BRIDGING THE GAP FROM NOVICE TO EXPERT: IMPLEMENTATION OF A CLINICAL SUPPORT NURSE ROLE IN THE INTENSIVE CARE UNIT

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BACKGROUND:
As the population of practicing nurses decreases, novice nurses are being employed in the Intensive Care Setting resulting in an imbalance in the skill mix. One solution to assist retention of nurses is to provide additional support, particularly to those new to the Intensive Care Unit (ICU) environment. The Clinical Support Nurse (CSN) role was primarily developed to provide clinical support to nurses and to enable expert ICU nurses to extend their scope of practice while utilising their advanced knowledge and skills. The provision of clinical and professional support improves staff satisfaction resulting in staff retention. It also ensures patients receive high quality care in a safe clinical environment.

INTRODUCTION:
The CSN role commenced in January 2008 and currently operates during week days for 36 hours per week. The role is supernumerary and is rostered in addition to the float/access nurse with a focus on support and education. The hours are rostered in negotiation with the nurse educator and Associate Charge Nurse Manager (ACNM) on duty to provide support throughout the week where required. The objectives include:

- Providing support to Staff Nurses, particularly those new to ICU, by utilising the experience and knowledge of expert ICU nurses at the bedside
- Providing technical support where required
- Assisting staff with professional development along the clinical career pathway
- Extending the scope of practice of expert nurses in ICU by providing opportunity to practice in the CSN role
- Supporting the ACNM by providing clinical support and supervision of staff allowing the ACNM to focus on operational duties. This will become significant following the impending move to a larger unit.

ROLE IMPROVEMENT/DEVELOPMENT:
As part of the review process, recommendations for improving the role were sought. This included:

- Role definition to improve consistency in role delivery
- Improved planning and more structure
- Access for all staff including experienced staff
- More formalised process to record CSN activities and feedback
- Ensuring adequate staffing numbers to protect role. The role is less effective when there is no float nurse available
- Planning of formal teaching sessions and skill stations with a focus on high use skills such as pacing and dialysis
- Focus on care planning/quality of patient care
- Extending hours to cover nights and weekends

IMPLEMENTED CHANGES:

- Introduction of a booking system to allow staff to request time with the CSN
- CSN communication book to improve communication between CSN’s in relation to staff development
- Rostered CSN hours advertised throughout unit so staff know who is on and when they are available
- Feedback system from CSN to ACNM’s to allow for preparation for staff appraisal
- Increased focus on teaching about temporary pacing to increase compliance with safety/threshold checks

EVALUATION OF REVIEW RESULTS:
The following results are a brief summary of the themes highlighted during the review process:

- Clarification of roles and responsibilities of CSN role required – expansive role with many expectations from various groups
- Staff with less than 2 years experience received the majority of CSN input, however survey results showed that the CSN was utilised by all levels
- 95% of staff felt the role was beneficial to professional staff development. Only 53% of respondents stated they felt more supported since implementing the CSN role. This may be due to access issues for some staff such as permanent night staff
- The majority of support received was in the form of clinical assistance at the bedside or assistance in acute situations
- Barriers to accessing the CSN included inadequate staffing and lack of formal planning
- Lack of appropriate processes to ensure effective communication between CSN’s and ACNM’s
- Performing in the CSN role impacts on work-life balance due to the demands of clinical support and mentoring. The role also impacts on rostering patterns and salary

CONCLUSION:
The CSN role has been well accepted and the overall results of the evaluation were positive. The evaluation process provided very valuable feedback and allowed for the introduction of processes that have improved the efficiency of the role. Ongoing evaluation will allow for continuous quality improvement.