The clinical practice lead had overall responsibility for the programme’s design, coordination, delivery and evaluation.

**EVALUATION**

At the end of the initial phase of the programme, mentors and development staff were asked to complete an evaluation form. The results were interpreted using a Likert scale ranging from strongly satisfied (5) to strongly dissatisfied (1) and plotted in a graph to show how the feedback between mentors and participants compared. Fig 1 shows the satisfaction levels between the two groups.

The formal evaluation was undertaken in July 2009 through consultation with development staff, mentors and the operational manager. An evaluation tool was designed to critically appraise the programme’s strengths and limitations for future use.

Verbal feedback from staff and team leaders has been extremely positive, indicating that staff are practising at a more advanced level than in their previous roles and have significantly developed skills in critical thinking and clinical decision making. They have also been exposed to and participated in leadership and change management strategies and developed the skills to manage large neighbourhood teams.

From observation in practice and feedback from mentors, this project has demonstrated the challenge required to create a positive learning environment for both teachers and students. Establishing a shared vision, with participants compared. Fig 1 shows the satisfaction levels between the two groups.

This programme has enabled four staff to complete practice role based competencies with the support and supervision of district nurse specialist practitioner mentors and a clinical practice lead/practice teacher.

While we recognise this is a small scale practice development, it is a step in the right direction in providing staff with opportunities to develop their skills while gaining an insight into the role of the specialist practitioner.

The use of a competency framework that focuses on role based learning can be replicated or adapted in other areas such as school nursing and health visiting.

Learners and facilitators will require time and professional support if they are to complete the competencies within the expected time frame.

Within the district nursing service, continuous quality assurance and commitment has been maintained through the support of four district nurse mentors, a coordinator/practice teacher, clinical development adviser, operational manager and head of service. Staff development and improvement have been clearly demonstrated in practice.

**CONCLUSION**

The band 5 development role is an exciting initiative for district nursing practice, providing a clear career development pathway for those who aspire to be a district nurse. It provides opportunities for district nurses to lead on practice improvement and service development and makes use of their leadership and strategic skills. It also raises the profile of the district nurse’s role by demonstrating the skills and competence required to practise as a district nurse.

Locally the development role has led to an increase in staff wanting to go on to undertake the CSP degree and, as a result of this, the programme will be repeated with four more staff in the second year. The band 5 development role is an excellent example of service improvement as it provides staff with the skills and knowledge they need to prepare them for the CSP degree.

**REFERENCES**


**BACKGROUND**

- The programme originated with a “grow your own” philosophy, as it was recognised that it is often too big a leap for many people to go directly from staff nurse to community specialist practitioner (CSP) student.

- The competency based framework was devised to give staff a structured understanding of the district nurse role and to prepare them with the skills and knowledge they need in the year before undertaking the CSP degree.

**OUTCOMES** Three out of four staff have completed the competency programme; due to illness, the fourth is due to complete later. Two of the four have gained a place on the community specialist practitioner (CSP) degree course, which started in September 2009.

The programme ran from November 2008 until August 2009; one problem encountered was that the CSP interviews, which took place in May, were carried out before the course ended.

The two candidates who were unsuccessful at these interviews were left feeling disappointed and considered returning to their previous staff nurse role without completing the remaining competencies. To encourage them to complete these, they have been given the option of doing so in a reduced time frame or remaining on the programme until the end date. On reflection, it would have been more beneficial to run the programme alongside an academic year.

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