The role of the clinical practice educator in tissue viability nursing


Summary

Tissue viability nursing has expanded and developed considerably in recent years. Julie Trudigan discusses a unique post which combines the role of the clinical practice educator with that of a specialist practitioner in tissue viability. This role focuses on practice development, which involves supporting and educating staff caring for patients with tissue viability needs, the development of multidisciplinary policies, protocols and procedures, audit of tissue viability services and product evaluation. The development of tissue viability link nurses and educational strategies such as self-directed learning and continued professional development are also examined.

Introduction

The past decade has seen the inauguration of clinical nurse specialists (CNSs) in tissue viability and the establishment of a dynamic service built on evidence-based practice. Within the author's trust the CNS has been in post for five years, developing and expanding this challenging service. As research within the tissue viability/wound care arena develops, education remains a priority. To manage this process, the author was appointed clinical practice educator/tissue viability nurse in May 1999. This unique post combines the role of a clinical practice educator (CPE) with that of a specialist practitioner. A variety of tissue viability support roles are being developed throughout the country, although their remits vary. The author is responsible for facilitating the development of nursing competencies within the tissue viability arena, covering the three acute hospitals that make up the trust. Clearly defined roles and responsibilities are outlined in Box 1.

Discussion

It is important to understand how the role of the CPE differs from that of a CNS. Much has been written concerning the development of specialist roles and the implications of this for nursing (Marshall and Luffingham 1998). While the CNS is viewed as a clinical expert, it is important that he or she does not de-skill others by taking over the care of patients with tissue viability needs from ward staff. This is achieved by supporting staff development through education. The CPE role has its foundations in education, the development of expert knowledge to enhance the standard of patient care, innovation and autonomy. Theorists point out that specialist nurses demonstrate their effectiveness through auditing standards, leadership, research activity, change management, education and networking (Flanagan 1998). They are at the theory/practice interface, developing new initiatives and pushing the boundaries of nursing into future dimensions. The CPE’s role grew from a need to provide support for the CNS. It is through sharing knowledge, experience and leadership that he or she supports changes in culture – movement away from traditional practices to those supported by research evidence. Many nurses now feel empowered to challenge surgeons and have increased the use of alginate dressings in open surgical wounds. The CPE promotes the transition of new knowledge into practice.

While the role of the CPE and the CNS are individual, there is a degree of overlap and, therefore, the provision of an effective service is dependent on teamwork. The CPE and CNS work closely together, along with members of the multidisciplinary team, to fulfil the needs of staff and patients. Each individual needs to be aware of the parameters of his or her practice, yet be able to support the other when requested. Marshall and Luffingham (1998) emphasise the importance of CNs developing relationships with ward staff. This view is echoed in the educational literature (Fairbrother 1996), which highlights that these relationships are symbiotic in nature, with each party learning and developing from the other. As a CPE, the author knew that to be accepted by the ward staff she would have to be viewed as clinically credible, supportive,
an expert practitioner and a friend. This would be evident in her ability to demonstrate her knowledge and share it in a non-threatening, safe atmosphere, which would allow individuals to reflect on and question their actions.

Since the author has been in post, she has developed a better understanding of the limitations practitioners encounter in the clinical environment. Availability of suitable dressing products, staffing levels, workload and the need for specific skills influence the nurse’s ability to fulfil patients’ needs. While some issues, such as skills development, can be addressed by the CPE, other areas require managerial insight. The CNS was able to use her broad view of the trust and knowledge to develop a business plan aimed at setting up an equipment library. This will ensure effective use of resources to protect patients’ skin.

Practitioners wanting to implement new ideas and research evidence are inhibited by traditional practices, culture and the hierarchical structure of the organisation. Self-awareness and leadership skills are required to support nurses in challenging the culture or dynamics of the work environment. In areas where an authoritarian management approach is evident, it is important to address issues slowly and with diplomacy. Although this might be frustrating, it can result in progression towards a new paradigm, which is later internalised by ward staff. The new paradigm is a move away from tradition to an evidence-based approach where practitioners, aware of their accountability, aim to deliver clinically effective care.

Promoting skills and knowledge in the clinical setting

Patients are referred to the CNS and/or CPE when their tissue viability needs are perceived as being beyond the scope of general nurses. When a patient has a complex wound or the ability to heal/maintain skin integrity is compromised by poor health, the specialist might share the responsibility for patient care. Liaison with other members of the multidisciplinary team to reduce the variables that affect healing allows an appropriate wound management regimen to be implemented.

The development of clinical competencies enables nurses to identify the level of practice and areas for further professional development. Patient referrals provide excellent opportunities for the CPE to build relationships with ward staff, become aware of their learning needs and support staff development. Nurses caring for the patient should be involved in all decisions concerning wound management. They are encouraged to use a questioning approach and reflect on the experience and consider how holistic variables, such as nutrition status and motivation, will influence decision making. Nursing staff and patients are viewed as partners in the decision-making process.

In viewing patient referrals as opportunities for developing relationships with ward staff, the author has attempted to review all patients referred to the service. However, there are times when patient referrals are made because nurses do not have the time to assess wounds, re-dress them and write a plan of care. In responding to these requests the author is actively de-skilling general nurses by taking over the care of patients, which contradicts her philosophy of care. A referral pathway is available for staff at ward level and this has empowered the author to ensure that all new referrals have been assessed and are appropriate. An audit of referrals has been undertaken which has been analysed in conjunction with the level of staff attending tissue viability workshops. Initial audit findings demonstrate that, in areas where attendance at tissue viability education is poor, referral rates are high. This evidence was used to develop individual ward strategies, with the author working in the clinical area encouraging nurses to examine the theory underpinning their practice. Why is it inappropriate to base pressure area care solely on the Waterlow score? What is the best method of repositioning patients? This allowed them to explore the theories underpinning local policies.

Working with nurses to develop an understanding of the problems they encounter and developing strategies to overcome these difficulties might enable practitioners to use this knowledge in their clinical practice. It could be argued that the development of tissue viability skills for specific patient groups is the responsibility of the ward link nurse. However, the ability to share knowledge is sporadic at present – while link nurses have developed excellent tissue viability

<table>
<thead>
<tr>
<th>Box 1. Clinical practice educator roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Supporting and educating staff caring for patients with tissue viability needs</td>
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<td>- Promoting the development of tissue viability skills and knowledge in the clinical setting</td>
</tr>
<tr>
<td>- Developing educational strategies that enable the use of evidence-based practice, through shared knowledge, critical analysis, managing change and leadership</td>
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<tr>
<td>- The production of self-directed learning packages and provision of support for staff undertaking self-directed learning</td>
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<tr>
<td>- Development of multidisciplinary policies, protocols and procedures to inform practice and enhance patient care</td>
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<tr>
<td>- Evaluation of products to determine clinical and cost-effectiveness, and suitability for use</td>
</tr>
<tr>
<td>- Audit of tissue viability services</td>
</tr>
<tr>
<td>- The development of tissue viability link nurses</td>
</tr>
<tr>
<td>- A commitment to lifelong learning and continuing professional development</td>
</tr>
</tbody>
</table>
Box 2. Tissue viability audits
- Pressure sore incidence
- Pressure sore prevalence
- Mattresses and equipment
- The link nurse role
- Education/tissue viability referrals

skills, they lack the confidence and leadership skills required to challenge colleagues. Current education for link nurses is focused on developing their teaching and leadership skills.

Education

Developing educational strategies that promote the use of evidence-based practice is achieved through sharing knowledge, critical analysis, managing change and leadership (Flanagan 1998). In May 1999, the CNS and CPE reviewed the provision of tissue viability education within the trust. Traditional study days were replaced with specific workshops using an interactive approach, aimed at building confidence to support the development of transfer skills. Nurses are given the opportunity to appraise research and examine the properties of wound care products. This encourages appropriate use of the dressing in the ward environment. The use of a didactic method was replaced with a more student-centred approach, which encourages the implementation of learning in practice.

These workshops are complemented by self-directed study which provides a flexible approach to learning. Self-directed learning packages for skills development were already well established in the trust. The author supported colleagues in producing the Hand-held Doppler Assessment Pack and the Compression Bandaging Pack, to ensure they reflected recent research and were user-friendly. She also developed policies and resources to support practitioners completing these packs. The learning pack on Pressure Area Care expands the scope of self-directed learning to include healthcare support workers. It focuses on knowledge development and is aimed at all healthcare workers.

Nolan and Nolan (1997) point out that self-directed learning allows people to identify their own learning needs and the appropriate resources, and to decide how to learn and evaluate the learning process. They also suggest that self-directed learning is not a truly autonomous process, as staff need to be taught self-direction skills, using a pedagogy, or didactic, approach.

In producing self-directed packages, the trust is moving away from an autonomous philosophy into a partnership with those wishing to learn, providing guidance and support. However, students might favour the traditional approach to learning, therefore, it is important when embarking on self-directed learning for the first time that staff are given appropriate training and support. Healthcare support workers who are embarking on self-directed learning will be given guidance from a mentor or the national vocational qualification (NVQ) assessor.

Audit of tissue viability services

Audit is an excellent tool for determining the effectiveness of resources, education and tissue viability services. Audit can be used to identify the achievements of set standards and to support future planning of education and training. The author is currently involved in auditing the trust. The audit cycle allows continued development of services to ensure that the proposed standards of patient care are achieved. Audit findings are analysed and consideration is given to variables that influence the findings. Pressure sore incidence rates have remained constant in the trust over the past two years. However, patient dependency and the level of patient throughput in the trust has increased. This demonstrates that pressure sore prevention rates are improving despite increased pressures from external sources. Informing staff of audit results is important in maintaining motivation and morale. This is achieved through a regular tissue viability newsletter.

Link nurses

Link nurses liaise closely with the CPE and CPN and have a special interest in tissue viability that motivates them to achieve a high standard of care. The network of link nurses, who aim to improve the standard of wound care in the trust, grew following the appointment of the CNS. This needs to be nurtured to effect change and promote continued development of tissue viability services. Quarterly link nurse meetings are held where staff are updated on tissue viability services and are given an opportunity to discuss their concerns and/or personal projects. While all

Multiprofessional policies, protocols, standards and guidelines

Multiprofessional teamwork seems to improve the standard of care patients receive. This, together with other initiatives (for example, the reduction of junior doctors’ hours), has resulted in the professional boundaries between health professionals becoming less well defined. Many professionals accept the challenge to broaden their roles, but it is important that policies, protocols and guidelines support clinical practice and are implemented by all staff involved in the process. The author has recently developed a protocol for the sharp debridement of wounds and is producing a self-directed learning pack for staff wishing to develop this skill. The development of multiprofessional wound care guidelines will promote standardisation of practice based on the best available evidence.
link nurses have clear roles and responsibilities, making an impact on clinical practice is dependent on individual management styles and the ability to enable the development of others. The author aims to introduce the importance of using leadership skills to effect change at meetings to encourage the professional development of colleagues.

Link nurses are audited to determine the effectiveness of their role in practice. Barriers to success are highlighted and action plans are produced that focus on developing the confidence and skills of staff to overcome potential difficulties.

**Lifelong learning and continuing professional development**

Lifelong learning is essential in a dynamic profession and was highlighted in the government’s clinical governance agenda, which puts the onus on individual practitioners to develop their knowledge and practice. Professional practitioners should be aware of relevant research and its impact on patient care. However, true learning centres on self-discovery; through reflection and increasing self-awareness, individuals can begin to understand their influence on others and their surroundings. Providing staff support through clinical supervision and enabling and empowering staff to develop their tissue viability knowledge and skills will ultimately benefit patient care.

**Product evaluation**

New wound care products are continually being produced, however, their suitability for wound management needs to be determined before they can be used in the trust. Evaluation of wound care products is carried out not only to determine their suitability for use, but also to establish clinical and cost-effectiveness. The author’s role extends to examining the efficacy of new products before acquisition. This is a challenging role, however, the author has developed an approach that has been agreed by the trust, the CNS and outside agencies, such as companies and tissue viability nurses in other areas. Research papers examining each product are obtained, analysed and evaluated. This identifies whether the product is of value and whether it has been suitable for use in other areas.

To determine the benefits of new products or alternatives to those currently in use, an evaluation is carried out focusing on clinical effectiveness, patient satisfaction, nurses’ opinions and cost-effectiveness. Documentation has been developed to help this process. The author considers all variables, including research findings and the impact of change on staff, and completes a report. This is forwarded to the CNS, who then takes it to procurement if appropriate.

Product samples are acquired and patients who fulfil specific criteria are asked if they will participate in the evaluation. The clinical effectiveness of the dressing, the patient’s and practitioner’s opinions and ease of use are considered and documented. Photographs are taken to monitor and record the progress of the wound and the effectiveness of the product. A report on the findings is completed, which is forwarded to the CNS and procurement committee for further consideration. This work has resulted in the procurement of two new products and further work is currently being undertaken to evaluate other wound care products.

Barriers to product evaluation include:

- The influence of holistic variables, for example nutritional status.
- Poor motivation among colleagues to evaluate products.
- The ethical implications, for example, the use of an alternative dressing must not delay healing.
- Difficulty in obtaining an appropriate sample.

**Challenges**

To obtain the support and trust of colleagues, it is essential to develop clinical credibility. This was particularly difficult for the author, who was in a position to challenge the actions of those who had mentored her as a student nurse. This was achieved through self-awareness, an understanding of colleagues’ feelings and the limitations they face. The ability to have a high profile and share knowledge helped to overcome this hurdle. It is difficult not to be viewed as ‘the dressings nurse’ – however, this is gradually being overcome as nurses develop confidence in their skills and knowledge.

**Conclusion**

This overview of the CPE role has outlined the expanding parameters of tissue viability practice. The author has had the opportunity to develop education strategies and influence the integration of theory into practice. The CPE role has enabled the author to identify the impact of her actions on staff education and clinical practice, and to decide on a pathway for further personal and professional development. Marshall and Luffingham (1998) suggest that through education specialist nurses could become obsolete as all practitioners develop specialist competencies. However, for practitioners who are forward-thinking and motivated, there are no boundaries to self-improvement and developing the standard of care patients receive.