

Framework for Development of Community Staff Nurses



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1. Introduction and Background

In Scotland, there is a strong tradition of nurses providing services in the community. These nurses have many diverse roles and work with a range of social groups in the community, including children, young people, families and older people. Nurses working in the community face many current and future challenges (Scottish Executive Health Department (SEHD) 2005, SEHD 2006a). There is a drive to develop community-based services that are proactive, modern and safe and a desire to have a flexible skilled workforce matched to local need (Scottish Government (SG) 2007a). The management of long term conditions programmes, and the public health agenda require new roles for nurses and new ways of working in community health settings (Drennan et al 2006). To prevent ill health, health services must focus on health improvement and wellness rather than just treating illness (SEHD 2005, SEHD 2006a, SEHD 2006b).

It is recognised that a team, with appropriate skill mix to meet patient needs (Karstadt 2009), is essential to the provision of high quality care outcomes which assist people to live independently in the community, raise quality of life and improve service effectiveness and efficiency (Hurst 2006). The community staff nurse is a crucial member of the community nursing team, and therefore consideration should be given to the development needs and education processes to support role development for this

group. The purpose of this document is to provide a framework, in the form of principles and guidelines, for the development of the staff nurse role. Utilisation of this framework will be determined by the stage of career development and employment context of the staff nurse, but should be based on personal development planning processes.

1.1. Current Context of Staff Nurse Development

Among the key priority areas in Modernising Nursing Careers (SEHD 2006c) is the need to 'develop a competent and flexible nursing workforce' and to 'update career pathways and career choices' (p17). These statements apply to staff nurses working in the community who appear to have had varied experiences and access to opportunities depending on the teams they have commenced employment with.

Barrett, Latham and Levermore (2007) in their series of articles explore, through scenarios, the unique role of the specialist district nurse practitioner and highlight a number of areas where staff nurses may look for expertise, for example, decision making, nurse prescribing, and problem solving. However, Crossan and Ferguson (2005) identify that current, but limited, evidence exists to support the suggestion that redistribution of certain tasks could be possible and could contribute to strategies for meeting the demands of changes within service delivery. Their examples focused on qualified and unqualified staff so must be considered with caution in this discussion.

In 2000 Hallet and Pateman, in their small context specific study, identified dissatisfaction among a group of community staff nurses, who perceived their role to be more limited than in hospital and that skills were suppressed within the community setting. There will have been changes since the study was undertaken, but at that time 'D' grade

nurses expressed a need for continuing education and support, and for clearer career opportunities. In addition, Shuldham (2004) proposed that effective staffing relies on fostering decision-making skills, communication and other leadership attributes in all staff, as increasing responsibility is placed on staff nurses to deliver care (Thurtle et al 2006).

Ensuring the NHS in Scotland has the right staff, in the right place, with the right skills, at the right time, is a key message from Better Health, Better Care – planning tomorrow's workforce today (SG 2007b). This links to the Better Health, Better Care – action plan (SG 2007a) presenting the desire for a model of nursing in the community that delivers effective nursing support to individuals, families and communities within community services that are proactive, modern, safe and which help people to realise their potential for health and well-being. Further emphasis on public health approaches comes from the five key ambitions for the NHSScotland workforce within A Force for Improvement; the workforce response to Better Health, Better Care (SG 2009), where it is envisaged that all staff will be ambassadors for health improvement, using all opportunities to maximise their public health and education role.

The Review of Nursing in the Community in Scotland report, Visible, Accessible and Integrated Care (SEHD 2006b)) proposed a new service

model based on public health principles, underpinned by seven core elements. The seven core elements are: working directly with individuals and their carers; adopting public health approaches to protecting the public; co-ordinating services; supporting self-care; multi-disciplinary and multi-agency team working; meeting the health needs of communities; and supporting anticipatory care (SEHD 2006b). There is a shared focus between Scottish Government and Department of Health policy in the recognition of the central role of community nurses in the delivery of services outside hospital for older people, those with complex care needs and those at the end of life, as part of the shift to more local, community focused care (While 2008 and SG 2007a). The importance of health promotion is also acknowledged and health promotion should be embedded within all contacts across the lifespan (While 2008).

In developing processes to meet the changing health needs, Hurst's (2006) proposal that staff adjustments based on delegation and skill substitution can be efficient, but may not necessarily be effective, because community staff are isolated, autonomous workers and tasks may be poorly performed, should be acknowledged. This is supported by Thurtle et al (2006), who identified practitioners desire to improve standards and provide expert clinical care that is underpinned by a holistic rather than a technical

skills focus. To achieve this staff need to be well informed and prepared to change and develop their services, and be able to respond to and implement increasing expectations (Thurtle et al 2006). They propose a flexible approach which would better support the changing role of primary health care and foster professional development. Holt (2008) suggests role transition should be considered to range from a single event through to a central part of ongoing professional development depending on the context of the change.

Potential methods for staff development, proposed in the literature, include supported work-based learning programmes, formal preceptor schemes, and work based education programmes for nurses working in primary care (Drennan et al 2006). Personal development programmes can be utilised to enhance the existing clinical skills and competencies of individual practitioners, support innovation within practice, and promote increased managerial and leadership qualities (Roberts and Kelly 2007). These forms of practice learning are valued and seen as central to advancing the skills of staff nurses (Thurtle et al 2006). Furthermore, development of staff can contribute to respect and recognition of expertise by the team and therefore lead to professional security (Thurtle et al 2006).

transferrable areas of skills and knowledge have been identified as being relevant as the focus for education and development: decision making, problem solving, communication, leadership and nurse prescribing. Evidence to support different approaches to development have also been identified including: personal development programmes, work based education; work shadowing and preceptor schemes.

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From a brief review of the literature some

2. Framework

1. Framework

This framework is a starting point to guide the professional development of staff nurses working in community nursing teams. A number of themes for development have been devised; in consultation with stakeholders (see Appendix 1 and 2). Principles, a range of themes including indicative areas for knowledge/skills development, and guidelines to support the implementation of the framework are presented.

2.1. Principles for Development of Community Staff Nurse

Development of community staff nurses should:

Principle 1	Be based on the Knowledge and Skills Framework
Principle 2	Provide opportunities for development of core transferable skills
Principle 3	Provide opportunities for development of the knowledge and skills required to practice across the seven core elements of nursing roles in community settings <i>Ref: Scottish Executive Health Dept (2008)</i>
Principle 4	Facilitate the development of portfolios of relevant competencies and capabilities according to career aims and community context based on key themes
Principle 5	Consider interaction with all age groups across the lifespan.
Principle 6	Include access to multi-disciplinary and multi-agency education, training and meetings.
Principle 7	Facilitate the development of life long learning.

2.2. Core Transferable Skills

Registered nurses working in community contexts require a number of transferable skills to enable them to implement evidence based practice.

CORE TRANSFERABLE SKILL	KNOWLEDGE AND SKILLS
Evidence based practice	<ul style="list-style-type: none"> • Critical analysis, evaluation and synthesis of ideas, concepts, information which inform practice • Utilisation of current best practice in making decisions
Decision making	<ul style="list-style-type: none"> • Theoretical underpinning of decision making • Knowledge of decision making processes • Utilise a range of sources in making judgements
Problem solving	<ul style="list-style-type: none"> • Identification and analysis of routine problems in practice • Effective problem solving strategies • Problem solving process
Reflection	<ul style="list-style-type: none"> • Reflective process • Development of self awareness • Critical analysis and evaluation • Development of perspectives
Clinical supervision	<ul style="list-style-type: none"> • Giving and receiving of feedback • Development of professional skills • Facilitated learning • Significant event analysis
Literature review and critique	<ul style="list-style-type: none"> • Ability to search for literature effectively and efficiently • Critical review of literature, especially published research.
Assessment	<ul style="list-style-type: none"> • Holistic assessment • Specific assessment tools
IT skills	<ul style="list-style-type: none"> • Use a range of IT applications to support and enhance work

This framework is a starting point to guide the professional development of staff nurses working in community nursing teams

2.3. Key Themes

The remainder of themes identified reflect knowledge and skills requiring development to practice across the seven core elements of nursing roles in community settings (SEHD 2006b).

THEME	INDICATIVE AREAS FOR KNOWLEDGE AND SKILLS DEVELOPMENT
Community Profiling	<ul style="list-style-type: none"> • Understanding of community, concepts and definitions • Identification of information and data sources • Health plan indicators • Identification of community health needs • Knowledge of services and resources • Inclusion of all age groups • Mental health and well being • Care of people with learning disability
Team Working	<ul style="list-style-type: none"> • Theories and concepts for team-working • Referral pathways • Communication systems • Communicating within and between teams • Role modelling • Multi-agency working • Lines of accountability
Health Promotion	<ul style="list-style-type: none"> • Theories and concepts for health promotion • Public health approaches and interventions • Health improvement; Health inequalities; Health protection; • Anticipatory care • Self care and self management • Specific training to meet specific needs of context: for example, sexual health, immunization, smoking cessation, drugs and alcohol

THEME	INDICATIVE AREAS FOR KNOWLEDGE AND SKILLS DEVELOPMENT
Management	<ul style="list-style-type: none"> • Management principles and theories • Leadership • Time management • Workload management • Governance: information governance; clinical governance; risk management • Local policies, including complaints procedures • Lone working • Evaluation strategies and audit processes • Understanding of cost and resource implications
Communication	<ul style="list-style-type: none"> • Communication Skills: including assertiveness, conflict management, self awareness, confidence, group working, communicating with carers • Communication Systems • Report writing • Record keeping • Motivational interviewing • Effective utilisation of internet technology
Teaching, Learning and Facilitation	<ul style="list-style-type: none"> • Mentorship programmes • Education and facilitation skills for teaching and health promotion • Teaching skills to work with other professionals, support workers, informal carers • Facilitation of self care and self management

THEME	INDICATIVE AREAS FOR KNOWLEDGE AND SKILLS DEVELOPMENT
Children, Young People and Family Health	<ul style="list-style-type: none"> • Working with children, young people and families • Assessment knowledge and skills • Specific models and frameworks • Medicines management • Developmental stages: children, young people and families • Child health promotion and protection • Policies for children, young people and families • Understanding of external agencies • Family, parenting support • Child and adolescent mental health
Long Term Conditions	<ul style="list-style-type: none"> • Management of long term conditions, principles and concepts • Assessment and triage • Carer support • Anticipatory care • Self care, self management and patient expectations • Mental health and wellbeing • Adults at risk • Medicines management • Specific training to meet specific needs of context: for example, Diabetes Management; Chronic Obstructive Pulmonary Disease; Non-medical Prescribing
Complex Needs	<ul style="list-style-type: none"> • Identification and management of people with complex needs • Assessment of individual in the community • Co-ordination of care • Non – medical prescribing • Medicines management • Mental health and wellbeing • Care of people with learning disability • Specific training to meet specific needs of context: for example, palliative and end of life care, dementia care, wound management

2.4. Guidance for Implementation

A number of suggestions are given to assist in the 'how' of implementing the development of staff nurses in the community. Methods should recognise the incremental, ongoing nature of this process, the timescale for individual practitioners and the selection of themes appropriate to context. Formal and informal methods of education, training and development can be utilised. Programmes of mentorship and learning opportunities, enabling the staff nurse to experience a wide range of activities within nursing team, can be utilised in addition to more traditional forms of education. Learning useful for staff nurses includes problem-solving, acting up into senior roles, work shadowing, and reflection (Wood 2006).

2.4.1 Informal Development Methods

Informal development methods can be implemented as part of practice within the workplace.

Informal Development Method	Key Points
Work Shadowing	Purpose: to broaden knowledge of core and specialist services; provide knowledge of key roles. Needs to be a structured process when introduced across services.
Reflection	Purpose: to support experiential learning and professional development. Central to clinical supervision, can result in creative, resourceful, evidence based solutions to client problems.
Clinical Supervision	Purpose: to provide protected time for facilitated, in-depth reflection on clinical practice. Can be individual or group, includes exploration of clinical questions/situations, is a structured process, has a focus on improving clinical practice.
Peer Forum	Purpose: to facilitate peer support. Format can be clinical supervision, sharing of best practice, education sessions, problem based learning, reflection on and exploration of clinical decision making, all through protected learning time.

2.4.2. Formal Development Methods

More formal educational methods can provide opportunities to link nurses' learning activities to accredited educational programmes, and address continuing professional development needs that link to career progression and educational portfolios (Drennan et al 2006).

Formal Development Method	Key Points
Education Modules and Programmes	<ul style="list-style-type: none">• Linked to career progression• Develop education portfolio• Linked to team learning needs• Matched to health need requirements of community context• Lead to recognised academic and /or professional programmes• Access to interprofessional education• Include work based learning modules
Facilitation of Learning from Practice	<ul style="list-style-type: none">• Decision making scenarios assist in understanding, and developing accountability• Workshops, videos, decision making games, simulations, role-play, analysis of cases, debriefing, problem-solving, reflection-on-action away from practice setting• Utilisation of work based learning approaches and portfolio development

In addition, while it may be necessary to provide specific clinical induction programmes at local level, knowledge of career progression routes, including specialist and advanced practice can also form themes for the development of staff nurses.

Wood (2006) proposed key themes relevant to all CPD:

- Opportunistic experience
- Keeping up to date with advances in nursing practice
- Undertaking experiential learning
- Meeting the demands of current roles

Regardless of how it is presented, nurses require support in clinical practice, in the form of access to materials, study, conferences and time to develop evidence based practice as they develop into accountable practitioners (Wood 2006).

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Appendix 1

Outline of Development Process of Framework

- Discuss development needs with groups of community staff nurses from the four RONIC pilot sites and other Health Board areas. Discussion based on the national community staff nurse job description with some initial potential areas for development identified. These areas were presented as a starting point to stimulate discussion. (November – February)
- Develop draft document based on information from discussion with staff nurses and current literature (March/April)
- Discuss draft with 'expert' group of district nurses and health visitors (May)
- Check with stakeholders from all groups (April/May)
- Finalise document and place on website (May/June)

Appendix 2

NHS Health Board areas involved in development needs identification and Membership of Expert Group

- NHS Borders
- NHS Dumfries and Galloway
- NHS Forth Valley
- NHS Highland
- NHS Lothian
- NHS Orkney
- NHS Tayside

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