The difficulty of recognising the severity of illness in children and young people is a known challenge within our healthcare systems. In a small number of cases, this has been reported as a contributing factor in children’s deaths.1

Clinical staff working in either primary care services or hospital settings may come into contact with sick children or young people. Emergency care of critically ill children and young people, can involve a wide range of healthcare professionals in these services. This care will be delivered not only by specialist paediatric staff, in paediatric wards and hospitals but will also be delivered within hospitals without paediatric services and also in minor injuries/illness units, out-of-hours care providers and GP services. It is therefore vital that staff from all backgrounds, who provide emergency care for children and young people, are confident in delivering care and recognising the acutely unwell child and young person.

Improving Standards of Care for Acutely Ill or Injured Children

In order to drive forward safe and effective care for children and young people, the Scottish Government published the “Paediatric Emergency Care Framework” in 2006. This Framework classified core competencies expected at the different levels of hospital services, i.e. specialist children’s hospitals, district general hospitals, rural general hospitals and community services.

NHS Education for Scotland (NES) were charged to take forward the development of a multi-professional competency framework, to support the implementation of the Framework. The competency framework extended from ‘core’ level through ‘intermediate’ to ‘specialist’ depending on profession and location of work.

The Emergency Care Framework highlighted that there was a large group of staff who required to update and acquire new skills and knowledge at core level. This group worked in community and local hospitals (without inpatient paediatric facilities), out of hours services, minor injury facilities, NHS 24 and the Scottish Ambulance Service (SAS). The developed modules are available to nurses, midwives, medical staff, and allied health professionals, who need to develop skills and expertise in caring for sick/injured children.

A survey of healthcare staff found that many staff do not feel confident in the following areas:

- all aspects of care for children under the age of two;
- stabilisation and transfer;
- red flag presentations;
- prioritisation of interventions;
- administering medicines;
- pain control across all age groups of children.

"Recognition of the sick child is really important. If you can’t recognise a sick child then the patient is at risk. Many healthcare staff who come across children who are sick feel very apprehensive about looking after them, particularly very young children."

Caroline Mearns, Educational Project Manager, NHS Education for Scotland

Improving Safety through Recognition of the Sick Child

There is a lot of interest from nurses, allied health professionals, pharmacists, and paramedics throughout Scotland, as the training is multi professional and the theory is available online. Over 2000 NHSScotland staff have completed the learning.

Caroline Mearns, Educational Project Manager, NHS Education for Scotland

In 2007, NES in conjunction with The Robert Gordon University developed a blended learning approach to core competence for non-paediatric trained staff – either a three day face to face taught course, or a 12 weeks online course, in care of the acutely ill and injured child or young person.

A key focus of both the 12 week on-line and the three day face-to-face course is on recognition of the sick child or young person. The on-line programme is now delivered by a number of Universities including Robert Gordon University, Stirling University, and The University of the West of Scotland. The three day clinical skills training is delivered locally throughout Scotland, including remote and rural areas. The training which is assessed, attracts five SCQF level 9 credits for the three day programme and 20 credits at SCQF level 9 for the full on-line 12 week course.

The following table shows the outline of the three days training:

<table>
<thead>
<tr>
<th>Day 1: Recognition and management of the sick child or young person</th>
<th>Day 2: Communication with children or young people</th>
<th>Day 3: Child welfare and family development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment – ABCDE (Airway, Breathing, Circulation, Disability, Exposure); anatomical and physiological differences; paediatric basic life support demonstration and practice (bag value mask ventilation); basic first aid and immediate management; onward care and safe transfer.</td>
<td>Pain assessment and analgesia in paediatrics; the crying infant workshop; play and distraction; family centred care.</td>
<td>Legal and ethical issues in child and adolescent health; consent; parental rights.</td>
</tr>
</tbody>
</table>

The most significant change reported by course participants on completing the course is that they have learnt to use a more detailed, structured and holistic approach to assessing children and more informed observational skills².
Examples of Impact of Training on Paediatric Patient Care

“I would think about it more. Whereas before I probably just went on my instinct. But now I would probably go through all the A, B, C, D.”

Healthcare Staff, NHS Greater Glasgow and Clyde

“The other thing that I do very differently now- if a child is coming in with breathing problems I never used to ask to look at the stomach to get the breathing, I would just have a quick check.”

Healthcare Staff, NHS Highlands

“Prior to the course, I would get someone else to do it. Whereas now I would be happy to start the assessment, or make an initial judgement and then go and have it verified by somebody else. Whereas before I would have just gone and got someone else. Whereas now I will do it and then go and say this is what I’ve done, is that okay?”

Healthcare Staff, NHS Grampian

Skills Maintenance, Contributing to Safer Care

Unscheduled care of the acutely ill child or young person, is not a frequently occurring event, therefore in order to maintain skills and confidence in this area NES has developed a maintenance programme. This operates to support the emergency care teaching sessions that have been taking place throughout Scotland. It is aimed at people who have done the initial training so they can update their skills every one to two years.

The Scottish Government has set ambitious Health Service targets including the elimination of avoidable harm to patients. Education has an essential role to play which should not be overlooked just because it is difficult to quantify the impact of staff education on patient outcomes. Patient Safety education scenarios build on the established success of patient stories in using narrative and qualitative data as powerful levers for improvement. The scenarios in our portfolio demonstrate the impact of educational interventions on healthcare staff whilst caring for their patients.

Professor Philip Cachia
Chair, NES Patient Safety Multi-disciplinary Group, Postgraduate Medical Dean

Useful links

The Children and Young People’s Services Managed Knowledge Network (MKN) of NES provides information, resources and education for NHS Scotland staff working with children and young people.

http://www.knowledge.scot.nhs.uk/child-services.aspx


For further information contact:

Caroline Mearns
Educational Projects Manager (Child Health)
Caroline.Mearns@nes.scot.nhs.uk

NES Patient Safety Multi-disciplinary Group
See link below

Published by NES Patient Safety Multi-disciplinary Group, October 2012