

**Standards for Nursing Orientation Programmes**  
**within Paediatric Intensive Care**

**A Report from the Paediatric Intensive Care Society Educators  
Group**

## **Introduction**

These standards have been prepared by the PICS-Educators group that consists of nurses employed in educational and training roles within paediatric intensive care units throughout Great Britain.

The aim of these standards is to provide a baseline level of orientation across paediatric intensive care units. However it is acknowledged that many units already exceed this level. Guidelines have been kept broad to allow for interpretation at local level to fit with specific unit needs.

For the purpose of this document the orientation period refers to the time until the nurse is able to care for a level 2 (DoH 1997) patient under the supervision of the shift co-ordinator. This will incorporate the time spent in a supernumerary capacity but does not mean that the nurse is supernumerary for the whole of the orientation period.

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On behalf of PICS – Educators Group

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## **Key Standards**

- ◆ **At the end of a specified period of orientation, all new members of nursing staff should have the ability to care for a level 2 patient under the supervision of the shift co-ordinator.**
  
- ◆ **All staff who are new to a unit should be offered a minimum of 150 hours supernumerary practice.**
  
- ◆ **In addition, staff who are new to a unit should undertake a minimum of 75 hours theoretical learning during the first nine months which may be either taught or self-directed.**
  
- ◆ **All staff who are new to a unit should have their progress formally evaluated on at least three occasions during their first nine months in post. Orientation should continue beyond the supernumerary period, a recommended period is approximately 9 months.**

## **Guidelines for Achieving Standards**

### **Orientation Period**

- ◆ The period of orientation is defined as the time before a new member of staff is able to care for a level 2 patient under the general supervision of the shift co-ordinator.
- ◆ The orientation period will not usually end until all necessary documentation has been completed.
- ◆ The length of the orientation period will be established at local level but is not expected to last for more than nine months.
- ◆ A formal evaluation will occur at the end of the orientation period.

### **Supernumerary Status**

- ◆ The standard of 150 hours supernumerary time is intended to be a minimum and individual units should increase this to suit their local need.
- ◆ Individual circumstances may necessitate an increase in the period of supernumerary practice. Examples of this include newly qualified nurses or nurses being employed from abroad. This is not exclusive an individual assessment needs to be made.
- ◆ Supernumerary and orientation practice for nurses with previous paediatric intensive care experience should be offered but the length is negotiable between the nurse and the educator.
- ◆ The supernumerary period will be facilitated by an appropriately trained, named nurse who will be senior to the new starter.
- ◆ The facilitator may be described as a mentor, preceptor, buddy or team member depending on local policy.
- ◆ Preparation for the role of facilitator should be in place locally.
- ◆ Support systems should be in place and easily accessible for the facilitator.
- ◆ The new starter should have contact with the nurse responsible for education and development of staff on paediatric intensive care during the first week and preferably on the first day.
- ◆ Periodic supernumerary days should be available throughout the orientation period.

## **Theoretical Teaching**

- ◆ Theoretical teaching should be available to encompass the knowledge, skills and attitudes required to nurse children with intensive care needs paying specific regard to clinical, professional and organisational issues.
- ◆ The content of theoretical teaching should focus on holistic nursing care incorporating airway, breathing, circulation and disability (ABCD).
- ◆ Documentation should be available to ensure that new starters are aware of what knowledge, skills and attitudes they need to possess. This may be in the form of a workbook or assessment tool designed locally.
- ◆ Individual units should identify what knowledge, skills and attitudes need to be attained before the supernumerary period ends and before the orientation period ends.

## **Evaluation of the nurse**

- ◆ There should be three stages to the evaluation process.
- ◆ Stage one should occur at the end of the supernumerary period. Management should be satisfied by the evaluation that the individual is a safe practitioner. Recommendation for identifying this is by documentation completed by the new starter and their mentor. This documentation should demonstrate that essential knowledge, skills and attitudes have been attained.
- ◆ Stage two is an interim review that should occur at approximately four – six months. The new starter should demonstrate achievement of identified learning outcomes. Recommendations for achieving this include completion of a competency book, reflective diary and demonstration of clinical skills.
- ◆ Stage three is a final review that should occur at approximately six – nine months. The new starter should be able to demonstrate that they can care for a level 2 patient under the supervision of the shift co-ordinator. This opportunity should also be used to formulate a personal development plan to ensure the ongoing development of the new starter.
- ◆ The named facilitator for the new starter should complete stages one and two of this evaluation process although a senior member of staff should oversee this process. The senior member of staff who has overseen the earlier stages should complete stage three.

## **General**

- ◆ There should be partnership evident between managers, educators and new starters to show a commitment to completing the orientation programme.
- ◆ Some method of auditing the orientation programme should be available, taking into account the needs of all parties.

## **References**

- ◆ DoH (1997) Paediatric Intensive Care “A Framework for the Future” Department of Health. London.