RETURN TO PRACTICE

NURSING RESOURCE WORKBOOK

Updated July 2015

INTRODUCTION

Dear Student

Welcome to this workbook which is a document that sets out a schedule of activities that you can undertake to assist you with your self-directed learning during this programme. The purpose is to provide some direction for reading and activities to facilitate you in achieving the nine NMC outcomes as detailed below. This approach gives the teaching team flexibility to develop activities that are topical and right up-to-date. It is primarily designed as a reference tool for you to gradually work your way through until the end of the programme.

As you are renewing your registration we will be taking a collegiate approach in which we will expect you to play a very active role in class discussions, this workbook will help you to do this and also direct and organise your learning and development. It is desirable that you work through all the activities and read widely to enable you to play a proactive role in the class room.

Expect to be challenged in a range of topics, ideas and issues that are current and which help you gain a better understanding of contemporary nursing practice. The focus will predominantly on issues in Northern Ireland however reference will be made to topical events in United Kingdom.

Overview the NMC learning outcomes

1. An understanding of the influence of health and social policy relevant to the practice of nursing and midwifery
2. An understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery
3. An understanding of the current structure and organisation of care, nationally and locally
4. An understanding of current issues in nursing education and practice
5. The use of relevant literature and research to inform the practice of nursing and midwifery
6. The ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care
7. The ability to use appropriate communications, teaching and learning skills
8. The ability to function effectively in a team and participate in a multi-professional approach to people’s care
9. The ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence

OUTCOME 1

Activities to help you gain an understanding of the influence of health and social policy relevant to the practice of nursing and midwifery.

In Northern Ireland a range of policy initiatives, launched since 2002, have reflected the changing context of Health and Social Care and set the direction for future service delivery. The following activity is designed to provide you with an overview of key drivers within our health and social care over the last 10 years.

Activity

Spend some time accessing some of these documents and think about how their content may inform you as a nurse who is returning to the register.

Within Northern Ireland, nursing and midwifery requires a clear direction for unified career progression and the nurturing and sustaining of a future workforce. As nurses and midwives we must embrace the future opportunities and challenges that our profession is facing. This direction is outlined in our strategy which was designed to help shape our future. As well as a Regional strategy, many HSC Trusts have developed their own nursing and midwifery strategies.

Within the United Kingdom nurses are in an ideal position to take up the challenges that reside within the political, economic and social context. Nursing has a crucial role to play in the necessary review of today's health care systems by looking at the ways in which they can engage with and influence the formation of health and social policies now, and in the future. An example of this is the current Health and Social Care Bill that is going through parliament and proposes major structural changes to the health care systems.

In order for nurses to develop practice and to improve services it goes without saying that they must stay abreast with the latest developments in healthcare, refreshing and renewing their knowledge and skills (www.dh.gov.uk/).

OUTCOME 2

Activities to help you gain an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery.

For ease of use this outcome is divided into four distinct sections as follows:

1. Legislation

It is important that nurses are aware of how the law affects nursing and you must always consider it in your day-to-day practice. Law like nursing is subject to constant changes so below is a list of the key legislation that you need to have cognisance of for safe and effective practice as relevant to your field of practice, they are:

- Health and Safety at Work Act (1974)
- Access to Health Records (NI) Order (1993)
- Data Protection Act (1998)
- Freedom of Information Act (2000)
- Disability Discrimination Act (1995)
- The Human Rights Act (1998)
- Children's Order (2005)
- Mental Health (NI) Order (1986) and the draft Mental Capacity Bill for Northern Ireland (see below)

The Bill will, for the first time anywhere, introduce a single framework governing all situations where a decision needs to be made in relation to the care, treatment or personal welfare of a person aged 16 or over who lacks capacity to make the decision for him/herself. It will involve major culture change and is unique because it will replace the current Mental Health (NI) Order 1986 as it applies to those aged 16 and over. Other jurisdictions have retained separate mental health legislation.

In addition, changes affecting patients' rights, changes within the NHS and government initiatives must also be considered in relation to the law, to the practitioner and to the patient/client.

Think about which pieces of legislation may be pertinent to Bradley's present and future wellbeing after reading the above section in Brooker and Waugh.

2. Professional Guidelines, Codes and Policies

The NMC have developed publications which are essential reading in order for you to have an in-depth knowledge of professional regulatory guidelines and practice.

Other important documents that will be referred to in class and that you need to be aware of are:

http://www.nmc-uk.org/Nurses-and-midwives/Raising-and-escalating-concerns/

http://www.nmc-uk.org/safeguarding>

www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Social-networking-sites/

3. DHSSPS Warning Notices/Policies

Northern Ireland Adverse Incident Centre (NIAIC) have revised the format of advice and from 2 April 2003 and Medical Device/Equipment ALERTS (MDEAs) have been replaced by Hazard Notices, Advice Notices and Safety Notices.

Medical Device/Equipment ALERTS are distributed to the HSC Board, Trusts, and Agencies for direct action and for onward transmission were appropriate in accordance with local procedures. NIAIC arranges for the distribution to Primary Care Professionals.

- Medical Device/Equipment Alerts (MDEA's)
- Hazard Notices
- Advice Notices
- Safety Notices

4. Patient safety

Ensuring safety and reliability in care for the one million people who use NHS services every day is a massive challenge for our health service. While the majority of people are treated without incident, it is estimated that one in 10 people admitted to hospital in the UK will experience some sort of harm during their stay.
In nearly every case the problem is caused by unreliable healthcare systems and processes. Such publications as 'An Organisation with a Memory' and the report on the Bristol Royal Infirmary inquiry, began raising the profile of patient safety within the NHS.

The World Health Organisation (WHO) published a surgical safety checklist which can be accessed through www.patientsafetyfirst.nhs.uk
The Health Foundation is an independent charity working to continuously improve the quality of healthcare in the UK. They initiated a 'Safer Patients Initiative' which ran from 2004–2008. It was set up to test practical ways of improving hospital safety and to demonstrate what can be achieved through an organisation-wide approach to patient safety.

In 2012 the DHSSPS disseminated a circular entitled Supporting Safer Services which provided a summary of key themes and learning arising from Serious Adverse Incidents within the Health and Social care Trust Boards between April 2007 and April 2010.

Within a number of HSC Trusts in Northern Ireland, 'Safer Patients Initiative' was established.

OUTCOME 3

Activities to develop an understanding of the current structure and organisation of care, nationally and locally.

The Department of Health, Social Services and Public Safety (DHSSPS) is one of 11 Northern Ireland Departments created in 1999 as part of the Northern Ireland Executive. Its mission is to improve the health and social well-being of the people of Northern Ireland. Health and Personal Social Care in Northern Ireland is provided as an integrated service. The four health and social services boards (Eastern, Northern, Southern and Western) are agents of the DHSSPS in planning and commissioning and purchasing services.

Structures differ in the rest of the United Kingdom and these can be accessed by using the following web site: www.dh.gov.uk

Activity

Access the Department of Health, Social Services and Public Safety website and spend some time browsing through the various sections. Ensure that you explore the section relating to Nursing and Midwifery.
http://www.dhsspsni.gov.uk/index/nmag.htm

From the 1st April 2007, six Health and Social Care Trusts manage staff and services with devolved budgets. Health and Social Care in Northern Ireland as in the rest of the United Kingdom has undergone significant change in the last decade resulting in a more integrated service.

There are a number of organisations identified below who work together to plan, deliver and monitor Health and Social Care across Northern Ireland. You may wish to browse some of the websites below for additional information on how care is organised at a local and national level in order to increase your knowledge and understanding of current structures in relation to nursing.

- www.hscni.net

Health and Social Care Board (HSCB)

The Health and Social Care Board is responsible for commissioning services, resource management and performance management and service improvement. It works to identify and meet the needs of the Northern Ireland population through its five Local Commissioning Groups which cover the same geographical areas as the HSC Trusts.

- www.hscboard.hscni.net

Public Health Agency (PHA)

The Public Health Agency (PHA) has the key functions of improving health and wellbeing and health protection. It also provides professional input to the commissioning process. The PHA is jointly responsible (with the HSCB) for the development of a fully integrated commissioning plan for health and social care in Northern Ireland.
The PHA works in partnership with local government, key organisations and other sectors to improve health and wellbeing and reduce health inequalities.

- www.publichealth.hscni.net

Health and Social Care Trusts

There are a total of 6 Health and Social Care (HSC) Trusts in Northern Ireland.
5 HSC Trusts provide integrated health and social care services across Northern Ireland: Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. HSC Trusts manage and administer hospitals, health centres, residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community.

The sixth Trust is the Northern Ireland Ambulance Service, which operates a single Northern Ireland wide service to people in need and aims to improve the health and well-being of the community through the delivery of high quality ambulance services.

- www.belfasttrust.hscni.net
- www.southerntrust.hscni.net
- www.setrust.hscni.net
- www.westerntrust.hscni.net
- www.northerntrust.hscni.net
- www.niamb.co.uk

Other organisations worth noting are:

Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. In its work, RQIA encourages continuous improvement in the quality of these services through a programme of inspections and reviews.

- www.rqia.org.uk

NI Practice and Education Council for Nursing and Midwifery (NIPEC)

NIPEC aims to improve the quality of health and social care by supporting the practice, education and professional development of nurses and midwives.

- www.nipec.hscni.net

Patient and Client Council (PCC)

The Patient and Client Council (PCC) is a regional body with local offices covering the geographical areas of the five integrated Health and Care Trusts.
The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care issues.

- www.patientclientcouncil.hscni.net

The Business Services Organisation

The Business Services Organisation (BSO) is responsible for the provision of a range of business support and specialist professional services to the whole of the Health and Social Care sector including, HR, finance, legal services, procurement, ICT and other services. This will be taken forward in a phased approach.

www.hscbusiness.hscni.net

Independent Sector

There is a significant Independent Sector in both the UK and Northern Ireland that deliver a wide range of services which include nursing and medical provision. These are subject to the same regulatory frameworks as the statutory bodies.

OUTCOME 4

Activities which will help you to develop an understanding of current issues in nursing and education.

Given the rapidity of change over the years it is impossible to describe and discuss all the current issues in both practice and education. Instead we aim to provide you with some indicators of the significant events within each of the four fields of practice and identify links that will facilitate further in-depth exploration of them and their associated issues.

Nursing Practice

Adult Field- this link demonstrates the recent findings into why infection prevention and control measures failed to prevent the death of patients within a local Trust. See the final report of the Public Inquiry into the Outbreak of Clostridium difficile in Northern Trust Hospitals. It is available to download from the Inquiry website at www.cdiffinquiry.org/inquiry-report.htm

Infection control issues play a large part in the delivery of healthcare today. The National Patient Safety Agency launched a campaign called 'Cleanyourhands' in 2008. Further information can be obtained by accessing

http://www.npsa.nhs.uk/cleanyourhands/resource-area/audit/

Within Northern Ireland, the DHSSPSNI adopted the 'Cleanyourhands' campaign. For further information, see :

http://www.dhsspsni.gov.uk/index/phealth/php/cleanyourhands.htm

You will note how each Trust is particularly vigilant in preventing infection spread through availability of e-learning programmes, policy development and the ongoing presence of infection control staff at clinical level.

In 2007, a further campaign was introduced by Department of Health, entitled, 'Saving Lives' which was aimed at reducing infection through the delivery of clean and safe care. The toolkits available have been introduced into many of the Trusts within Northern Ireland. These toolkits contain a number of high impact interventions which use care bundles to decrease health care associated infection (a care bundle approach links evidence, a measuring tool and a strategy to improve the clinical process of delivering evidence based practice).

As well as, clostridium difficile, MRSA and Norovirus continue to pose a threat to safe patient care within health care.

Mental Health Field-The national Confidential Inquiry into Suicide and Homicide by People with Mental Illness at: www.dhsspsni.gov.uk/suicideandhomicidenisummary commissioned by the DHSSPSNI to advance knowledge and understanding in relation to the continuing rise of suicides in Northern Ireland.

Learning Disability Field- www.dhsspsni.gov.uk/bamford
This site provides information on the independent review of mental health and learning disability. It was set up in 2002 and tasked with looking at the law, policy and provision which affects people with mental health needs and learning disability in Northern Ireland.

Children's Field- www.dhsspsni.gov.uk/oss-csso provides a comprehensive guide to local structures, policies and guides in relation to children services and reforms.

Generic Field-An area of concern which is shared in all of the above fields is that of malnutrition. Royal College of Nursing (RCN) launched a clinical campaign to raise standards of nutrition and hydration in hospitals and the community. Further

information on the principles for nutrition and hydration and some resources can be found at www.rcn.org.uk/newsevents/campaigns/nutritionnow

Earlier this year, an article by a Health correspondent for BBC News noted that more than one in three people admitted to hospital across the UK are at risk of malnutrition, according to a survey of nearly 10,000 patients. Nutrition charity BAPEN, which ran the survey, said it was concerned about a rise in malnutrition among people admitted from their own homes. It said cuts in community services, including meals-on-wheels, were likely to put extra pressure on hospitals.
Within Northern Ireland, proper nutritional care became a priority for the previous Chief Nursing Officer, Martin Bradley, who published 'Get your 10 a day' which set out ways to improve nutritional care and food experience for patients in hospital.

This can be viewed at – http://www.dhsspsni.gov.uk/food_standards-10_a_day.pdf

Activity 1

More recently, a strategy for good nutritional care for adults in all care settings has been launched in Northern Ireland.
Access this document through the link below and develop an action plan for improvement you could make based on the experiences you note in your practice learning.
http://www.dhsspsni.gov.uk/promoting_good_nutrition.pdf

Activity 2

In April 2013, the DHSSPS issued a Competency Framework to assist Trusts in developing and testing staff competence in intravenous fluid administration in children from age 4 weeks up to the 16th birthday.

This framework document has been developed to support Trusts in providing assurance that all appropriate Trust staff are aware of their responsibilities and apply the recommended clinical procedures in relation to the prescription, administration, monitoring and review of intravenous fluids, including hypotonic infusions. Acees the following areas for update on policy and guidance documentation in Northernm Ireland.

☐DHSSPS Parenteral Fluid Therapy for Children and Young Persons (Aged over 4 weeks and under 16 years) Initial Management Guideline (Wall Chart)
Available at: www.dhsspsni.gov.uk/hss-md-30-2013-attachment-5.pdf

☐ Daily Fluid Balance and Prescription Chart (Child up to 16th birthday) and training package
Available at: http://www.dhsspsni.gov.uk/hss-md-30-2013-attachment-2.pdf

http://www.dhsspsni.gov.uk/hss-md-30-2013-attachment-4.pdf

Education

Perhaps the most significant recent change has been the introduction of the new 2010 pre-registration standards that has paved the way to an all graduate nursing profession. More details can found at:

http://standards.nmc-uk.org/Pages/Welcome.aspx

Continuing Professional Developmental (CPD) is high on our statutory body's agenda and therefore it is essential that you familiarise yourself with The Prep handbook (NMC 2011). It details the post-registration ongoing education and practice resource for nurses, midwives and specialist community public health nurses. This can be accessed at:

http://www.nmc-uk.org/Educators/Standards-for-education/The-Prep-handbook/

Additionally, NMC published its Standards to support learning and assessment in practice in 2008. Commonly known as SLAiP standards. These standards demand a more robust approach to supporting the learner in healthcare. These standards have implications for mentors, practice teachers and nurse teachers. They contain standards for mentor competence, ongoing development of mentors and the support of learning.

OUTCOME 5

Activities to help you to use relevant literature and research to inform the practice of nursing and midwifery.

All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation (NMC 2010).

You will from previous experience know that not all nurses do everything the same way. You will also be aware that practice has changed since you last nursed in a care environment. Therefore questions might arise that require you to think, ask and seek out what is the best way of doing something, for example, what do I need to do to prevent skin breakdown? Which is more helpful to patients with depression-to urge to get up and move each day or urge them to listen to themselves and follow their own natural schedules? Or which is the most effective pain assessment method for children?

Activity

Think of some more examples of clinical questions from your field of practice that may have changed and require you to update your knowledge or evidence base for return to practice? You may decide to discuss these with your Sign Off Mentor or develop them as learning contracts.

Traditionally if you thought that a change was required in practice or if you thought there was a better way to do things you may have discussed this with a trusted experienced colleague. You may have used your intuition and professional judgment. You may even have consulted textbooks or other types of literature to see if anyone had questioned the practice and routine or to see if anyone had introduced a new way to do things.

The problem with relying on tradition, experience and/or intuition alone is that it may produce a wide range of answers to questions asked. Because of this concern a newer approach is being developed to assist nurses in their practice decision-making. It is called evidence-based or evidence informed nursing. Unlike traditional approaches, this requires the nurse to review the best available evidence, most often from research.

The table below provides an illustration of sources which are commonly used to access evidence for nursing care and decision-making for practice. You should browse the specific examples shown to acquire information on what is available.

TYPE OF SOURCE	SPECIFIC EXAMPLES
Electronic databases-these provide articles from a wide range of journals, organised by topic, author and source.	CINAHL MEDLINE OVID COCHRANE BNI Internurse
World Wide Web (www)-using relevant nursing related sites can provide sources of current and reliable research articles and standards of practice.	http://ebn.bmj.com/ http://www.nice.org.uk/guidance http://www.rcn.org.uk/ http://www.dhsspsni.gov.uk/ http://www.dh.gov.uk/

This section is only meant to give you a start as to what is meant by the use of literature and research to inform practice. Your lecture on evidence- informed practice will provide further opportunity to explore and discuss the integration of research into professional nursing practice.

Activity

From your reading to date bring along to the evidence-informed nursing lecture one piece of literature (it may or may not be research based) relevant to your field of practice and be prepared to discuss how it has enhanced your own knowledge and/or evidence base for professional practice.

The RCN have recently launched a useful resource which contains a set of competencies on finding, using and managing information. These competencies can be used by you to identify what further support and training you require to develop skills to support practice and deliver evidence based care.
The competencies can be accessed at:

http://www.rcn.org.uk/__data/assets/pdf_file/0007/357019/003847.pdf

OUTCOME 6

Activities to assist you to enhance your ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care.

Many of you may remember the introduction of care planning as a process to identify and assess need, design, implement and evaluate interventions in patient care. The concept of care planning is still evident in healthcare. However, many organisations have refined the original process through the introduction of care pathways and care bundles (referred to in Outcome 4).

You will remember that the nursing process uses a 'problem solving approach' based on 5 stages:

- Assessment – using a holistic approach
- Nursing diagnosis
- Planning
- Implementation
- Evaluation

The care plan is a method of documenting the process – usually a written or computer generated statement which should ideally involve the patient and the care provider. It is a legal document.

A number of risk assessment tools have been developed to enable the nurse to assess specific aspects of care relevant to the patient's needs. You may be familiar with some of these tools which are now commonly used in practice :

- Braden Scale – to assess the risk of a patient developing pressure ulcers
- Malnutrition Universal Screening Tool (MUST) – to assess the risk of a patient developing malnutrition
- Falls risk assessment
- Manual Handling risk assessment
- Venous Thromboembolism (VTE) risk assessment
- Early Warning Scores.

As mentioned above, some HSC Trusts have introduced care pathways. These enable a standardised approach to patient care. They are commonly developed and used by an interdisciplinary team with each member documenting care delivered, communication, decisions taken and treatment recommended on one record. They have been found to reduce length of hospitalisation, improve communication among care givers and contribute to learning.

One of the most commonly known care pathway is the Liverpool Care of the Dying Patient Care Pathway (LCP). The LCP is an integrated care pathway that is used at the bedside to drive up sustained quality of the dying in the last hours and days of life.

Activity

Access the following website to learn more about the Liverpool Care of the Dying Patient Care Pathway. You may wish to obtain a blank copy of the document when you go to your practice learning placement.

If relevant spend some time discussing the advantages and disadvantages of the document with nursing staff (and other members of the team). Please note that there are now Palliative Care Teams within Trusts.

http://www.liv.ac.uk/mcpcil/liverpool-care-pathway/

The following article may also be interesting.

Allmark, P. and Tod, A. 2009. End of life care pathways : ethical and legal principles. *Nursing Standard,* 24 (14), 35-9.

One of the main problems associated with effective care planning and evaluation is lack of time. With more and more documentation being required, nurses have less and less time to spend with the patient.

However, a recent initiative was launched by the NHS Institute for Innovation and Improvement called The Productive Ward – Releasing Time to Care. It focuses on making small changes to improving ward processes and environments with the aim of making more time available for nurses and other staff to spend with their patient. Many NHS Trusts have adopted the principles and there have been tangible benefits noted in terms of time savings which can be reinvested into patient care.

Privacy and Dignity

In an effort to improve privacy and dignity for patients and users of the health service, there has been a recent focus on where care is delivered with a move away from the use of mixed sex wards.
You may wish to read some of the following articles which will give you an overview of what steps various organisations are taking to enhance privacy and dignity for users –
Bryant ,D. and Adams ,J. 2009. Experience of mixed sex bays in a general hospital. *Nursing Standard,* 24 (13), 41-6.
Hunt, C., Murphy, P., and Melia, D. 2010 . How a quality improvement initiative can be used to promote single sex accommodation. *Nursing Times,* 106 (23), 12 – 15.

OUTCOME 7

Activities which will help you to explore how to enhance your ability to use appropriate communications, teaching and learning skills.

There are many forms of communication used within healthcare today and there is a vast amount of literature available on the subject.

In healthcare today, two specific areas of practice have been recognised as requiring an optimum level of expertise by nurses with regards to communication , they are:

- Dementia care
- End of Life care

Dementia Care

There is an emphasis on the need for effective communication with people who have dementia. In 2010, RCN issued a document entitled, 'Improving quality of care for people with dementia in general hospitals'. This document recognises the problems encountered by patients who have dementia when they have to be admitted to hospital and emphasises the importance of good communication.

Recognising the importance of good communication with patients who have dementia, one HSC Trust in N Ireland, funded by DHSSPSNI, published a manual which gives advice to staff on working with dementia patients when they come into hospital. It was developed jointly between NHSCT and Alzheimer's Society. The dementia awareness manual explains the different forms of dementia and gives advice on how best to care for people with dementia. The manual also gives details

on pain control for people with dementia, how to understand changes in a person's behaviour and ensure proper nutrition for a person with dementia.

Additionally, the Trust identified 36 dementia champions who are staff working on the wards who continuously look for ways to improve the quality of dementia care of individuals living with dementia and to ensure their stay in hospital is as comfortable as possible. The dementia champions advise staff and families on how to care for people with dementia.

End of Life Communication

Many healthcare professionals find it difficult to communicate with patients who are dying. This area of concern has now been recognised within Northern Ireland and policy makers have looked at ways to support and educate staff in this respect. You may wish to revise the theory which underpins caring for the dying patient by reading the following article :

Buglass, E. 2010. Grief and bereavement theories. *Nursing Standard,* 24 (4), 44-47.
A new strategy *Living Matters: Dying Matters. A Palliative and End of Life Care Strategy for Adults in Northern Ireland* – available at http://www.dhsspsni.gov.uk/8555_palliative_final.pdf provides a framework to help health and social care commissioners and providers, and voluntary and non-statutory organisations design and deliver palliative and end of life care services for patients, their families and carers.

A new website has also been launched as a resource on palliative and end of life care for professionals, patients and carers in Northern Ireland.

Optimising Communication Through User Involvement

There is a growing belief that patients and service users opinion must be taken into account when planning and evaluating service delivery. The Department of Health (2009) affirmed its commitment to valuing user contribution by publishing a document, *Understanding what matters: a guide to using patient feedback to transform services* - Available from :

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099780

Many organisations have been set up to provide user representation to policy makers and legislators. More information can be found through :

http://www.niscc.info/content/uploads/downloads/publications/LOFTM_summary.pdf

At a local level, many HSC Trusts have user groups who contribute to service planning and delivery. Personal and Public Involvement (PPI) is an umbrella term that has been adopted by the Department of Health, Social Services and Public Safety to describe the active participation and involvement of those that have an interest in our business; this includes anyone or group of people who use services directly or indirectly and the communities we serve and their representatives.

An example of a project, led by nurses which focused on user involvement was the setting up of a carer's group for carers of stroke survivors. There was a local recognition that little support existed for this group resulting in feelings of isolation, despair and fear. A support group was established with carers meeting every 4 weeks. The support group sessions provided an opportunity to network and discuss problems in a safe environment. There was also an educational component with guest speakers providing information on topics of concern. This initiative was positively evaluated by the carers.

Activity

Read the report on the website listed below and concentrate on the tools used to explore feelings and emotions experienced by the carers.

http://www.fons.org/Resources/Documents/Project%20Reports/CaringforCarersJune2011.pdf

Further reading:

Barham, L. and Devlin, N. 2011. Patient reported outcome measure: implications for nursing. *Nursing Standard,* 25, (18),42-45.

Brown ,J. and Aladangady, N. 2010. Measuring the quality of care: using patient experience trackers in a neonatal unit. *Nursing Times,* 106 (7), 10 -11.

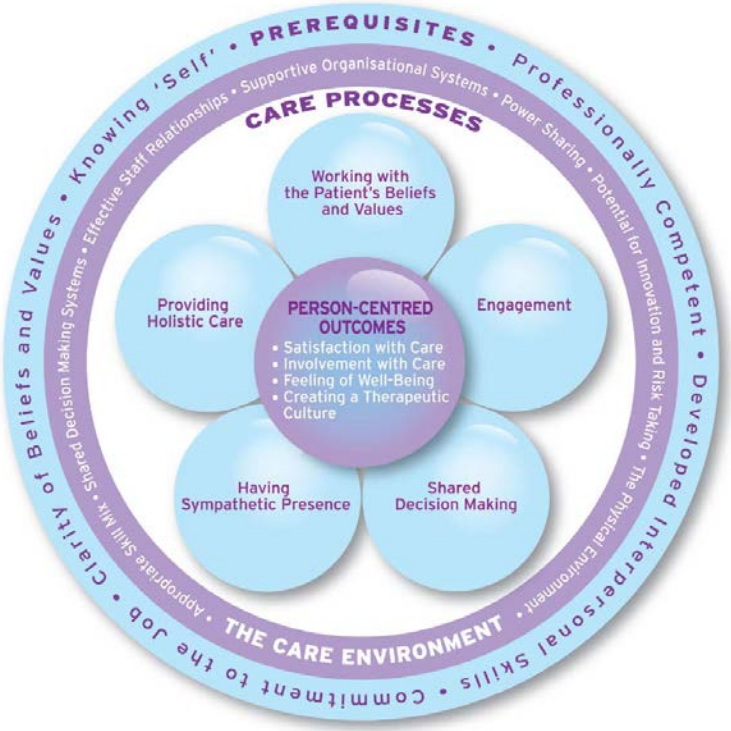
Reay, N. 2010. How to measure patient experience and outcomes to demonstrate quality in care. *Nursing Times,* 106 (7),12 – 14.

Person Centered Care

Central to our communication and care delivery is the person. Person-centeredness is an approach to practice established through the formation and fostering of therapeutic relationships between all care providers, service users and significant others.

It is underpinned by mutual respect and understanding. McCormack and Mc Cance (2010) suggested a framework for person centred nursing, which the School of Nursing is using as their underpinning philosophy for the new pre- registration 2012 curriculum. Figure 1 below is diagrammatical representation of the core elements.

Figure 1



OUTCOME 8

Activities to help you to understand the importance of multidisciplinary team work.

As a previous registrant you are aware that nursing is about team work. The nurse is an integral member of the interdisciplinary team and it is important that he/she can work collaboratively with other healthcare professionals to deliver best person centred care.

You may use your previous experience and harness it to help you become an effective team member again. Two areas that can be problematic to manage for returning registrants are delegation and assertiveness.

Delegation

Assertiveness

To be an effective practitioner and team member entails the ability to be assertive. As practitioners acting assertively brings personal and professional benefits. However assertiveness does not come naturally to all of us and most of us need to learn how to be assertive.

Unfortunately there are times when team work breaks down and the nurse experiences challenge to his/her assertiveness. One example of this is when he/she is a witness to poor practice. As an accountable and responsible nurse, it is your responsibility to address poor practice especially when it affects patient care. As a nurse you must be prepared for the possibility of being a whistleblower. Whistleblowing refers to the disclosure by employees of malpractice as well as illegal acts or omissions in the workplace.

The Department of Health published guidance about whistleblowing – this can be viewed through :

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4050929

Two nursing journal articles which you may wish to read to understand whistleblowing are as follows :

Whitehead, B. and Barker, D. 2010.Does the risk of reprisal prevent nurses blowing the whistle on bad practice? *Nursing Times,* 106 (43), 12 – 15.

Gallagher, A .2010. Whistleblowing : what influences nurse's decisions on whether to report poor practice. *Nursing Times,* 106 (4), 22 – 25.

OUTCOME 9

Activities relating to developing professional competence.

Effective Leadership

Effective leadership for nursing is needed at both ward level and at a strategic level.

It may seem to you at this stage that leadership is not an area to focus on for developing professional competence but to maximise leadership potential requires continuous effort starting at a very early stage.

Continuous Professional Development

To maintain your registration you need to present evidence of updating and continuous professional development. This will require you to keep a professional portfolio of practice. Below are listed two articles which you may find useful –

Clark, A. 2010. How to compile a professional portfolio of practice 1: aims and intended learning outcomes. *Nursing Times,* 106 (41), 12 – 14.

Clark, A. 2010. How to compile a professional portfolio of practice 2 : structure and building evidence. *Nursing Times,* 106 (42), 14 – 17.

By registering with NIPEC you will be able to access a range of competency assessment tools and resources which will help you to build towards an electronic portfolio. This can then be used for supervision and career progression.

Networking with other colleagues is an effective way to share good practice. There are a number of reliable support networks available to nurses to do this. They are:

CHAIN (Contact, help, advice and information network)
http://chain.ulcc.ac.uk/chain/index.html

FONS (Foundation of Nursing Studies) – they have a common room which allows nurses to make contact with other people who are undertaking similar work to what you may be doing.
www.fons.org

BACCN (British Association of Critical Care Nurses) – allow access to a notice board where messages and queries can be posted.
http://www.baccn.org.uk/index.asp

NIPEC (Northern Ireland Practice and Education Council for Nursing and Midwifery) All Ireland Practice and Quality Development Database.
http://www.nipec.org/

Resource Management

In modern health services effective resource management is crucial to the quality of care delivered. By far the most important resource of all is staff. To illustrate what this means explore the activities identified in the box below on skill mix and work allocation. Reflect how the emphasis has perhaps changed since you last practiced.

Activity

The Care Quality Commission outlines how to identify appropriate staff levels at: http://www.cqc.org.uk/_db/_documents/20081014%20Care%20staffing%20guidance%20312-08.doc

Additionally you may wish to read this research report about staffing levels http://www.ahrq.gov/research/nursestaffing/nursestaff.htm

Which explores such issues as:

Why is the right skill mix crucial to delivering the appropriate level of care?

How might the skill mix impact on care?

Can there be adverse outcomes for patients if the skill mix is inadequate?

What contributes to improved outcomes of care?

Shift allocation is also part of effective care management and resource management and the below activities demonstrate the significance that it has for patient care.

FINALLY

We hope that you have enjoyed using this activity resource booklet and that it has informed your thinking and increased your knowledge for practice. We are continuously looking for new information to include within this resource. If you have found anything throughout the semester that you consider would be useful to include in the document, please do not hesitate to bring it to our attention.

We hope to evaluate the effectiveness of this learning resource and towards the end of the semester you will be given a questionnaire to complete. We would ask that you answer the questions as honestly as possible as this will help us to make any amendments for future use.

Thank you for taking the time to use the resource and we would like to wish you well in your return to the nursing register and your future career in nursing.