LETTER TO THE EDITORS

Comment on Jarden R, Scanlon A, Bridge N, et al. 2021. *Coronavirus disease 2019 Critical Care Essentials course for nurses: development and implementation of an education program for healthcare professionals*

AUTHORS

JOANNE HARMON RN BN PhD[1]
MICHELA MITCHELL PhD[2]

1 Rosemary Bryant AO Research Centre, Clinical and Health Sciences, University of South Australia, South Australia, Australia.
2 Biodiversity and Geosciences, Museum of Tropical Queensland, Queensland, Australia.

CORRESPONDING AUTHOR

JOANNE HARMON University of South Australia, City East Campus, Corner of North Terrace and Frome Rd, Adelaide SA, 5001, Australia. Email: Joanne.Harmon@unisa.edu.au

We have read the article published in the *Australian Journal of Advanced Nursing* "Coronavirus disease 2019 Critical Care Essentials course for nurses: development and implementation of an education and implementation of an education program for healthcare professionals".[1] The authors have described their processes of development, implementation, and evaluation of an online educational program to upskill nursing staff to care for acute cases of respiratory failure due to Covid-19 in intensive care units (ICU). They have acknowledged that online education modules are only the beginning of the journey of upskilling nurses for redeployment, voluntary or mandatory, to critical care facilities during a pandemic.[1]

We would like to share with the readers, our thoughts based on four recent peer-reviewed published articles on the experiences of nurses globally, who have received education for upskilling and have been redeployed/ transitioned into ICU during the pandemic. Namely a Canadian observational cohort study on the learning needs of non-critical care nurses identified for redeployment,[2] a Swedish qualitative descriptive study on anaesthetic RNs who had been re-deployed into ICU,[4] and a US qualitative descriptive study on RNs who had been redeployed after completion of a critical care education program.[5] While the fourth article pre-dates COVID, it is an integrated literature review on transitional support required for RNs moving into critical care.[3] In doing this, we would like to highlight redeployed nurses' experiences post receiving online upskilling and therefore, highlight the need for leadership within the receiving critical care units.

The Canadian study surveyed the learning needs of non-critical care RNs identified as candidates for redeployment into ICU,[2] these nurses self-identified the need for:

- revision on appropriate use of PPE,
- cardiac monitoring,
- basic ventilation modes,
- use of vasoactive medications, and
- the role of a critical care RN in the procedure room.

They also piloted the implementation of a team nursing model and concluded the importance of leadership to clarify expectations and implications for those being redeployed.[2] Similar to previous research they identified upskilled and redeployed RNs need preceptorship which is currently supplied for those transitioning into critical care.[2,3] Moreover, like other studies, they emphasised the need to treat redeployed RNs as a welcome addition who can provide the appropriate support required for the significant needs of ICU patients.[2,4]

 https://doi.org/10.37464/2020.393.874
1447-4328/© 2022 Australian Nursing and Midwifery Federation. All rights reserved.

The Swedish anaesthesia RNs redeployed into ICU shared that it may be a stressful experience, based on a range of emotions from anticipation, excitement and nervousness along with a lack of information causing a sense of powerlessness and being treated as an object.[4] Reports also are emerging from redeployed RNs that far from providing assistance, they were in fact being allocated a full critical care nursing load of complex and unstable patients. This was a far greater nursing role responsibility than they had expected or been led to believe they were going to be undertaking.[4,5]

Similarly studies have noted that participants found some content, such as ventilation to be overly complex.[2,5] Often when a nurse is transitioning into ICU it is via a buddy system and/or preceptorship.[3] Crucially, the US study identified that the provision of a dedicated critical care educational specialist RN is also required to provide support for those undertaking a redeployment into critical care.[5] Compounding this,[4,5] a major drawback has been identified from the outset in a lack of availability of experienced RN ICU buddies or preceptors who were already overworked and struggling to maintain a safe patient to nurse ratio.

While we acknowledge it is difficult to plan for a pandemic, the situation of upskilling has left some redeployed RNs with psychological distress. We also believe it is important to be mindful of longitudinal research and/or the need for a synthesis of the literature as an outcome of this pandemic to future proof the critical care workforce and to ensure the critical care nursing competencies are in alignment with standards for practice and guidelines. A major nursing workforce outcome of this pandemic has highlighted the need not only for more critical care nurses in the workforce, but also for embedding within the undergraduate curriculum more emphasis on leadership and pandemic preparedness.

Whilst Jarden et al. have provided much needed sharing of research on reactive measures for upskilling at short notice. We have highlighted the importance of the need for evidence synthesis in conjunction with longitudinal studies when upskilling RNs into specialised clinical areas to reflect best available evidence practice. We look forward to the authors sharing the results of the impact on the clinical outcomes for their participants and their reflections post participation in the educational program after redeployment into ICU.

REFERENCES

1. Jarden R, Scanlon A, Bridge N, McKeever S, Turner R, Prescott H, et al. Coronavirus disease 2019 Critical Care Essentials course for nurses: development and implementation of an education program for healthcare professionals. *Aus J Adv Nurs*. 2022; 39(1):34-43.
2. Lauck SB, Bains VK, Nordby D, Iacoe E, Forman J, Polderman J, et al. Responding to the COVID-19 pandemic: development of a critical care nursing surge model to meet patient needs and maximise competencies. *Aust Crit Care*. 2022; 35(1):13-21.
3. Innes T, Calleja P. Transition support for new graduate and novice nurses in critical care settings: an integrative review of the literature. *Nurse Educ Pract*. 2018; 30:62-72.
4. Hallgren J, Larsson M, Kjellén M, Lagerroth D, Bäckström C. 'Who will do it if I don't?' Nurse anaesthetists' experiences of working in the intensive care unit during the COVID-19 pandemic. *Aust Crit Care*. 2022; 35(1):52-8.
5. Marks S, Edwards S, Jerge EH. Rapid deployment of critical care nurse education during the COVID-19 pandemic. *Nurse Lead*. 2020; 19(2):165-9.s

 https://doi.org/10.37464/2020.393.874

1447-4328/© 2022 Australian Nursing and Midwifery Federation. All rights reserved.