

Developing Expertise in Critical Care Nursing

Julie Scholes

With contributions from

John Albarran and Caroline Williams

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In memory of Alan Boylan and Di Moore, inspirational nurse teachers, whose passion and commitment to the profession were a constant source of motivation, joy and energy.

I hope this book does our conversations justice.

To Dad, who taught me that tenacity and determination will get you through any transition, especially when served with a large portion of humour and humility.

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Foreword

Transitions are an inevitable dimension of many aspects of our lives, a product perhaps of contemporary approaches to life! This innovative text is designed to assist critical care nurses through one of the most important transitions – how we move, and assist others to move, along the continuum towards expertise. Having expertise and being able to share it are not merely two sides of the same coin and the central thesis of this text is that expertise has to be actively transmitted. It has become fashionable in certain quarters to bemoan the current state of the profession and to don rose-coloured glasses when reminiscing about how things used to be. This text reminds us that the responsibility for ensuring that the *essence* and *expertise* of nursing is passed to the next generation lies with all of us.

The three conceptual building blocks for the text (evidence, experience and reflection) are supported by the use of analogy, which assists with the grasp of key constructs. I particularly liked the notion of expertise as a graphic equaliser (p. 4) to describe different elements of expertise. However, the work moves beyond a purely theoretical approach to expertise and provides those at all points on the ‘novice–expert’ continuum with a repertoire of strategies to facilitate transmission of expertise, for example the toolkit on p. 218 for surviving transitions. This is also exemplified through the use of personal reflection in some of the vignettes (see Chapter 2). The marrying of this practical approach with role transition theory provides a useful bridge for the (often misunderstood) theory–practice gap.

The value of narration in the ‘real world’ of practice emphasised in this text provides a salient reminder of the need to retain expert clinicians at the bedside, where patients, families, students and less experienced nurses can benefit from their insights. It also reminds us of the need for experts to develop and refine their skills of narrative commentary.

This book marks a key milestone in Professor Scholes’ contribution to our thinking about expert practice in critical care. Her willingness to challenge the thinking of others is a hallmark of her writing and is ably demonstrated in this text (see for example Chapter 10). Similarly, a strength of commissioned research undertaken by Scholes (and colleagues) is that they do not shirk from making clear recommendations for change, for example the need for a fifth –

acute and critical care – branch in the UK pre-registration curriculum (see p. 210).

The text draws on evidence from a number of studies undertaken in the UK. However, from an international perspective, this text has much to offer critical care nurses in all countries. Many of the vignettes will resonate and the strategies proposed will not be limited by country-specific policies and practices.

In the same way that the work of Benner and colleagues was pivotal in describing much of the ‘what’ and ‘how’ of critical care nursing (and struck a chord with so many of us), what we now need is to debate the ‘how can we . . .’ in order to ensure that the essence of expert critical care *nursing* continues to grow and develop. I believe this text serves this purpose. The author has wisely avoided producing lists of competencies which would otherwise tie the text to a geographical location and point in time. It is of interest, however, that at the time of publication the contribution of expert nurses in the UK is in an ambiguous position, with increasing evidence pointing to positive patient and service outcomes, yet financial constraints in the NHS leading some of these ‘expensive’ positions to be placed in jeopardy. This text is therefore timely and should equip critical care nurses to continue to evolve, describe and transmit their expert practice in the manner best suited to patient needs.

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Preface

This book sets out to identify ways to support the development of expertise in critical care nurses. To the newcomer, critical care is a bewildering medley of lights, noise and demands that can sometimes obscure the patient and their relatives. To an expert, the visual displays and alarms assist them to engage with the patient with greater intensity and frees their conscious attention to the immediate act of caring, and decision making. This book examines the way in which a practitioner makes the transition from someone who is intellectually paralysed by all these demands to someone who demonstrates mastery of this environment, and the knowledge base to inform their practice. The ambition is to offer a repertoire of learning and assessment activities that can enable practitioners to grow their own expertise and foster developments in others. This has been presented as learning transition theory. Learning transition theory provides a generic set of skills that can be applied to the practitioner's own context, and helps them to celebrate their own professional knowledge. A menu of competencies and skills to gauge expertise is not included in this text because firstly and secondly, my argument is that expertise is so dynamic, transitory and elusive that the menu would rapidly become out of date. Other texts provide insight into the necessary scientific and professional knowledge to inform clinical competence, and readers are guided to these seminal texts if this information is required.

Critical questions are raised about the current nature of expertise within critical care practice. The central argument is that without clear facilitation of colleagues and transmission of expertise from one colleague to another, the nature of critical care nursing is at risk.

Experts in the future will face significant challenges as advances in technology and monitoring might be proffered as suitable surrogates that further distance the nurse from the patient. This would be bad for patients and their relatives as this denies the patient the importance of therapeutic human contact and does not take account of the limitations of artificial intelligence in the formulation of clinical decisions. More immediately, workforce reconfiguration, with different people working differently, demands that expert nurses find clear expression of the contribution they make to the experiences of critical care patients and their relatives. Nursing does need to grow and adapt to meet

the demands of a dynamic and modernising service, but should evolve with care. The transmission of the art and science of nursing crafted by experts to realise its therapeutic potential is crucial. However, the next generation has to be receptive to the message and skills that are being passed on if they are to be assisted in their quest for expertise. This book offers strategies to address these issues.

The first task is to set out the principles on which this book is built to make clear the sources of knowledge and experience that have given this book its theoretical shape.

The argument presented in this book is that expertise is acquired through cycles of critical, facilitated reflection on experience and on evaluation of performance, which may take the form of assessment or appraisal. This leads to practice development in dynamic iterative cycles. Each spiral progressively builds and refines expertise and triggers the recognition for further development. As an outcome of each cycle it is important to share with colleagues the learning that has taken place from these iterative cycles because the articulation of experiential wisdom or aspects of expertise is crucial to stimulate others. Although the professional and academic background of the practitioner will influence the language used to express aspects of expertise, this should not obscure the nature of what is being expressed nor necessarily lead to the premature attribution of expertise.

***The conceptual building blocks for the book:
evidence, experience and reflection***

The examination of the impact of various learning experiences on such change, or role transition at various stages in the clinical career, has been the focus for much of my research. This book has provided me with an opportunity to revisit some of this work and re-examine it in the context of contemporary critical care nursing and propose a theory of learning transitions that enable the acquisition of expertise. What unites all these studies is that data have been collected from a range of stakeholders who influenced or experienced clinical and academic learning about nursing. Importantly, all these studies involved being in the real world of clinical practice to observe first hand the impact this learning had on nurses working with their patients.

A secondary driver influenced the inception of this book. Two years ago I had a riding accident which resulted in my becoming a consumer of critical and acute care services. This was a salutary experience and a significant personal role transition from researcher used to standing beside critical care practitioners to understand and analyse what they do, to a patient, lying on a bed staring up at them experiencing the service first hand. This was an extremely powerful and painful experience. I was privileged to experience excellent care. I am reminded and humbled by the great acts of kindness and extraordinary professionalism displayed by those who helped me. I am also stunned by the memory resonance of those who did not seek to do me harm, but who did so,

by a cast-off word or gesture. However, these encounters enabled me to reflect upon many of my values and beliefs about nursing. It made me even more passionate about nursing's place beside the patient and even more in awe of those who demonstrated expertise in their professional craft, but probably would not have dared to call themselves an expert. This has resulted in the generation of a philosophy of caring, built on personal experience, an assimilation of research evidence and review of the literature on the subject.

The third conceptual building block was to spend time in critical care practice: first, to see if this personal philosophy had any currency in contemporary critical care practice; and secondly to capture the issues and concerns of critical care practitioners, notably around how to facilitate their colleagues and find strategies to keep themselves motivated and strategic in their career trajectories. In the Autumn of 2004 I returned to ITU to undertake clinical practice as a health care assistant. Once again, this significant learning transition helped me to reflect, consider and contemplate my values and beliefs. Although a short time in practice, this was a powerful learning experience and one that fundamentally shaped the construction of this book.

The book uses vignettes from fieldwork, teaching experience and the experience of being a patient to illustrate key theoretical points. They are used to inform reflective comparison with the contemporary literature on the subject, to challenge, explore and offer an alternative mode of looking at the issue. These have been stylistically separated and flagged in the text to help the reader ascertain the source of each illustration. It is hoped that this approach will assist those engaged in reflective writing to foster their own unique style. Importantly the vignettes are there to illustrate the theory I am proposing: that iteration between critical reflection on experience, the literature and research findings can trigger new insights into familiar problems or serve to strengthen the knowledge, values and beliefs that underpin our care. Names in the vignettes have been changed to protect people's anonymity.

I hope that the perspectives set out in this text, which are sometimes controversial, add to the debates about professional critical care practice. My hope is that these will stimulate practitioners to reflect on and consider how they can enhance their practice and strive towards the goal of expertise in critical care nursing.

Julie Scholes

Acknowledgements

This book is built upon research findings arising from field work and analysis undertaken by myself and colleagues. Findings from these studies have been selected to theoretically examine career transitions in critical care nursing. The views expressed in this book are those of the author and may not necessarily be shared by former colleagues or the commissioners of the research. Every effort has been made to ensure that there are no errors in the book, but, if there are any, they are entirely attributable to me.

Two colleagues have contributed to this book: John Albarran, co-editor on BACCN's journal *Nursing in Critical Care*, and Professor Caroline Williams, a former research student. When one meets inspirational nurse leaders and educators who share a passion for excellence in nursing and are driven to see the possibilities of critical care nursing being realised, it serves to energise, strengthen and motivate. Caroline and John are two such people who have tirelessly sought to enable others to realise their potential as critical care nurses. They have generously contributed to this book, offering alternative perspectives that serve to broaden and strengthen the analysis in the book.

The list of colleagues with whom I have worked is extensive but the following should be mentioned who have been involved in research that has been included in this book:

Professor Ruth Endacott, Dr Marnie Freeman, Professor Morag Gray, Dr Gerri Matthews Smith, Dilys Robinson, Bernadette Wallis, Professor Carolyn Miller, Matthew Moore, Melanie Smith, Annie Chellel, Professor Christine Webb, Professor Melanie Jasper, Professor Barbara Vaughan, and the research team on the ENRiP study notably Professor Sue Read and Abigail Masterson. Each one of these inspirational researchers, educators and leaders has shaped my thinking and broadened my perspectives and offered friendship, humour and motivation to keep pursuing the elusive goal of discovering how to enable others to achieve expertise in nursing.

In addition, there are a network of colleagues with whom I link at conferences, who have inspired, critiqued and added to the body of knowledge through their own research and practice developments. Importantly, there are all the students who I have had the privilege of teaching, and research participants who have shared their experiences with me: too many to name, but you know

who you are. This book is both for and about you. I hope it provides you with a toolkit to enable you to achieve your potential and facilitate those you mentor to do the same. It is hoped this book provides you with the confidence to take up your rightful and privileged position beside the patient and that the reworking of your issues into the various chapters of this book does justice to your commitment, motivation and energy.

Finally there are colleagues who have specifically assisted with the development of this manuscript: to Beth Knight, Commissioning Editor, and Katharine Taylor, Editorial Assistant in the Professional Department at Blackwells, for their patience and help in the development of this manuscript.

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Dr Alec Grant, Caroline Leach and Annie Chellel for their invaluable feedback on early drafts of the chapters and providing critical support.

I would like to acknowledge the support of the ENB in commissioning the research underlying the report *Evaluation of the effectiveness of educational preparation for critical care nursing* (Scholes and Endacott, 2002) and the subsequent support of the NUC following its take over of the ENB in 2002.

Author profiles

Professor Julie Scholes *DPhil, MSc (Nursing), DipN, DANS, RN*
Professor of Nursing, Centre for Nursing and Midwifery Research, University of Brighton

Julie's clinical background is in critical care nursing. Since 1987 she has been in nurse education and since 1993 her primary role has been in research. She is particularly interested in practice developments that arise from the implementation of research findings. Her research activities link back to the way in which education impacts upon the development of practice, and she prides herself on the fact that much of her research is conducted in practice settings.

She has been involved in a number of research projects. Recently these include: the evaluation of the new model of pre-registration provision, the *Making a Difference Curriculum* (commissioned by the Department of Health); an evaluation and generation of core competencies for critical care nursing (commissioned by the ENB); an evaluation of the use of portfolios to demonstrate clinical competence (commissioned by the ENB); and an evaluation of critical care Outreach services (with Kent Critical Care Network). Current research includes: an evaluation of how educational preparation enables the non-medical workforce to undertake new ways of working; an action research project examining the transformation of culture to achieve greater time for scholarship and research; developments in the link lecturer role; and the impact of teacher exchange on educationalists and students. She is now working with a number of colleagues facilitating their research and building research links with the local Trusts. She is Co-editor of *Nursing in Critical Care*

John W. Albarran *Msc Advanced Nursing Practice, BSc (Hons), PG DipEd, DipN (Lon), RN, NFESC*
Principal Lecturer in Critical Care, University of the West of England, Bristol

John Albarran is a registered nurse and academic with over 20 years' critical care nursing experience based at the Faculty of Health and Social Care at the University of the West of England, Bristol, United Kingdom.

John has been an active national board member of the British Association of Critical Care Nurses for 14 years and has played a strategic role in the development and progress of the Association. Together with Professor Julie Scholes, John co-edits the journal *Nursing in Critical Care* on behalf of the Association. Last year John was elected to the executive committee of the European Federation of Critical Care Nursing Associations. He is also a former member of the World Federation of Critical Care Nurses (2000–05). Other professional roles include participating as chair or member of scientific committees of national and international conferences.

John's research and publication interests are broad and diverse and revolve around: role developments of critical care, advanced practice, acute cardiac symptoms and differential diagnosis, resuscitation, and nutrition of ICU patients. He has co-authored one text on principles of intensive care nursing, and three chapters relating to critical care issues and advanced nursing practice. His most recent text with Pam Moule, *Practical Resuscitation: Recognition and Response*, was published last year by Blackwell Publications. John has also presented papers at major international conferences.

Professor Caroline Williams *PhD, BSc (Hons), RGN, DPSN, PGCert (Res) Commander in Queen Alexandra's Royal Naval Nursing Service (QARNNS), Head of School for the Defence School of Health Care Studies, Royal Centre for Defence Medicine and University of Central England, Birmingham*

Caroline qualified as a registered nurse in Dundee, Scotland and completed her critical care nursing course in Edinburgh before joining the Royal Navy in 1989. Following tours of duty in the UK and Gibraltar, Caroline moved into nurse education, whilst retaining her passion for critical care. Experiencing the challenges across both pre- and post-registration education delivery, she was appointed as Nurse Education Advisor for the Royal Navy in 1999, and was promoted to Commander and Head of the Defence School of Health Care Studies in 2004. In July 2003, Caroline became the first defence nurse to gain a PhD, and in 2005 was awarded her Professorship by the University of Central England in recognition of her leadership and ongoing contribution to the development of health care education within the Defence Medical Services.

With clinical roots firmly in adult intensive care, Caroline's research and publication interests are focused around the psychological care of patients in ICU. This led to her doctoral study which sought to unearth the subtle and often hidden aspects of nurse–patient interaction in the intensive care setting. This study highlighted the unique role that the nurse, through effective communication, can play in helping patients to adapt to the ICU environment, enhancing patients' experiences of care, and mediating many of the factors that may serve to promote or hinder their adaptation and recovery.

Part 1

Theoretical pillars and political context of developing expertise in critical care

Chapter 1

Expertise in critical care

Introduction

Critical care practice is challenging. It requires continuous thoughtful and intelligent engagement with patients and their relatives and with colleagues. To do this effectively the practitioner requires high levels of energy, emotional resilience and a broad knowledge to respond to the dynamic context of practice and rapidly changing clinical situations (Benner *et al.*, 1999). Performance has to be skilful and empathic to be constructed as competent (Scholes and Endacott, 2002). There is little margin for error but huge potential to make a significant difference and this can be evidenced in the smallest gesture, thought, word or deed, as much as in bold and creative interventions. Much of critical care involves the application of leading edge health care technologies, medicines and treatment modalities, but such interventions only increase the need for enhanced, empathic, fundamental care. Experts bring together all these elements and display them through professional artistry and sound clinical judgement (Titchen and Higgs, 2001).

This chapter sets out to identify what expertise is and how others might be facilitated to realise it. Theoretical descriptors distilled from the literature are presented to illustrate how expertise can be recognised. As rapid clinical decision making is crucial in expert critical care practice, a brief review of the factors involved is presented to gain a purchase on how this might be taught to, or researched by, others. Then a model of learning transition theory is introduced. The final section turns to how these core concepts have given the book its structure, and provides an overview of each chapter to enable the reader to zero in on areas that have most relevance to their current activity, learning or facilitation cycle to help them on their personal journey towards expertise.

First, my task is to clarify my own values and beliefs about the nature of expertise. The intention is to offer transparency so the reader can establish how the issues debated have been influenced by my own perceptual filter. They are that:

- (1) Expertise is not the sole province of clinicians in senior positions at the pinnacle of their profession. Elements of expertise can be achieved at various stages on the journey through one's clinical career. Senior colleagues

- might have a broader repertoire of expert performance than that of more junior colleagues who demonstrate expertise in very specific activities.
- (2) Expertise is context specific, the context being care of the critically ill, wherever they, the patients, are located.
 - (3) Expertise is evident when the practitioner is able to respond to complex situations with ease, precision and fluidity, which inspire confidence in others. It is demonstrated by individuals who have mastery of both applied scientific and craft knowledge and who demonstrate mastery of their practice environment and the technology to support the critically ill patient.
 - (4) The changing dynamic of practice knowledge and the aspiration to develop and progress clinical practice to better fit the needs of patients and their relatives drive experts to develop more expertise. Expertise by its very nature is therefore both transitory and sometimes elusive.
 - (5) Expertise is not a plateau on to which one can climb, then sit back and relax to enjoy the view. It is a constantly evolving process and the aspiration to achieve it inspires and energises. Every critical care practitioner should continuously strive to develop and demonstrate expertise within their sphere of practice, and build their repertoire of skills and knowledge in line with the latest technological advances. Senior clinicians, by their nature, are at the leading edge of developing critical care practice, but innovative practice will require consolidation before it can be construed as expert practice.
 - (6) Expertise improves patients' and their relatives' experience of the critical care service and this outcome makes the pursuit of expertise an enormously rewarding journey for the practitioner.
 - (7) To be expert in all aspects of one's role could be perceived as an ideal state. Most practitioners will demonstrate aspects of expertise in certain areas of their practice whilst aspiring to expertise in other components of their role. Like a graphic equaliser, these peak at different moments in time but require energy and investment to keep them towards the top end of their potential. Assessment of current performance is key to initiate progression in weaker areas and to sustain areas of high level performance. This feedback loop motivates the practitioner to continue in their quest to attain expert practice.
 - (8) Outward objective markers are not necessarily conterminous with expertise. Some roles require there to be evidence of clinical, educational, leadership or research expertise as a standard for the appointment or conferment of a title (e.g. consultant nurse), but most would expect this to develop further with the experience of being in the post. One might assume some degree of expertise in a subject because an individual has a range of qualifications. However, when one gets down to the core of what makes a critical care nurse an expert, neither a title nor a qualification necessarily confirms this is the case: these simply map the journey taken in the pursuit of expertise and the context in which they practise.

- (9) Expertise is recognisable to patients and their relatives, and to students and colleagues. It is a way of being with patients and their relatives that creates therapeutic presence.
- (10) Expert critical care nursing is an art form, comforting to experience, moving to watch, inspirational to encounter.

What is expertise? A review of the literature

Expertise is a relative condition that confers status and confirms that one individual has attributes, skills or knowledge at a higher level than another (Jasper, 1994). Therefore, at whatever stage in their clinical career, the individual may possess elements of expertise relative to others. The knowledge, skills and abilities of an 'expert' are acquired throughout the clinical career from practice learning encounters supplemented by academic studies. They are refined and honed by clinical experience. They can be facilitated by others who enable the transitioner to realise their potential through reflective engagement and review.

Others may look at an expert and give them the label, whilst the individual upon whom this compliment has been bestowed shyly rejects such a notion. Indeed, using the principle that the more we know the more we realise that we don't know, the self-proclaimed state of expertise could never be achieved. Experience seems a far more comfortable construct to claim for oneself.

Conway (1996) argues that there are four types of expertise. These are influenced by the organisational setting in which the individual works, their speciality, and the worldview of the practitioner. She identified that each typology of expertise uses different forms of knowledge in different ways. First, there is the category of 'technologists' (who use a wide range of knowledge including anticipatory, diagnostic and technical knowhow and monitoring). Secondly, there are the 'traditionalists' (who mainly use medical knowledge; ironically, within the current health care workforce, this typology is most likely to refer to practitioners in a variety of new roles where medical substitution is prevalent). Thirdly, there are 'specialists' (who use knowledge of assessment, diagnosis and quality of life and often assume the role of clinical nurse specialists). Finally, there are the 'humanistic existentialists' (considered to practise from a holistic practice perspective and who use a range of theoretical knowledge and experiential wisdom underpinned by teaching from nursing and social science (Conway, 1996)). In the decade that has passed since Conway's original research, role developments have been rapid, radical and extensive. It is now more likely that nurses have to demonstrate expertise in more than one domain, and like a chameleon take on the guise that is necessary, especially when working to a broad range of competencies or assuming multiple sub-roles (such as a consultant nurse). Within the speciality of critical care, it would be an expectation for consultant nurses to demonstrate technical expertise within an holistic model of care. This would be a relative