An iterative PP guideline for mechanically ventilated patients with two prone positions.

Methods: A default 'Swimmer’s Position' was used for all prone patients. A second PP approach was utilised for 26 (76%) patients, which involved the patient’s head turned to the side, one hand resting next to the patient’s face and other arm resting by side with 3-hourly turns. An endotracheal anchoring device was the preferred airway securement technique with both approaches.

Results: Fifty-one mechanically ventilated patients had 161 prone episodes during this timeframe. Seven patients had both ‘Face Down’ and ‘Swimmer’s Position’ PP. Of the remaining 44 patients, 34 had ‘Face Down’ PP only. Twenty-six (76%) patients developed 55 PIs – cheek (22), chin (8) and nose (5) were the most common PI areas. Ten patients had ‘Swimmer’s Position’ PP only. Four (40%) patients developed 15 PIs – cheek (4), lip (3) and ear (2) were the most common PI areas. The majority (81%) of all PIs were Stage 1 or 2. No PIs required surgical intervention. Overall, fewer patients had PIs with Swimmer’s Position (OR 0.21, 95% CI 0.05, 0.91).

Conclusion: 'Swimmer’s Position' yielded a lower overall incidence of PIs than ‘Face Down’ PP. The anatomical distribution of PIs differed for these two prone positions.

RESUSCITATION AND EXPERTISE IN THE ERA OF COVID-19: AN EXPLORATORY STUDY ON THE KNOWLEDGE TYPES AND INFORMAL LEARNING PATHWAYS USED

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Introduction: The COVID-19 pandemic has highlighted an urgent need to train greater numbers of critical care nursing staff more effectively, based on education research and learning theory. This exploratory qualitative research project aimed to understand the nature of ICU nurse’s expertise in resuscitation and peri-arrest scenarios, the types of knowledge involved and the informal learning pathways that may be used to reach this level of expertise.

This research project was carried out during the second wave in 2020 at the Royal Melbourne Hospital (RMH) ICU.

Methods: In-depth, semi-structured interviews were carried out with 11 ICU nurses and one ICU consultant. Participants were purposively selected and as the study evolved and themes began to emerge, the recruitment focussed on a cohort of senior ICU nurses.

Interviews were 30-105 minutes long, transcribed and analysed using thematic analysis and NVivo. The qualitative methodology used was hermeneutic phenomenology.

Inclusion criteria was nursing/medical staff who had participated in resuscitation of a patient in cardiac arrest over the period June 2017 to February 2020 at RMH ICU.

Results: Several categories were identified in the data, which were then further collated into three overriding themes (knowledge confidence, leadership), capturing the factors and types of knowledge involved in ICU nurses acquiring expertise in peri arrest and resuscitation scenarios. The knowledge theme contained 4 subthemes: i) use of tacit and insightful knowledge; ii) knowledge based on experience; iii) knowledge of their role; and iv) knowledge creation. These findings highlighted the importance of experiential learning and leadership opportunities for ICU nurses to develop expertise in resuscitation.

Conclusion: This study contributes to our understanding of the types of knowledge and informal learning pathways used to develop expertise. By making this knowledge more visible and accessible, we can improve ICU nurse education design.

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