

# practice changing practice

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## Supporting staff nurses to train as community specialist district nurse practitioners

Band 5 staff nurses often need targeted training to make the transition to specialist practitioners. A trust set up a course to prepare candidates for degree study

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The removal of district nurses from the Nursing and Midwifery Council's recognised specialist practitioner list has resulted in many employers not commissioning district nurse courses and a lack of clarity about the skills required to be a team leader. This article discusses a practice development initiative to support learning through a practice based competency programme, to develop skills of local staff members.

### INTRODUCTION

Many primary care trusts face major challenges in enabling nurses to continue their professional development while maintaining staffing levels to ensure high quality care.

The volume of district nursing work makes it a significant part of the health service. It is also crucial that district nurses can respond to patients' needs in a proactive way.

Nursing in the home is fundamentally different from nursing in other settings and district nurses are experts in this. Its main elements are expert assessment and care and the need to work with the whole family and carers as a unit. Historically, these services have been diluted, with reduced leadership opportunities and a lack of recognition of the value of the specialist qualification (The Queen's Nursing Institute, 2009).

Longley et al (2007) argue that there is a lack of definition of career pathways in advanced and specialist nursing roles and in educational preparation programmes. However, the Knowledge and Skills Framework (Department of Health, 2004) is attempting to address work based learning and development and the setting of standards in the healthcare workforce. This development programme aims to redress the balance of work based learning, career

development and competency development, as well as raising the profile of the district nurse specialist practitioner role.

### Programme aims

The remit of "growing your own staff" is attractive because of their knowledge of local communities and practice populations. However, some staff have difficulties meeting the requirements of community specialist practice interviews, which do not enable them to demonstrate their strengths and understanding of the district nursing role.

The aim of the competency framework in this programme is to give staff a clear understanding of the district nurse role, while guiding and supporting them through a learning process, ideally in the year before undertaking the specialist practitioner degree.

Students benefit from being exposed to mentors, practice teachers and teachers who have developed themselves to a higher standard, in both academic and clinical settings (Nursing and Midwifery Council, 2006). The mentors on this programme have completed further academic study and are excellent role models.

### THE PROJECT

The initiative was prompted by a decline in the numbers of applicants for district nursing sister posts. Following a discussion with the clinical practice lead and head of service, band 7 team leaders were consulted and a competency framework was designed.

The removal of district nurses from the recognised specialist practitioner NMC list has significantly affected district nursing. This has resulted in many employers not commissioning district nurse specialist practitioner courses, potentially reducing course provision. This could contribute to a lack of clarity on the skills required to be a district nurse team leader/caseload holder, resulting in role dilution.

Since competency based practice learning can enable standardisation, competencies were devised and adapted in line with best

### PRACTICE POINTS

- As this development programme received positive feedback and constructive evaluation, this approach to role development and competency based practice learning could be trialled in other trusts and clinical areas. This would enable a smooth transition from the staff nurse to specialist role, with the opportunity to "practise" the role under guided supervision and clinical/professional support.
- The programme supports the values of The Queen's Nursing Institute (2009) by using district nurses' leadership and strategic skills through continuous professional development and service improvement projects.

practice from the NMC specialist standards for health visitors/school nurses. They were developed with a view to staff completing them under supervision from the district nurse specialist practitioner.

The programme was designed to run over 10 months and included main elements of the district nurse role including:

- Health needs assessment;
- Complex assessments;
- Leadership;
- Change management;
- Risk management;
- Teaching and learning.

Criteria for selection were at least two years' community experience, previous level 3 study and a requirement to go forward to complete the specialist practitioner degree in the following year. Six staff members expressed interest in the posts out of a total of around 50, and four were recruited following interviews.

Learners were supported by a district nurse mentor, who worked alongside them for at least 20% of the week until the competencies had been completed.

The staff being developed met monthly with the clinical practice lead to undertake supervised practice visits, alongside monthly action learning sets and facilitated teaching sessions.

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.

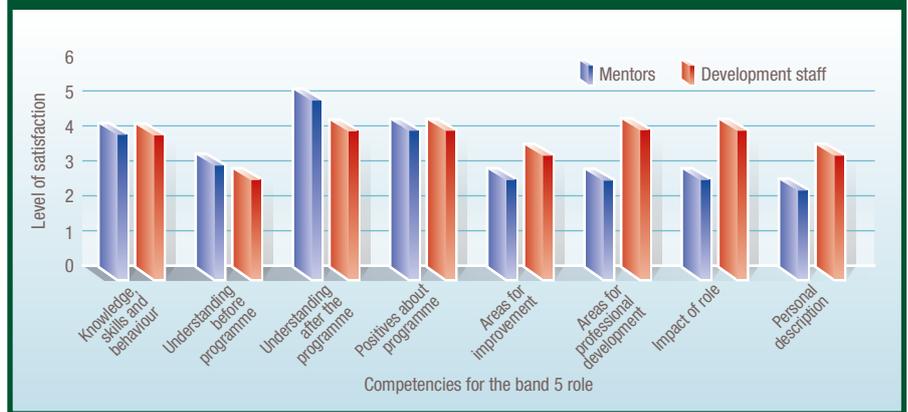
Verbal feedback from staff and team leaders has been extremely positive, indicating that staff are practising at a more advanced level than in their previous roles and have significantly developed skills in critical thinking and clinical decision making. They have also been exposed to and participated 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 opportunities to meet learning outcomes in a limited time frame, is crucial when dealing with workload constraints. All involved have recognised the programme's benefit and value to direct patient care, service delivery and improvement.

## OUTCOMES

Three out of four staff have completed the competency programme; due to illness, the fourth is due to complete later. Two of the

FIG 1. MENTOR AND STAFF SATISFACTION WITH PROGRAMME



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.

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.

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## 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.