Advanced Nurse Practitioner Development Programme

A handbook for trainees Working in Intermediate care

Reference:
The contents of this book have been developed with the kind permission of Gwynn Grout and the ‘Living with Frailty Pathway’ 2014
What is an Advanced Practitioner?

It is helpful to understand the background to advanced practice and to also recognise that there is significant national and international variation (Sheer and Wong, 2008). It is suggested that the term advanced nursing practice has been often used as an umbrella term to signify nurses working at a higher level than other nurses and encompasses both nurse practitioners and nurse specialists (Sheer and Wong, 2008).

National documents such as Modernising Nursing Careers (DOH, 2006) and the more recent Department of Health’s (2010) position statement on advanced level nursing have further enhanced the expectation that advanced practice roles need to increase in response demand of an ageing population with the consequential management acute illness, long term conditions and the often complex nature of nursing care (Berry et al, 2013). Some of the key factors described in the Advanced nursing position statement (DOH, 2010) are ensuring equal standards of education, an enhanced clinical leadership and a level of expertise that exceeds that required registration by the current standards of the NMC for a registered nurse. These factors have driven several organisations and educational programmes to develop training that leads to recognised quality standards that can be associated with an Advanced Practitioner. It is now recognised that trainees who successfully complete these programmes will have the skill set required to take up senior clinical roles with a various range of role and responsibility and can be a step to the pinnacle of clinical practice.

Aims of an Advanced Practice programme

The aim of the programme of development is to ensure 3 key principles and these are:

1. Expert practice

   • Senior, experienced practitioners who are acknowledged by their peers and colleagues as being experts in their field

   • They provide a significant amount of clinical care (greater than 50% of their time)

   • Are enabled to exercise a high degree of professional authority and autonomy based on expert knowledge and competence

   • They possess a high level of specialist knowledge and theoretical understanding across the full spectrum of practice in their specialty area.

   • They promote and demonstrate best practice by integrating evidence into practice
and by creating innovative ways of working

2. Professional leadership

It is expected that an Advanced Practitioner will work above the level of normal nurse registration and in doing so:

• Lead, support, coach, advise, mentor and inspire colleagues so to develop others and enhance the principle of ‘advancing practice’

• Ensure that the service is delivered in line with best practice principles and the latest evidence.

• Work in an inter-professional way, fostering cross professional working and influencing integrated working.

• Contribute to strategic planning of specialist service focusing on patient centred care and using a role model approach to colleagues and other professionals.

3. Education , training and development

As an advanced practitioner there is expectation that the post holder will educate and develop others both formally and informally though the following processes:

• Plan, deliver and evaluate learning programmes, in both academic and clinical settings
  • Create a reflective learning environment for their team where debate and ideas are encouraged and fostered e.g. through the creation of Journal clubs, case discussions
• Formally educate, supervise and mentor other staff
• Enable individuals and teams to to identify and achieve development needs
• engage effectively in their own personal continuing professional development (CPD)
• Undertake Audit, service evaluation and service improvement work to provide service direction and to present such work verbally or in published form at appropriate times.

There is an expectation that healthcare professionals will progress through their career from initial qualification to senior level. The following is from the Department of health NHS career framework.
A strategy to support the development of Advanced Practitioners

Clinicians undertaking the role of Advanced Practitioner will be required to study at Masters level and therefore the structure of this programme will incorporate this as part of the overall development. However to utilise this knowledge effectively in a specialty field the practitioner will be supported to develop clinical expertise through a programme of mentorship and supported reflection that will underpin their academic learning.

The focus of the practitioners development will be on ‘developing self’ through reflection of their practice and activity with the overall aim being to equip the clinician with the skills required to be an Advanced Practitioner. The perception will be for 70% service delivery and 30% education, service development, audit and evaluation and the training programme will allow for flexibility to achieve these dependant on the post holders prior experience and therefore identified development needs in any of these areas.

The development programme for each post holder will run for a minimum or one year and a maximum of two years dependant on individual progression and prior experience. To participate the practitioner must:
- Be a band 7 trainee Advanced Practitioner
- Have completed or be prepared to start study at Masters level immediately
- Be registered with their own professional regulatory body.

Progress will be measured by means of learning outcomes documented in a portfolio and discussed with a panel of experts at regular meetings which will individually set with the practitioner. These meetings will be at least annually but could be more often if progress deems this necessary. The outcomes are based on the Consultant Nurse in Frailty Programme (Grout, 2014) as follows:
Year one

By the end of year one each trainee will have evidence to show that he/she:

Clinical:

• Is able to demonstrate evidence that they have a clear knowledge of the definitions, aetiology, symptoms, theoretic approaches and models of care and treatment in relation to their specialism in working with people within an Intermediate Care Service. This will cover the areas of acute illness and deterioration, rehabilitation and older peoples specific needs.
• Can independently determine, implement and evaluate evidence based integrated management plans for service users
• Has increased expertise in their specific area of practice
• Has broadened their scope of clinical practice
• Evidences a broadening portfolio of complex cases s/he is able to assess and manage independently
• Has a full detailed understanding of, and is able to assess using, the principles of Comprehensive Geriatric Assessment and person centred / re enablement / recovery focussed models.
• Works with a range of practitioners and agencies with whom she/he is communicating and using influencing skills
• Demonstrates increasing knowledge relating to different “presentations” (e.g. physical health, mental health, learning disability, risk factors and/or social factors)
• Demonstrates advancing problem solving ability
• Is able to reflect on and in practice – evidence a minimum of one report using a root cause analysis approach

Other evidence by:
• 2 contrasting case studies of complex cases
• Reflections (minimum of 12)
• Action plans from clinical supervision.
• Action plans from coaching meetings

Education/training;

• Has engaged fully with his/her own learning - evidenced by negotiating a learning contract at the start of each year of the programme and during any additional meetings with the Consultant Nurse with good insight into own
learning needs, with clear review and modification as required as development programme progresses.

- Has met all the requirements of their academic programme
- Is able to advance the learning of a more junior colleague— including the broader aspects outside of own traditional skill/knowledge-base/ organisation
- Contributes to developing the workplace as a reflective learning environment
- Is able to support other qualified staff in determining, implementing and evaluating a suitable evidence based management plan for patients
- Is able to reflect and modify teaching style following feedback
- Analyses and interprets data in informing practice

Evidenced by: (not exhaustive)

- Learning contract
- Initial SWOT analysis
- Evidence of academic achievement
- Reflections
- Teaching plan
- 1 Mini-CEX (mini clinical evaluation exercise)- education
- Evidence of the use of a variety of educational mediums

Leadership:

- Has attended senior discussions and meetings (operational and strategic) within placements and has reflected on these and the leadership styles in evidence
- Has attended and a strategic or national project or meeting
- Can identify own strengths and weaknesses with regard to own leadership style and recognised effective leadership behaviours

Evidenced by: (not exhaustive)

- Reflections
- Evidence of 360 degree feedback
- Service development through audit and evaluation:
- Has engaged in service development – evidenced by either completing or participating in a service development project.
- Is able to identify areas of need for service development, consider organisational and service priorities and formulate a potential plan of action
- Can prepare work for presentation for peer-reviewed professional or academic conferences – evidenced by submitting an abstract to such a conference and presenting their work
• Can evaluate policies and guidelines with regard to their consistency with evidence and inclusiveness and has contributed to the service in either review, audit or production of new guidance

Evidenced by: (not exhaustive)
• 2 presentations and project reports
• Abstract submitted
• Reflections
• report on policy evaluation

Year two

By the end of year two each trainee will have evidence to show that she/he:

Clinical:

• Is able to independently lead on a broad range of complex cases
• Applies skills to assessing and addressing complex cases, demonstrating appropriate processes of reasoning and making recommendations that are likely to result in improved outcomes.
• Has developed advanced level skills/knowledge across the range of services that are covered in Intermediate Care.
• Begins to lead decision making with regard to complex cases, considering both short and long term strategies
• Works across traditional service / agency boundaries
• Can work with others in challenging situations to assess complex needs and develop and lead plans to meet them
• Explores and demonstrates, through reflection, different communication styles
• Is teaching and advising others; and has a growing reputation for expertise

Evidenced by: (not exhaustive)
• 2 mini-CEX
• 2 contrasting case studies
• Reflections

Education/training;

• Has engaged fully with his/her own learning
• Has met all the requirements of their academic programme
• Has engaged in the formal teaching and assessing of others, in the workplace and/or university setting e.g. pre-registration and post-registration
• Appropriate learning contracts
• Evidence of academic achievement and or published work.
• Teaching plan and evaluation
• Reflections

Leadership:

• Has taken on a negotiated leadership role within a clinical team, and is able to prioritise and delegate tasks to others, as appropriate
• Has actively participated in a national/strategic initiative that leads change and positive improvement practice for patient care.
• Can demonstrate progression in strengths with regard to recognised effective leadership behaviours
• Can demonstrate their leadership contribution to the organisations in which they are working
• Is developing a sense of understanding/balance with regard to the requirements of operational versus strategic leadership

Evidenced by: (not exhaustive)
• Reflections
• Report on national/strategic initiative
  - Service development through audit and evaluation: Has engaged in 2 audits. Each will include presentations to the appropriate individuals involved (one at the start of the audit and one at the conclusion. The second presentation will be attended by a larger group, including the programme lead)
• Works across organisational boundaries in developing projects with a focus on service integration
  Involves service users and carers in service development
• Recognises, anticipates and addresses barriers in communication and service improvement potential
• Shows awareness of resource implications
• Readily challenges poor practice, taking appropriate action
• Takes a leadership role in policy / guideline / audit activity
• Portfolio
Competency Framework

The framework is based on the Department of Health’s NHS Knowledge and Skills Framework (KSF) and progression of competence is seen largely through the achievement of outcomes by the practitioner. There is a progressive time line taking the practitioner from the start through year 1 and then through year 2. At each stage there is importance placed on developing self and then others and then moving to an overall understanding of the strategic view at the end of year 2 but without losing the importance of continuing to develop self and others.

As a measure year 1 will relate to level 3 of the KSF with level 4 reached by the end of year 2. However as an organisation, Dorset university Healthcare NHS Foundation Trust has moved away from the traditional KSF as part of its overall staff development plan and therefore formal assessment for the trainee will be made using the practitioners portfolio and a series of interviews with an ‘expert’ panel to ascertain progression.

Each trainee will have a mentor that provides coaching and clinical supervision throughout the development programme. The mentor for the Trainee Intermediate Care Advanced Practitioner will be the Consultant Nurse for Intermediate Care and they will meet with the trainee regularly to plan a learning contract with them. There will also be many opportunities to work with other healthcare professionals to enhance your knowledge and develop and increase expertise with new skills.

Assessment Tools

Portfolio

The purpose of the portfolio in this programme is to collate information from various sources as evidence to show your fulfilment of the overall programme learning outcomes as outlined above. This is the evidence you will bring to the formal interview panel that we will hold at the end of the year in order to discuss with you your achievements and challenges. It will be a major source of evidence, which the panel will use to judge whether or not you have achieved the learning outcomes for the previous year and so may proceed on to the following year of the programme. We include here some broad guidance for the structure of the portfolio, but do not want to be restrictive, allowing you the opportunity to develop the portfolio in a way that suits you best, so long as it is fit for its overall purpose. Importantly, the portfolio should meet the needs of your academic programme.

Each year, your portfolio should include an initial reflective self-assessment of your own strengths and weaknesses in relation to each of the three domains of the role of
Advanced Practitioner as outlined earlier which, when measured against the learning outcomes of the programme, will help shape your individual learning needs and outcomes. You will have an individual interview with the Consultant Nurse, the programme lead, during the Induction week, when you will discuss your first draft of this piece of work.

At the formal end of year panel, at which you will be present, discussion of your previous year’s experience and performance will be centred round your portfolio, with the following criteria being used to inform the panel's deliberations and decisions:

- The quality of analysis of your strengths and weakness, based around you personally and your previous clinical experience, in the context of this programme
- The clarity and feasibility of your individual annual learning needs and objectives, based on the above, with reference to the general annual learning objectives for the programme;
- The extent to which both your individual, and the programme’s general, learning objectives have been achieved;
- The extent and quality of the evidence on which all of the above is based

This will be an iterative process and your skill and capability in achieving these criteria are likely to increase throughout the programme.

See Appendix C for further detail on End of Year Review.

Mini Clinical Evaluation Exercise (Mini-CEX)

The mini-CEX is a method for simultaneously assessing clinical skills and offering feedback on performance. It is generally agreed that an individual’s performance level can vary greatly depending on the service user, and good or poor performance with one service user is not an accurate predictor of good or poor performance with another. The mini-CEX is based on the usual educational interactions which clinical/educators have with their trainees. Each assessment is very focused and lasts for about 30 – 40 minutes (30 or so minutes for the assessment itself and 10 minutes or so for immediate feedback). This enables several of these assessments to be completed by each trainee, and for these to be undertaken by a variety of senior clinician/educators; this has been shown to improve the quality of both the assessment and the educational feedback.

We recommend that a minimum of 2 mini-CEX assessments are undertaken by each trainee during each year of their training and that these should cover as broad a range of skills as possible in a variety of settings, including both the assessment and
management of care. The performance to be assessed will have been identified through discussion between the trainee and their mentor and for this programme it is appropriate for the trainee to ask a senior clinician/educator to undertake the assessment, rather than the other way round.

The service user must be asked and give his/her consent to be involved in these assessments, and may be either new or familiar to the trainee, being dependent on the focus of the assessment. If consent is a challenge, for reasons of mental capacity, the decision to proceed must be articulated.

The assessment form will be completed by the assessor during the mini-Cex. The completed form must be signed by both the trainee and assessor and kept in the trainee’s portfolio.

A form of Mini CEX adapted for the assessment of educational sessions is also available to you.

See Appendix B and D

Case Study - guidelines

The purpose of writing a case study is to illustrate your learning and development in some way. You should choose a case that has been interesting and challenging and use this opportunity to link what you found and what you did with current evidence from the published literature as well as what is felt to be best practice. The length of your written study is not important; it should be comprehensive enough to fulfil its purpose without being overwhelming.

Each case study should include the following:

- Identify your main reason for choosing this particular case and 1 or 2 significant learning points you gained from working with this individual.
- Description of case
- Main concerns/problems and hoped for goals, as described by the service user or her carers
- Your assessment
- Your proposed management plan, desired outcome measures as determined by patient and you
- Effect of management plan and outcomes
- Discussion and critique of the above with reference to the published literature and expert practice
- Reflection on intervention, own learning and implications for future practice

It is important that you try to integrate your case studies with your portfolio and the demands of your academic programme and the generic outcomes of the programme. Privacy and dignity must be maintained. No service user identifiers should be evident. Consider data protection issues.

You are encouraged to discuss your chosen cases with your mentor and they will
need to read them in order to verify the facts within them. They will comment on them and give brief written feedback, but they are not required to mark them. Each case study should be included in your portfolio together with your mentor’s comments and feedback. They will be reviewed again at the end of year panel.

**Reflective accounts - guidelines**

The general purpose of a reflective account following an experience is to try and capture the learning that you feel has occurred and to try and understand how and why that learning occurred. There are many models that suggest how a reflective account can be constructed, ranging from the simple to the complex. Our purpose in using this tool is to encourage reflective practice to aid learning and development for you and for the services in which you work. The length of each account is not important; it should be comprehensive enough to fulfil its purpose without being overwhelming. It not intended to be a piece of complex academic writing but purely your honest and insightful account of an incident that had an impact on your development. An incident reflected upon may be something that went well or something that did not go well, it may be something unusual or something very ordinary. However, for some reason the incident was important to you and you feel you learned something significant from it. Each brief account should be based around a defined framework that ensures that you cover the following:

- Your reasons for choosing this experience
- A brief description of the chosen experience, including the part you played
- A brief description of what you thought and felt about the incident and the part you played both during and after it occurred
- What knowledge, skills, understanding, behaviours, attributes did you draw on during the incident?
- Was the part you played typical/usual for you?
- Can you relate your contribution to similar previous experiences?
- Were you pleased, surprised or disappointed with your performance and/or behaviour?
- What did you learn from this incident?
- Is there anything you hope you will do differently next time, or did the incident confirm the rightness of your performance and behaviour to you?
Learning Contract guidelines

The purpose of a learning contract is to ensure that both the trainee and the clinical mentor are involved in identifying, discussing and agreeing the learning needs of the trainee and exploring all possible opportunities available during the 2 years training. The negotiation of a contract ensures that the trainee takes a very active role in the learning process, rather than a passive role which results from all learning being pre-determined by others. The individual learning needs of the trainee need to be identified with reference to the skill and previous experience of the trainee and must fulfil the learning outcomes of the programme. There will be a variety of learning opportunities throughout the 2 years and the use of ‘flexible time’ will ensure that any off-site or specialist learning opportunities are appropriately accessed.

We do not specify the level of detail of each learning need, or how many learning objectives should be agreed, as we know individuals have different styles and preferences; however, all identified individual learning needs and agreed learning objectives must allow the trainee to complete the learning outcomes of the programme. If there are areas of disagreement or difficulty then the trainee and clinical mentor will involve the locality manager.

It is recommended that the sample form (Appendix B) be completed by the trainee and clinical supervisor/coach at the beginning of each year and ideally reviewed every 6 months. Each completed learning contract form must be included in your portfolio.

Root-cause Analysis (RCA) – brief summary

RCA is a tool used to explore incidents in order to gain understanding and insight into: what, how and why things happened. It is used retrospectively, usually to explore adverse incidents, errors and near misses, but can equally be applied to incidents with good outcomes. The purpose of RCA is to focus on problem identification and solving, not to apportion blame, in the hope that this will encourage the sharing of experience, safer practice and a more open and honest culture in the workplace.

There are a number of schools of thought on the specifics of the particular methodology to be followed, with each organisation having its preferred structure, but all tend to include the following steps –

· Collect the facts
· Analyse the facts
· Integrate evidence and establish causes
· Draw conclusions
· Validate conclusions
· Make recommendations

As with other written pieces of work, this does not need to be a piece of complex
academic writing, but should contain sufficient details and analysis in order to serve its purpose. The trainee will use the organisations RCA documentation for this process on 'ULYSSES'.

**Balanced Scorecard – brief summary**

The Balanced Scorecard was first described in 1996 by Robert S Kaplan and David P Norton as an introduction to their management strategy for business in the information age, this tool has recently begun to be used in the healthcare settings. A Balanced Scorecard is a method to organise, communicate and measure performance on the most important aspects of the organisation based on its business plan and strategic goals. Thus performance is examined from a number of different perspectives. The following four are commonly used –

- financial performance,
- customer opinions and perspective,
- internal operational performance, and
- employee learning and growth

The trust use balanced score cards as part of performance management for contract targets and patient safety. It is not expected that the trainee develop their own but rather to demonstrate their understanding of how they fit into their area of service provision.
Appendix B (Forms)

Example of learning contract

<table>
<thead>
<tr>
<th>Domain</th>
<th>Specific learning need</th>
<th>How will learning be met</th>
<th>Proof that learning has been met</th>
<th>Additional</th>
</tr>
</thead>
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<td>Professional leadership</td>
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<td>Education, learning and development</td>
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<td>Other</td>
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<tr>
<td>Trainees name</td>
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<td>Trainees signature and date</td>
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<tr>
<td>Mentors name</td>
<td></td>
<td>Mentors signature and date</td>
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# Mini-Clinical Evaluation Exercise (Mini-CEX) Record Form

## Part A

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<th>Details</th>
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<tr>
<td><strong>Trainee name:</strong></td>
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<td><strong>Assessors name:</strong></td>
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<tr>
<td><strong>Assessors job title:</strong></td>
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<td><strong>Clinical setting:</strong></td>
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<td><strong>Patient problem:</strong></td>
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<tr>
<td><strong>Purpose of assessment:</strong> *</td>
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<td><strong>Focus of assessment:</strong></td>
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<td><strong>New patient or already known:</strong></td>
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<tr>
<td><strong>Complexity</strong></td>
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* Assessment / diagnosis - plan of treatment, and / or review of treatment or education or other

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<th>Below expectations</th>
<th>Meets expectations</th>
<th>Above expectations</th>
<th>Not observed</th>
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<td>Physical examination skills</td>
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<td>Communications skills</td>
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<td>Appropriate knowledge</td>
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<td>Decision making skills</td>
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<td>Professionalism</td>
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<td>Efficiency and organisation</td>
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<td>Appropriate response to patient/other</td>
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<td>Overall care/compassion</td>
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<td>Trainees performance</td>
<td>Comments</td>
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<td>Positives?</td>
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<td>Developmental suggestions:</td>
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<td>Agreed action plan:</td>
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<td>Trainees name, signature and date</td>
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<td>Assessors name, signature and date</td>
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Appendix C
Guidelines for end of year review for Advanced Practitioner Trainee Programme

Purpose
The purpose of the end of year review is to satisfy both the panel and the Advanced Practitioner trainee that a) sufficient opportunity has been available and b) progress made meets the learning outcomes for the year. The purpose is both to review the experience of the previous year and to make recommendation for the next year.

Process
A panel of ‘experts’ in the field will be convened. The panel will look at the trainee’s submitted portfolio (for thirty minutes before meeting the trainee). The trainee will then join the panel and give a 15 minute presentation on their reflections of the previous year. This will then be followed by discussion and questions. The panel will include mentor/Consultant Nurse. The panel will make judgements comparing progress and outcomes with the opportunities available and the learning outcomes required for the year. The panel will decide one of the following outcomes:-

• Satisfactory completion for the year, all learning outcomes met, progress through to the next year of the programme.
• Satisfactory completion for the year, the majority of the learning outcomes met, progress through to the following year. However, some specific recommendations made which must be addressed in the following year of the programme.
• Some concerns about the year. Up to half the learning outcomes not met and a period of time agreed (e.g. three to six months) to give the trainee the opportunity for the unmet learning outcomes to be achieved. The chair of the panel will then make judgement as to whether the trainee can progress through to the following year of the programme. If there is any doubt then the panel will be re-convened before a final decision is made to ask the trainee to withdraw from the programme.

The Portfolio
The purpose of the portfolio is to give evidence of the achievement of the learning outcomes and so should be a summary of experience, including bits of documentation, rather than every possible shred of evidence. Please note the guidelines within the workbook. Please note that the panel will only have thirty minutes to examine the portfolio before the trainee joins them.
The Presentation by the Trainee

The purpose of the presentation is for the trainee to give an overview of the previous year including its highs and lows. The presentation should include reflection on the experience of the previous year, a summary of what has been learnt and achieved and thoughts about what it is hoped to be achieved during the next year. The presentation should last fifteen minutes.