

School Nursing Example

2. IN SUPPORT OF YOUR APPLICATION – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

How have you made a difference?

- changing how things are currently done
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

When I took my role, the service was following a traditional care model and it was clear, given the level of vulnerability in the area, that the service had to adapt to better meet need. Following a process of engagement with key stakeholders, young people and parents, and consideration of local demography and epidemiology, I drew up a plan which would address the wellbeing needs of children, young people and their families.

I was conscious that the staff required a new training programme to equip them to work in more meaningful ways with children and families. Together, we identified training needs and I put a training programme in place. To consolidate practice, I introduced monthly supervision for each team member with me. This level of supervisory support and focus was new to staff, but they quickly realised that supervision is an opportunity to reflect deeply on individual cases and on each child's daily lived experience. Through care plans and patient satisfaction questionnaires we have shown that supervision has an important part to play in the positive outcomes that are being achieved for children and families.

The service was selected as a demonstration site for the Health and Wellbeing in Schools Project, funded by the Scottish Government. Its purpose was to use a partnership approach with services and families, to build capacity and increase effective healthcare to reduce inequalities. This provided the opportunity to build a skill mix team. At this time, I developed school-based, multi-agency, confidential health drop-ins, which remain in place and are well attended. Education Scotland highlighted these as examples of good practice. The Family Support and the Counselling Services that were introduced as part of the work evaluated strongly, and these remain part of our School Nurse Service. The team now consists of six Staff Nurses, two Health Care Assistants, a Family Support Worker, two Counsellors and me as Team Leader.

When I took on the role of Team Leader for another area, it was evident that a contemporary service was required, and I followed a similar process in the new area.

I realised that, as the implementation of The Children and Young People (Scotland) Act 2014 was pending and school nurses' involvement in child protection assessment was increasing, I needed to undertake further study to support the team. I attended University and completed the Child Welfare and Protection Post Graduate Certificate, followed by the Supervision in Child Protection Certificate. This learning gave me a greater understanding of the wider issues in child wellbeing and protection and directs the ongoing support training and supervision that I carry out with the team.

Feedback from stakeholder services, children and families tells us that that we are making a difference to the lives of those that we work with.

School Nursing Example

How have you demonstrated your tenacity and resilience?

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

It is my firm belief that nurses must provide the optimum care possible to patients at all times. I have a positive attitude to the changes in care that occur frequently within the NHS. To achieve this with my team, I lead by example, being enthusiastic, realistic about goal setting and, importantly, listening carefully to staff. I encourage staff to share their views at team meetings, this creates an environment where they can express concerns, but are able to listen to each other in a respectful manner. I find that this approach supports team members to adapt to change without it being imposed on them.

I share my time between the two office bases; doing so ensures that I am able to spend time within the staff groups and to learn more about the individual practitioners' work and dynamics within the teams. For example, I remain aware of the nature of discussions between staff about patient care. Usually these are positive, mindful conversations, but they can occasionally be judgemental. My practice is to address issues quickly and I will broach these discussions, either by speaking to the nurse alone, or, if appropriate I will raise it at the time by asking staff to consider alternatives to the view they have expressed. This approach has borne fruit over time and I now hear staff doing this with each other in the offices.

In this period of budget constraints, I try to be creative in the ways my service is delivered to ensure maximum benefit to patients with minimum cost, and in doing so I strive to work with partner agencies to build capacity. This approach has allowed three health drop-ins to be run on a weekly basis the area at a minimum cost.

I work well with my senior colleagues in the Health Board. When I present ideas, I ensure that they have a practice rationale and a research base, and are integral to current policy. I am willing to argue rigorously for what I feel to be right for the service. This approach has recently meant that I have been able to advertise for a nurse for the new bespoke service for children looked after at Home that forms the specific project outline later.

I am also happy to work within the reality of budget restraint and see this as supporting the broader needs of the Health Board. For example, I was recently asked to make savings in my team, so as not to lose vital services for children and families; I did this through restructuring the banding of skill mix as vacancies arose, thus meeting the budgetary needs and not losing service focus.

School Nursing Example

How have you brought people with you?

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has “carried the day”
- getting others to commit and get things done.

Creating a team who feel valued and respected has been integral to the continual evolution of care we provide. I am aware that the more that change is pushed for, the greater the risk of resistance, so encouraging a strong sense that all team members are equal and are respected is vital. I have created a sense of trust in the team by remaining positive, available and ensuring that I do what I say I will do. I also try to notice how staff are managing and remember about the smaller issues as well as the greater ones in their personal, as well as work lives. Two years ago, we each completed a one page profile, based on the work by Helen Sanderson. Each profile holds key information about what is important to and important for each team member to function at their best on a daily basis. This gives us insight into each other’s needs.

We strive to learn from experience and we have regular action learning sets to discuss cases and offer solutions. All team members attend these sessions and everyone’s contributions are equally valued. The benefits of these discussions allow practitioners to consider approaches to their work with children and families that they perhaps would not have thought of working in isolation.

The nature of organisational and policy change can be threatening for all workers. Where changes are pending through local or national policy, I take a lead by being positive and optimistic about their impact on the service we provide. However, I do this cautiously as I realise it can take time for others to change or to adapt their practice. Where resistance or negativity arises, I listen and acknowledge what is being said and then ask reflective questions so that staff consider other viewpoints or options. As this has been my consistent approach over time, team members have become increasingly able to work these developmental issues out together.

Across the range of working relationships with health colleagues and in partner services, I remain positive and consistent in following through on the agreements I make. I try to represent what I understand my patients need at a personal and community level. For example, recently I was made aware of the increasing number of children not in school due to social anxiety. I arranged to meet with key staff in education and youth services and we have designed a pathway that will mean that as soon as the school or another service is aware that a child has an anxiety issue the child will be assessed by a school nurse at the earliest opportunity and a care plan to manage anxiety will be offered to the child. In tandem with the school nurse service the child/young person will be linked in youth services and offered the opportunity to take part in group work with other children/young people.

School Nursing Example

How have you demonstrated your ability to reflect?

- listening deeply, seeking to understand what really matters.
- approaching life reflectively, always learning and kind to self.
- quick to attribute success to others and not seek credit for things.

Ensuring that I have regular meaningful contact and conversations with staff helps to build relationships. When they need to speak with me I am conscious that I need to show them that I am ready to listen to them. All staff know that outwith formal supervision they can talk privately with me at any time: in doing so I know that this approach is mirroring the care that patients need.

It is important to me that staff feel able to offer suggestions about patient care and about the developmental or learning needs of the team. This happens partly by me asking staff what their views are and partly by people approaching me. This results often in ideas for professional development being taken forward. A recent example was a nurse in my team suggesting that we receive specific input about how children who have suffered emotional trauma process their thoughts. This knowledge would increase our own skills and, in turn, allow the team to pass information on to parents and fellow professionals. In response, I have arranged for a speech and language therapist to offer training in March.

I encourage staff to challenge me in a constructive manner: this allows staff to feel respected and to know we are equal team members. At times this approach will highlight where a staff member is having difficulty with transition in their practice and I can use this opportunity to support the staff member through discussion referring them to relevant literature and research to study. Most often when I then follow this up the staff member has been able to reconsider their view. Supervision is a two-way process and I am mindful that I learn at each session too.

I regularly ask staff to bring to a team meeting an example of good practice that they have shared with me during supervision. This is a powerful way to both acknowledge the work staff do and share practice that makes a difference to the lives of the children and families that we work with.

In order to keep my practice current, I read local and national policy and make use of the many websites in the NHS to access literature and research articles. I encourage staff to do the same and in supervision where a gap in knowledge or understanding has been raised I use this as an opportunity to point my colleague to a particular piece of literature or research to further their knowledge. We will then consider this at their next supervision session.

On a daily basis, I consciously attempt to learn from my experiences at both micro and macro level, whether with staff or patients. I use reflective questioning and models of reflection to guide me through this, using a variety of reflective models such as Kolb or Reder and Duncan when an in depth critical analysis is required, for example in child protection cases.

School Nursing Example

3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for this year's cohort?

To be a community nurse is an honour and privilege and I am passionate about my role as a team leader. I am committed to supporting the nurses in my team to work with vulnerable children and families so that they achieve their optimum emotional and physical health.

I believe that each day is an opportunity to consider with nurses how they can continue to improve or maintain their patients' health. As a manager, I dedicate a lot of my time in this type of discussion.

I strive to work with integrity, openness and honesty at all times, and at the end of each day I ask myself, what did I not achieve today, that I will achieve tomorrow for my patients. In doing so, I recognise the practice of person-centred, holistic processes and ensure that patients are recognised as individuals who have their own beliefs and values which must be upheld with the greatest of respect.

To build and maintain relationships with patients requires a high level of empathy, particularly when we care for people often at their most vulnerable and within the privacy of their own homes. The key here is true partnership working, built on trust, and enabling patients to articulate what they need and helping them at more difficult times to access the best support.

My vision for the role of the Queen's Nurse in Scotland would be to take these approaches and apply them to the micro and macro levels of organisations, so that employees and employers are always focused on optimising outcomes for patients.

I believe that being part of this new strategy would provide me with the opportunity to work with like-minded nurses, who are passionate about providing excellence in care. I would relish the opportunity to learn from them and share with them, all of which would enhance my practice in a new, invigorating manner.

A national pathway has been developed that focuses on the needs of the most vulnerable school age children in Scotland and a final agreement by the Scottish Government is expected imminently. Integral to the new pathway, a bespoke school nurse course at master's level has been designed. I mentored a nurse in my team over the last year, helping her study and prepare to take on this course which she will begin in January 2017. To be an ambassador for community nursing as the new pathway emerges would be an excellent opportunity to showcase this vital work.