

Case studies 1

Pain management

New Qualified RMN – Nursing Home

During a follow up visit with the Clinical Skills Nurse Educator (CSNE) a newly qualified RMN working in a dementia unit shared that before the workshop she knew very little about pain management. Following the workshop the nurse shared a reflection regarding a particular patient who had periods of agitation on a daily basis, which previously was put down to their dementia. The nurse explained how after the workshop she had utilises the DISDAT tool and this resulted in pain being identified as the cause of agitation. Through using the pain assessment tool and discussion and with the G P the patient was commenced on analgesia and it soon became evident the periods of agitation were subsiding.

The nurse then also commenced daily meetings with staff which are predominantly HCAs to increase their awareness that dementia patents may be distressed for other reasons then their dementia.

Case study 2

Wound assessment and product selection

Community / Practice Nurse

Having attended the workshop, a community nurse discussed with the Clinical skills Nurse Educator how she had now developed the confidence to discuss the patient with long standing leg ulcer which was unresponsive to treatment with a GP and make a referral to the Tissue Viability Nursing team.

Case study 3 - Diabetic workshop

Community nurses – collaborative working

From the workshop the nurse not only reflected on her clinical practice but shared her learning and experience with the wider team, local community and worked collaboratively to change patient care and nursing practice. The nurse also shared how she

- Worked with medical colleagues to improve poor medical prescriptions to ensure insulin is prescribed clearly and correctly as units.
- Networked with a local residential home nurses to promote daily foot checks which has since been incorporated into their documentation.

Case study 4 - Male catheterisation workshop

Nursing home registered nurse – ensuring competency in clinical skills

At the start of the workshop a registered nurse from a care home informed the Clinical skills Nurse Educator that following the workshop she was going to carry out a first change of a supra pubic catheter. The nurse was asked by lecturer if she was already competent in this skill. The nurse had not previously changed a catheter and was unaware that it is recommended by the Urology team that the first supra pubic changes should be completed by specialist urology team. The nurse informed us that she felt pressured by her Manager, as the nurse had been instructed by her Manager to attend the workshop and then return to the workplace and change the catheter later on that day.

The CSNE identified with the nurse that she was not competent at this time and contacted the urology nurse to discuss support from the urology team to develop competence. The CSNE spoke with the

urology nurse about discharge planning as this was no record of the first change needing to be performing in hospital.

Case study 5

Verification of expected death

Safe practice advanced nurse practitioner – GP Practice setting

Discussion within the workshop arose around the developing role of the Advanced Nurse Practitioner. There had been an expectation from colleagues to verify death of patients who had not been seen by a GP within the last 14 days.

The discussion challenged the nurse to think critically around their personal and professional accountability, nursing registration and role of the coroner. It affirmed the nurse's thoughts and provided the support they had been seeking and confirmation that this was outside their scope of practice.

The discussion ensured safe clinical practice was maintained.

Case study 6

Pain management

Specialist nurse - Competency Frameworks in practice

Following attending the pain management workshop a neurology nurse specialist shared with the CSNE at the follow up visit how she had adapted the pain competency framework from the workshop for her own practice. Sharing how learning from the workshop could be implemented and practice improved within her specialist area caring for MS patients on baclofen pumps with neuropathic pain. This demonstrates the diverse learning that has been taken from the workshops and flexibility of the competency framework.

Case study 7

Male and supra pubic catheterisation workshop

Community nurse - support and sharing learning across acute/community

Following attending the workshop a community nurse was supported to make contact with the Urology team within the acute setting to arrange shadowing and supervised practice of skill development in order to achieve clinical competency in catheterisation.

Safe learning and supported clinical practice.

Case study 8

Wound assessment and product selection

Mental Health Nurses – Dementia Unit

During a follow up visit after the workshop the nurses expressed how they felt they were still struggling with providing wound care for their clients. It was found that the wound dressing formulary, pressure ulcer prevention and ANTT policies were all out of date. With support from Clinical skills Nurse Educator the nurses felt able to contact the Tissue Viability Nurses for further support and guidance. A TVN has since visited and assisted with up-to-date guidance and built relations for on-going support.

The Infection control team were also contacted for the up-to-date ANTT guidelines and again established relationships for future infection control support.

Case study 9

Diabetic Management

Newly qualified Learning disability nurse- adapting tools to make them more inclusive

At the workshop a learning disabilities nurse felt that the DESMOND course may not be user friendly for some clients with learning disabilities. They felt it could be adapted to become more user friendly by using easy read documentation.

Following the workshop the CSNE supported the nurses in contacting the relevant person within the Diabetic team to advice on this further.

Case study 10

Verification of expected death

Registered Mental Health teams – clinical supervision

Following attending the workshop at the request of the manager the CSNEs arranged a group follow up. The follow up session allowed for a group reflective discussion around the clinical skill, ensuring and maintaining clinical competencies and NMC revalidation was also discussed. The outcome resulted in the development of bi monthly supportive reflective discussion meetings to enable registered staff members to bring their reflective accounts to a group discussion, and to hopefully evolve into clinical supervision process.

Case study 11 - Diabetic Management

Community Nurse- using equipment correctly

Following the workshop the nurse realised that the patients in the community were not having their blood monitoring machines calibrated. As the machines belong to the patient there had been an assumption that this was being done by the patient or family. The requirement for calibration was disseminated to the team leader and the rest of the team. They realised there were issues of accountability with nurses administering insulin on the results of blood glucose reading, when a machine had not been calibrated and therefore readings could be erroneous. The outcome of this was that nurse would now ensure that the machine was calibrated prior to checking a BM. The situation has been raised with the higher management nurses to discuss.

Case study 12 - Pain workshop

Specialist nurse – confidence in practice

After attending the pain workshop A COPD Specialist nurse returned to her workplace and discussed pain management with the COPD team and raised some points re pain assessment tools for documentation and reassessment.

The COPD team are now introducing a pain assessment tools into their documentation.

Case study 13

Verification of expected death

Registered nurse – policy review

On completion of the workshop a nurse presented the policy and documentation around VoED to her line manager and highlighted that it didn't included the exclusion criteria. This has been taken on board and the policy is now being adapted to include this information.

Case study 14

Male catheterisation workshop

Registered nurse – advancing clinical practice

When spending time meeting nurses from the acute setting to discuss and advertise the CLIC Clinical skills workshops and introduce the role of CLIC and the Clinical Skills nurse educators, it was apparent that the nurses were reluctant to attend the workshop on male catheterisation as they felt unsupported from managers and medical colleagues to develop this clinical skill within their workplace. The CSNE explored this and was able to identify that there was confusion regarding the departmental policy. The CSNE was able to feedback to the nurses resulting in nurses asking their managers to clarify the policy and obtain support to access the catheter workshop. Acute nurses are now accessing the training and becoming competent in these skill- 5 nurses to date with more booked on.

Case study 15

Diabetic Management

Regular discussion during diabetes workshops and follow up visits are often around nurses administering insulin without taking a blood glucose reading. Professionalism and accountability are discussed and the rationale for checking blood sugars prior to administering insulin. Many nurses now have changed their practice to ensure that they check blood glucose prior to administering insulin or documenting their actions for not taking a blood glucose reading.

Case study 16 - Revalidation support

Many experienced nurses have expressed concerns during workshops about their fears of revalidation and expressed that they felt that they would retire from nursing prior to revalidation. The CSNEs have been actively supporting nurses during follow up visits to help nurses understand the revalidation process and ensure they feel supported to meet the requirements and remain in nursing.

Case study 17- Male catheterisation workshop

Dissemination of training opportunities

Within the workshop ANTT (Aseptic non touch technique) is demonstrated. The CNSE team have had the opportunity to attend the cpfts “Train the trainer” workshop. This opportunity has enabled the CSNEs to support the CPFTs infection control team to implementation ANTT in practice and support not only those working within the CPFT but due to the ethos of the CLIC collaborative to embed a culture of collaboration for continuous learning, continuous improvement of working across all health sectors within Cumbria.

Case study 18 - Pain Management

Learning is sharing

On a follow up visit a nurses stated they felt at a loss on how to achieve their competencies in pain management. As the nurse lacked knowledge and confidence. The CSNE suggested that shadowing staff completing pain assessments in different areas could be a good opportunity to build confidence and arranged for the nurse to attend the hospice to spend some time there to see how pain assessment was used for end of life and symptom control. It also resulted in relationships being made with the community and Macmillan nurses.

Case study 19

Verification of expected death

Registered Nurse – Nursing home increasing clinical practice

The new role allows for nurses to provide holistic care for the residents and their families at a very vulnerable time. The nurse has also designed a form to be completed for nurses verifying death which is added to the patient record. This is comprehensive of the steps to be taken and can be used as an aide memoire for someone who hasn't undertaken this for a while.

Case study 20

Wound management and product selection workshop

Community nurse – use of reflection

A CSNE received a hostile reception on a follow up visit with the nurse proclaiming did not know understand the follow up rational. The nurse felt affronted as they had been qualified a long time and claimed they learnt nothing from the workshop.

On reassurance of the role on the CSNE is to support and reflect on learning. The nurse had a lot of knowledge around wound care and suggested that they attend the advanced wound care workshop.

The nurse was delighted with the respect of assertion and the recommendation to attend the advanced workshops. On reflection they concluded current practice had been reinforced from the workshop but also some new learning around the use of helium tape for over granulation.

Case Study 21

Diabetes Management

Community Nurse – awareness of foot checks

As part of the nurse's work they attend residential homes to give insulin to those patients who are unable to administer their own. The main learning from the workshop was the importance of daily foot checks and the nurse expressed concern that carers in some residential homes had received no training and was unaware of the importance. Following the workshop the nurse took the "Diabetes UK Foot Awareness" leaflet into the residential homes as a pilot. The managers were very keen to introduce this for all diabetic residents as part of their daily care.

If successful the Community nursing team would like to introduce the leaflet and learning to the other residential homes in their catchment area, this would involve approximately 12 homes.

Case study 22

Developing competence in new settings

A quarter of nurses learning a new skill in both the male/supra pubic catheter workshop and verification of death have been directly supported by a CSNEs to develop clinical competence. This has enabled these skills to now be delivered in new care settings.

Case study 22

Diabetes

Specialist nurse - changing practice.

As a result of having a diabetes update a specialist nurse practitioner is now more conscious of checking for diabetes in patients who may ordinary suffer from polyuria due to adverse effects of their medication. This nurse has already has picked up a patient with diabetes.

Case study 23

Verification of expected death

Specialist nurse – challenging lack of organisational training

On reflection of their own organisation, training for this skill had traditionally been undertaken by a consultant physician as per the organisation's policy. As a result of attending the workshop the participant then questioned the reason for this and who would be the best person to take this on. As an experienced practitioner in this field they now feel empowered to write and facilitate the delivery of this training locally. They are also reviewing the policy and working with colleagues for partner organisations to look at the possibility of a joint policy for nurses across Cumbria and North Lancashire.

Case study 24

Various workshops

Community nurse – mentoring students

During discussion at a follow up visit the nurse reflected on how the workshops provided a great refresher to existing knowledge. New information and knowledge was taken back into practice. However, the overarching gain for her from attending the sessions was confidence in her existing knowledge and practice. She then went on to say, how responsible she felt when mentoring student nurses wanting to make sure what she was teaching them best practice. As training had been very sparse and infrequent over the years for qualified staff this had made her in the position of mentor feel vulnerable.

Case study 25

Diabetes workshop

GP Practice Nurse- improving quality of diabetes checks

During the follow up for a practice nurse after her attendance at the diabetes workshop, I asked how she enjoyed it. She was very animated in telling me how it has highlighted areas in her practice which needed addressing. Firstly that a certain groups of patients were not getting a complete diabetic follow up . This was particularly highlighted with the house bound and patients with mental health issues. As a result of attending this workshop the GP practice is now organizing follow up visits for these patients once their bloods have been taken for diabetic check-ups.

Case study 26

Male and supra pubic catheterisation workshop

Workshop development

It became apparent during the development of the workshop and competency framework that the first changing of a new supra pubic catheter was being completed within the community and not by the Specialist Urology team. Local policies with the NHS trusts were reviewed and were found to be lacking any documentation re this aspect of care; this has been elevated to the Continence team and highlighted the requirement to be added to the local policy.

Case study 27

Verification of expected death workshops

Involvement with strategy meetings

Within the development of the workshops and competency frameworks a member of the CSNE team has been asked to attend the Cumbria Palliative Care Education Strategy meetings. This group is keen to adopt a collaborative approach to palliative and end of life care education and support for staff, patients and relatives and are also looking to develop competency frameworks. The CLIC competency frameworks (VOED and Pain) have been shared with the group and further information to support the gathering of information for a training needs analysis across North Lancs and Cumbria will be shared with the group. (Evaluations, figures attended etc.)