Shaping the Future of Postgraduate Education in the Community

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Intended Outcomes

- To gain an insight into the findings of recent doctoral work undertaken in Scotland
- Consider the implication of the current macro context
- Challenge the perception of education as a formal endeavour
- Explore ways you can flourish within the current context
- Envision the future direction of education in the community
Recurring questions
Aim:
To explore the unique knowing of district nurses in practice, and how this professional knowing is developed.

Questions:
- What is the unique knowing in practice that characterises the expertise of district nurses?
- How do different workplace elements help develop the unique knowing in practice of district nurses?
- What formal educational frameworks in curriculum and policy might best support the development of district nursing knowing?
Research Design

- **Epistemology**: Constructionism
- **Theoretical Perspective**: Interpretivism
- **Methodology**: Case Study
- **Methods**: Document Analysis, Interviews, Group Interviews

**Research Questions**
- Knowing – in-practice
- District Nursing Knowledge
- Educatives supports for District Nursing

**Context – NHS Boards**

**Instrumental Case Study Design**
- Documentation Review
- Interviews
- Group Interviews

**Analysis**
- Content analysis
- Thematic analysis
- Thematic analysis

**Data Themes**

**Drawing and verifying conclusions**

**Steps**
- Pose the research questions
- Identify the underlying theories
- Determine the case and its context
- Determine the approach
- Identify data collection methods
- Select analysis strategies
- Refine data
- Determine conclusions and develop a case description
The Cases: NHS Boards

- **Key Informant Interviews**
  - Semi-structured
  - Practice examples

- **Group Interviews**
  - Semi-structured
  - Funnel based approach (Morgan 1997)
  - Group Activity using photo elicitation cards (Hurworth 2003)
  - Practice Examples
  - Significant Events

- **Documentation Review**
  - Ethical considerations

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- **Validator Interviews**
Photo Elicitation

- the district nurse scanning the horizon for new opportunities
- practitioners moving in opposite directions

- accessibility and technology
- complexity of care
- the hub of practice and the variety of assessment skills

It captures social diversity, not just in Scotland, all over the UK really, and that that’s the spectrum we deal with, patients who are more enabled, who live in nicer lifestyles but across the spectrum we deal with poverty even in 2014.

Cards from Evoke (2014)
Is district nursing unique?

in the acute sector you’re looking after the symptom and the cause whereas within the community you’re looking at the whole picture, you’re nae just looking at that patient, you’re looking at the environment they live in, you’re looking at the, you know, the, the family dynamics that they’ve got, any kinda support network that they’ve got, and I think it differs fae that point of view as well. (GA25)

District nurses should be on a par with the advanced nurse practitioners…(GB2)

I think with the peeling apple it kinda says things are never what they appear to be, you know you kinda go under the skin an’ if you think it’s going to be simple it’ll be harder than you imagined. (GC2)
Findings: Complexities of Practice

- The unique knowing can be described as a landscape that the district nurse must travel; crossing a variety of socio-economic areas; entering the private space of individuals, the public space of communities, as well as acknowledging professional practice; navigating the policy agenda while maintaining clinical person-centred care; and leading others across the terrain of inter-professional working.
Impact of Individual’s Profile to Personal Development

- Varying perspectives

It works for one person and not another. (GA22)

So you’re saying a degree nurse cannot get a job straight into the community. You do get some excellent third-year students that could easily work in the community. (GA24)

I’m looking at one in particular who’s late twenties, I don’t think she would have been ready when she finished her training, I think she’s a very young person, younger than others the same age. (GA21)

I dinna think it’s actually the community experience, I think it’s the life experience, the working experience and the experience of different conditions … It’s the individuals as well … so it’s individual personalities. (GA25)
Workplace Elements

- Vision of the Community Nursing Service
- Professional leadership at strategic level
- Organisational processes - KSF and competency frameworks
- Organisational culture
- Experiential learning
Formal Educational Frameworks

- Implications of undergraduate nurse education
- Stand alone modules do not develop the knowing of district nurses in practice
- Pivotal role of practice teacher to facilitate learning in practice
- Practice teacher needs to be educated to Master’s level
- Tailored post-graduate course is required to develop the unique knowing

- It can be concluded that the development of the unique knowing of district nurses in practice does not happen in isolation and is very complex.
Recommendations from this Study

- Educators must advocate for Master’s level awards reflecting principles of advanced practice
- DN students require to be supported in practice by a suitably qualified practice teacher or equivalent who is educated to Master’s level
- Curricula needs to consider innovative and alternative approaches such as emerging technology
- Organisations need to develop a vision for community nursing and recognise the importance of strategic professional leadership
- NMC must consider the implications of pre-registration standards on post qualifying education.
Aim: To gain insight into Specialist Practitioner District Nurses’ experiences and how they make sense of the expertise they offer in their role.
Negotiating space to care

‘I was able to talk to him to clarify issues and to start to have difficult conversations with him about his ability to care for himself at home … …… probe deeply to get a greater level of understanding of where he was in his life and then I was able to offer options of ways to approach the challenges he keeps facing just now’.

Jane
Managing complexity

A person lives 24/7 - they are taking on the bulk of the role [... sometimes you open a Pandora’s Box when you tap in like .. ‘Ok you live with your son’ but it maybe turns out like your son is taking your money he’s not doing this for you and then you have to go to the social work and it just gets bigger and bigger when you think looking on that bit of card it just says go and visit the leg ulcer and treat it....... It’s just that leg ulcer might take say 10% of your focus but let’s get everything that’s caused this and round about it’

Mary
‘Sometimes you can start saying stuff that people aren’t aware that is coming. So, it’s like, see what they feel about it, do they have an opinion? It’s just trying to work out what they’re thinking about it. Em., you get to know your patients and how direct you can be and you can’t just drop a bombshell sometimes people don’t want things voiced. They want the decision made, but they don’t want to know. They know why you are making it, but having it said and out there is quite difficult so, it’s just trying to work out where they’re at - are they on the same page as you but they just don’t want to say it?’

Steph
‘We’re just there as an add-on a lot of the time and........ What we find is, if people don’t know what to do with something ...............We’re a dumping Ground............a lot of the times we’re dumped upon because no one else will take on board what we’ll take on board’.

Katherine
Being Conductor of the Orchestra

“My role is guiding them now, letting them talk through their concerns, adding my ‘take’ on it, then guiding them to be able to make [decisions] ....... we know where to send that to, who to get involved with it [ ] Its having the confidence ......’

Denise
‘We have a responsibility to the population as a whole to utilise the resources that we’ve got available to us......You have to have an overview of the caseload. You have to be able to work within the resources available to you and to have cognisance that these resources are finite. If patients and or families have unrealistic expectations then I think it is the team leader’s role to negotiate, to educate certainly and to mediate probably’

Ali
Shouldering the weight of responsibility

I’ve got to be able to influence the people I work with........ social care, social workers, GPs. I’ve have to be able to use my influencing skills where I’ve identified a need for a patient is not being met by services who I feel are either not listening or are reluctant to think about the identified need - and that identified need might be uncontrolled pain, it might be the need for support at home ....... I’m acting as an advocate for the patient’

Denise
EXPERTISE

Leadership: Doing for

Clinical Expertise: Doing with

Creating problem-solver & solution-focused

Co-ordination & responsive

Promoting autonomy & managing risk

Anticipatory & action-orientated

Engagement & supportive

Responsibility
Adopts many leadership styles
- Coach
- Mentor
- Mediator (Carnicer et al. 2015)

Relational leadership
- Partnering
- Sensing
- Presencing
- Communing
- Contextualising
- Balancing
(Lynch 2015; Cardiff 2018)
Propositions

- If community nurses reframe their understandings of responsibility and their use of language and move towards a model of person-centred leadership, there is potential to enable teams, in the same way as clinical expertise enables patients and families to stay at home.

- Re-application of person-centred leadership theories could set a context for learning, growth and development within the workplace.
Potential Impact

- This study offers insight into current ambiguity in district nursing leadership at a time when that leadership is central to global health reforms.

- Adopting person-centred / shared leadership models can increase team effectiveness, well-being and patient outcomes.

- This research can impact on practice, managers and educators in the way community leadership is viewed and supported.
Knowing what we know now........

What else needs to be considered in the future of community nursing?
Standards framework for nursing and midwifery education
Standards for student supervision and assessment
Programme standards
Future nurse: standards of proficiency for registered nurses
Future midwife: standards of proficiency for registered midwives
RPS competence framework for all prescribers
Standards for nurse and midwife prescribing programmes
Standards for pre-registration midwifery programmes
Standards for pre-registration nursing programmes
Standards for education and training
Consideration of NMC (2018) standards

- Nurses at point of registration are prepared to work in many settings
- Outcome focussed for the future nurse
- Importance of science recognised
- Nurses being able to prescribe earlier in their career
- Flexibility to decide on proportion of core and field specific hours, all students require exposure to all fields in theory and practice
- Consideration of dual awards
- Learning, supervision and assessment models
A new educational approach to prepare nurses to work in adult integrated community nursing teams in Scotland
Workshop activity

Step 1: Using evoke cards
Q1: What does a ‘well developed’ community team look like?
Q2: What would enable you to flourish within this team? - self reflection & engage in dialogue in the group
   (15 mins)

Step 2: Feedback and - we will capture attributes, enablers & barriers
   (10 mins)

Step 3: What specific steps can you take to influence the future direction of education in the community? Whole group discussion &/or capture on post-its
   (5 mins)
References


