

NMAHP band 6 development programme

Growing the next generation



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Agenda

- Project overview
- Reflections – what went well and challenges
- Practitioner perspective

Project aims:



- To develop and deliver a sustainable education programme to support the leadership development of band 6 practitioners
- To enable practitioners to feel more confident to take on the leadership role and ongoing professional development



The Team



- Initial SLWG ten practitioners – multidisciplinary
- Core education team



Programme design, structure and delivery



- Practice led, flexible and current
- Blended learning approach – face to face, online and workplace learning
- Rolling programme over 3 months with four contact days
- Assessment – quality improvement project

Development Programme



- Leadership
- Clinical Practice
- Evidence, Research and Development
- Facilitation of Learning



<http://www.careerframework.nes.scot.nhs.uk>

Day one – Leadership pillar



- Understanding and managing myself as a leader
- Looking after self and dealing with stress
- Emotional intelligence and self awareness
- Quality improvement in practice.



Day two – Evidence, Research and Development pillar



- Resources to support professional and clinical practice
- How to implement clinical excellence/evidence based care, service evaluation and audit



Day three – Clinical Practice pillar



- Enhancing Person-Centred care
- HR and workforce development
- Team building and maintaining relationships
- Conflict resolution
- Appreciation of the band 7 role and distinction between 6/7 role



Day four – Facilitation of learning pillar



- How to develop others – coaching, supervision and mentorship
- Next steps – continuing my leadership journey
- Quality improvement projects presentations



Directed learning via Effective Practitioner



- Pre course activities – self assessment, understanding my values as a leader
- Week to week activities
- Community of practice
- Good feedback about site



What went well

- Quality Improvement projects
- Development of Leadership skills and knowledge
- Development of confidence
- Peer support
- Mix of participants

Challenges

- Testing
- IT
- Drop out's



Mutual Information Sharing



Quality Improvement Project

Fiona Cruickshanks

_Community Staff Nurse *Clachan Seil*
Community Nurses Near Oban



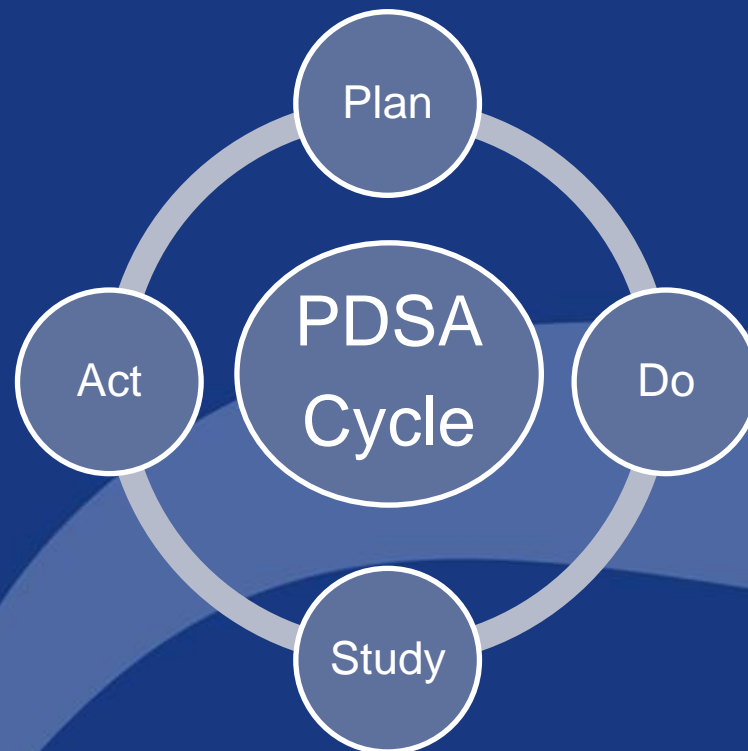
Quality Improvement Activity



- Identified issue
- Quality of the communication between Patient/family and Staff around end of life care, and how this could be improved



- Completed a PDSA cycle
- Asked for feedback from relative of former patient on the Mutual Information Sharing



I undertook this Quality Improvement project because:



- Anticipatory care plans
- DNACPR
- Power of Welfare and financial attorney
- Planning person centred care
- Improving the quality of the conversation around end of life care



- Risk of information not being passed between patient and the nursing staff
- Staff confidence in having difficult conversations was low



Key Learning points



- Communication can always be improved upon
- Person centred care is vital
- Person's wishes should be heard and acted upon
- As a team, we can learn and develop our communication skills together
- Communication should be person centred, structured, enable decision making and action, handle emotions and share understanding

- Inform our patients and their families how they can be partners in planning.
- A greater understanding of the Research and development team.
- Peer support



Impact on Practice

- Paperwork accessed easily
- Improved care planning, improved patient involvement
- Focus and structure for difficult conversations
- Information sharing with the wider team



Other actions needed



- A review date will be set
- Improve the learning environment within the team – using Effective Practitioner
- Team Training and development in:
Communication and information sharing
Development of Team Aims around communication and person centred care.



Effective Practitioner

- Quality Improvement was disorganised within the team.



Effective Practitioner – Effective Team and Team Work



- I was able to use Effective Practitioner tools
- Organise my ideas - log quality improvement - share with team



Thank you for listening



Mutual Information Sharing



- What do they want to happen:
Where do they want to be looked after?
Hospital/Home? Is it realistic? What changes might need to be made – bed in living room?
Community Alarm may be needed if living alone?
Who can help to look after you?
- You may need help to get washed and dressed:
Assessment and application to council for personal care, Home care provided by Carr Gomm. Give information surrounding this.
- Just in Case Boxes: Medication in the home for use if you become unwell and need further intervention. Explain what is in the box and where it is best kept in the house.

- Marie Curie and McMillan: Explain the role and purpose of each of the charities and how they can help.
- Attendance allowance: Do they have it? If so at what rate? Would they qualify for special rules if they have a DS1500?
- Equipment that might be required: Discuss what equipment may be helpful to them ie. Community profiling bed, commode. Continence products.

Medication:

- How we can give it – Dosette boxes from surgery, liquid form, Syringe driver – 24 hr. Discuss Bowel management



- What to do out of Hours/Weekend?:
Forms: NHS Highland Anticipatory Care Patient Alert Form filled in.
NHS24, GP will make sure that special notes for patients who may phone at weekend are flagged up for Out of Hours GP, Give numbers for staff working locally (Mobile & landline)
- Lead Professional: who will be involved in looking after the patient – Gold Standards, communication between team members.
- Power of Welfare Attorney and Financial Attorney:
Who do you want to make decisions for your care and money should you be unable to do so? Consent for POP's Assessment if Required.

Thank you for listening

