-recorded and field notes were taken. The Delphi panel members were informed that consent was inferred by the submission of the completed surveys.

2.2. Phase I focus groups

For the focus groups, purposive sampling was used to select critical care nurses who had experience in using the ACCCN Competency Standards for Specialist Critical Care Nurses¹² in clinical practice, management or education. Participants were recruited through expressions of interest circulated via the ACCCN networks, publications, and opportunistically at face-to-face meetings and conferences. Focus group facilitators were trained by the researchers and a pilot focus group was conducted with a convenience sample of nurses. Following the first focus group, the research team reviewed the transcript and made minor refinements to the interview guide wording to improve clarity. Twelve focus groups were held in six states between June and December 2013 using four semi-structured interview questions.

1. How have the Competency Standards for Specialist Critical Care Nurses¹² been used? And how could they be used?
2. Should the Competency Standards for Specialist Critical Care Nurses¹² be broadened or be more specialised?

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