

Nurse Consultant Impact: Great Ormond Street Hospital Workshop Report

Background

Nurse Consultant (NC) posts were established in the United Kingdom in 2000 as part of the modernisation agenda for the NHS. The roles were intended to achieve better outcomes for patients by providing roles for senior nurses that would keep their clinical and managerial expertise at the bedside, and provide leadership in their teams. Across the UK there has been a strong interest in demonstrating the impact these posts have had on their patients and the professional community.

A two year research study funded by the Burdett Trust for Nursing developed a framework for assessing the impact of NCs (Gerrish et al 2013) and a toolkit to help NCs measure the impact of their work, and share these findings with managers and other stakeholders.

The toolkit, which can be downloaded from the project website <http://research.shu.ac.uk/hwb/ncimpact/NC%20Toolkit%20final.pdf> is based on an evidence-based framework which classifies the impact of Nurse Consultants into three domains: impact on patients, staff and the organisation. The toolkit includes a series of reflective exercises to help NCs identify their impact in each of these domains and prioritise which areas of impact are most important for them to capture at this moment in time. Practical guidance is given on the challenges of capturing impact together with tips on how to overcome or manage these challenges. Practical examples are given on how impact has been captured in each of the three domains as well as exercises and guidance to encourage NCs to consider who they might want to share evidence of their impact with and how to disseminate this information.

A number of tools are provided to help NCs to collect data to demonstrate their impact. NCs are free to choose tools that are relevant to their work, and adapt them as necessary.

After the toolkit was developed, the research team were approached by the Nurse Consultants at Great Ormond Street Hospital (GOSH) with a request to work with them to use the toolkit in practice in order to capture the impact of their roles. The nurse consultants offered to provide feedback in order to help the team further refine and develop the framework for capturing impact and the toolkit itself.

The nurse consultants at GOSH

Great Ormond Street Hospital NHS Foundation Trust (GOSH) is an international centre of excellence in child healthcare. Since its formation in 1852 the hospital has been dedicated to children's healthcare and finding new and better ways to treat childhood illnesses.

At the time of the first workshop in early 2013 there were 5 nurse consultants working at GOSH. Four of the nurse consultants had been in post since 2003/2004, whereas one was relatively new

in post. All the NCs are specialists in paediatrics, but represented a range of specialities within their field:

- Adolescent Health and Chronic Fatigue Syndrome
- Nephrology
- Neurosurgery
- Haemophilia
- Palliative Care

Given that the toolkit had originally been developed with nurse consultants who worked in adult and neonatal services, working with GOSH gave the NC Impact team the opportunity to gather evidence about whether the toolkit was also useful for nurse consultants working within paediatrics and adolescent health.

Piloting and Workshops

Two workshops were held in London during 2013.

Prior to workshop 1 participants were asked to complete Activity 4 in the toolkit (to identify examples of their impact in three domains) and Activity 5 (to identify their current priorities in relation to capturing impact).

Workshop 1 took the form of a focus group where the discussion focused on the framework for capturing impact in terms of its usability and applicability.

The workshop concluded with a group exercise to encourage participants to focus on the practicalities and challenges associated with capturing impact in relation to their current priorities.

Piloting in practice Over the next 6 months, participants used the toolkit in practice. They piloted the use of one or more tools from the toolkit to capture an aspect of their impact discussed at the workshop and were encouraged to use the information provided in the toolkit to guide them through this process.

Workshop 2 took the form of a focus group where participants fed back on what aspects of their work had benefited from the toolkit and any challenges they faced when using it. Participants were asked in what scenarios they had used the toolkit, how they had adapted it for their work, what data they had collected and how, what they were intending to do with the data and how it had informed their practice or development of services.

Participants

Participants at the workshops included consultants in the following specialities:

- Adolescent Health and Chronic Fatigue Syndrome
- Nephrology
- Haemophilia
- Palliative Care

Learning from the workshops

Applicability of the framework for capturing impact

When exploring the applicability of the framework in the context of their roles, most of the nurse consultants at GOSH, highlighted that within a paediatric setting, impact on the patient (child or young person) was not always possible to separate from impact on the family. They emphasised that they consider the child or young person and family as a unit that they have to work with together (e.g. education of the family to change eating behaviour):

"If we are talking to a child who...is obese and their hypertensive because they're obese, there's very little point in just talking to the child, so for us its education of the family and how they have to work as a family towards healthier eating and exercise...so that's quite a big difference in I suppose paediatrics is they're part of the family as opposed to an individual"

For example, one nurse consultant explained that they might have multiple siblings and/or child-parent-grandparent units who all have a genetic long-term condition (e.g. bleeding disorder), which influences on the dynamics of working with that family and the impact the nurse consultants are trying to have:

"where there's a younger patient or a more enmeshed patient then its harder to tell if its the quality of life of the family, the mother and the daughter or the patient themselves that you are trying to impact on or making an impact on"

While for some NCs, the patients might be considered to be a separate entity, for NCs in paediatrics this definition of 'patient' was not broad enough:

"In terms of us if you like when you're looking at patient, its all of those things, and then family its all of those things again, so it is different in terms of a model...I know with some other areas you're working with pregnant mother and her husband, with us its every patient"

However, in terms of the indicators covered within the patient domain the nurse consultants felt that they worked well and covered the full breadth of relevant impact that applied to their roles:

"The four indicators I thought worked well because there's a breadth to them which I really thought was good...but I did like the fact there was a breadth to them which included quality of life and behaviour as well, particularly, and experience of healthcare, because often we look at just the physical side in other tools"

The staff and organisational domains were similarly seen to cover all the aspects that were relevant to their roles. One nurse consultant expressed concern that they didn't have more of an impact in the staff domain but it was considered that they didn't have a large team within the hospital (whereas one of the other nurse consultants had a ward they were linked to) and that they had more influence and impact on the teams they were linked with externally:

"So mine's a very small team in the hospital and then I have teams that I link with outside, I'd say probably do more for those staff than my small team"

Usability of the framework for capturing impact

One nurse consultant talked about the usefulness of mapping their impact across the three domains because it could help them to consider what impact they should currently focus on versus the areas that they perhaps paid less attention to, which could be focused on in the future.

The nurse consultants agreed that the framework was easy to understand and the different specific indicators made sense but at times they were unsure where an element of impact should be slotted into the framework to ensure the best fit:

"So it's separating them, I mean you've separated these out quite nicely I think, it makes sense when you read it and you can slot it into all sorts of things, but it's a bit like an appraisal...what shall I put this into? Educational? Research? Organisational?"

Further discussion clarified that guidance in the toolkit highlighted that they shouldn't agonise over this, but should capture each element of impact in the domain/indicator that made most sense to them.

The Toolkit

The nurse consultants had focused more on using the tools in the toolkit rather than exploring all of the guidance in the different chapters of the toolkit. One nurse consultant who had attended the launch event for the toolkit had previously looked at the toolkit and stated:

"I think its probably a more useful toolkit if one does look at the whole thing, rather than just read through bits, but I haven't done it yet, so I'm going to try and do that"

One of the nurse consultants felt the advice in the entire toolkit (including the structure of the framework) had been useful and as a result she had gone on to restructure her personal appraisal form to make it more useful for herself and also more useful for the person who was conducting her appraisal who might not have a detailed understanding of her role. This resulted in her having a clear and articulate set of objectives for her role with associated outcomes, some of which could be measured:

"I restructured it using some of this, which was really helpful for me to get my head around that process of actual outcomes...I went through that to try and think let's have a look at my objectives and whether they have any outcomes...so now I only put objectives in that can have an outcome, and if they're measurable great and if they're not measurable then that's just something"

Another newly appointed nurse consultant was about to use the toolkit in the context of a leadership coaching programme she was undertaking (LEAP programme) to explore how she might develop her role further.

Using the activities in the toolkit

The toolkit Activities 4 and 5 that the nurse consultants had completed prior to the first workshop were considered useful in helping them to scope and map their role and impact. It identified that for some of them, their impact was quite evenly spread across the three domains of impact, whereas others had more emphasis on one or two areas due to the work that they were involved in.

Using the tools to capture impact in practice

Impact on Patients

Two of the nurse consultants had used Tool 3 A Nurse Consultant Satisfaction Questionnaire with their own patients, but had organised to have it sent back to another NC to collate the results in order to ensure anonymity. This was seen as a valuable opportunity to gain feedback on the service provided by the NC in order to inform their own personal development and refine/review their practice if necessary:

"I chose that one particularly because I don't get a lot of direct feedback from patients in the service and given that we're supposed to get feedback from patients for, to inform things like our IPR I thought it'd be useful to get some feedback"

The nurse consultant in nephrology talked about how it was the child's feedback and perceptions of the service that she particularly wanted to explore:

"I know how the consultations gone, but not necessarily with the kids because a lot of them just are a bit mute...so it has good use...because parents are terribly clingy and they really really take over the consultation often...so that sort of thing is quite useful to find out if they're frightened or if they're not, because you get such a variety of kids"

While one of the nurse consultants used Tool 3 in a clinic which focused more on psychosocial issues, the other NC has used it in a clinic which was more focused on physical needs. They jointly adapted this tool into two versions which they used with both patients (children and young people) and their parents. For one NC responses were posted back or handed directly to the clinic reception desk. The response rate was around 50% and the nurse consultant commented that this might be due to the fact that they hand out a lot of questionnaires routinely in clinic.

The other nurse consultant found that parents had sent back completed questionnaires in the same box used to return monitoring devices to the hospital via a courier. An improved response rate was achieved by 'piggybacking' onto this process. However, she commented that the tool would not be suitable for some of her patients and/or family members who had special needs:

"I've got lots of families with special needs, the parents as well as the children, and it didn't really suit, and you could feel that it wasn't worth doing that. So in, because actually the questions were a bit closed and a bit, they sounded the same even when I was reading them back to the parents. So some of them, I was interested in how the child perceived with special needs, so I did them with them...I felt it was a bit repetitive for what we were trying, so I was trying to capture the impact of were they nervous about coming to see me, and now that they'd come how did they find it, did they get a little bit more information about their disease"

Both nurse consultants felt that some of the questions were more helpful than others (e.g. "I understand my condition much better after seeing the nurse consultant"), and one of the nurse consultants expressed dissatisfaction about the rating system:

"Even the agree, neutral, strongly agree is confusing for some of the kids, cause they're not quite sure, and some of them would tick strongly agree because they think everything's great, but there's strongly agree to not giving them any information. So I think if you're going to use it for children you make it consistent, so 1 is great for everything, and 5 is bad"

Therefore, it was agreed that the questionnaire design and the questions would need to be reviewed carefully and piloted in practice, for example with young people and/or individuals with special needs.

On reflection both nurse consultants felt that Tool 4 a Communication Feedback Survey might have been more useful in the context of their work and if they repeated the exercise might use this tool instead.

In terms of how the NCs intended to use the information they had gained from using Tool 3, the nurse consultant in Adolescent Health & Chronic Fatigue was planning to take the results to her next appraisal. The NC in nephrology reflected that there were some changes coming up in how she carried out her consultations, with more involvement of support workers. Using a patient feedback tool was seen as a way to benchmark patient's experiences of the clinics over time to capture the impact of these changes in practice from a child's perspective. They stressed again that it was the child's perspective that was the most important element that they wished to capture:

"The child's perspective I think is probably much more important because I can sense the parent's perspective"

One of the nurse consultants highlighted that if the results indicated that everything was very positive that wasn't really useful to her, rather she'd want more feedback from children about the service, either qualitatively for children who wished to say/write a lot and using a maximum of 10 tick box questions for those that don't want to write - these could be completed in the waiting room on a laptop or iPad to make it more dynamic and child and adolescent friendly.

Tool 6 a Patient Experience Proforma for use in out-patient clinics, was discussed as an open-ended way to get feedback from patients and one of the nurse consultants had also piloted this in practice. She found it gave her useful feedback on the session children/families had just had with her and it enabled her to find out if they wanted something different at the next session. Question 5 within this tool was also mentioned as particularly useful in order to help the health professionals themselves to reflect on how they felt the consultation went. Another nurse consultant in palliative care had thought about using this tool (plus some additional questions on communication and timeliness) as a way of evaluating the impact of a 24 hour telephone on-call service with families, which has not to date been evaluated. She did however reflect on the difficulty of deciding when might be the most appropriate time to seek feedback given that some families were likely to be very traumatised.

Impact on Staff

The Nurse Consultant in palliative care modified Tool 7 a before and after questionnaire to evaluate training to evaluate a Paediatric Foundation Educational Programme in Palliative Care that she has set up in the region. She used Survey Monkey - an electronic survey package to survey nursing participants prior to the course to explore their knowledge, skills and confidence of palliative care, and then repeated it following day 2 of the course. The response rate was 100%. She was planning to repeat the survey by giving the participants a hard copy of the survey after the 3rd session (in September). The nurse consultant reflected on how previously she would have just evaluated the course at the end and not done the pre-post evaluation which captured the difference that the course had made:

"Before I would have never bothered to do it three times, I'd have just done an evaluation at the end, so for me I did it differently and I thought much more about the pre and the post, so that's what this made me think why don't I assess them before and assess them afterwards and see if there is...see if the course has made a difference to how they, their knowledge, skills and confidence"

The nurse consultant felt the survey tool and the toolkit had clarified her thinking and helped her to think differently about what she wanted to focus on in the evaluation of the course, for example wanting more than a standard course evaluation regarding the content, instead focusing more on whether the course had made participants think differently in practice and therefore going on to have an impact on patients.

The nurse consultant intended to write up the results of the survey and had already applied for additional funding to run more courses. She felt that her case for further funding had been strengthened by having some evidence relating to the benefit of the course, and the possibility of doing some interactive/video based sessions in order to cut future courses down from three days to two. The nurse consultant felt more confident writing this bid given the positive feedback she had already received through the evaluation:

"I've probably felt more confident in that because I thought well I am actually, the course is demonstrating a change with the answers that we've got"

Impact on the Organisation

Tool 13 the External Activity Proforma was seen as a valuable means of capturing the impact of the external activities that the nurse consultants were involved in. However, one of the Nurse Consultants who had used this tool found that identifying 'what you were doing' was easy but identifying what impact this had within the organisation was much more difficult to tease out.

Taking the work forward

At the end of the workshops, the participants indicated that they were intending to share the modified tools that they had individually used with each other. The group were also planning to write a publication for a professional journal such as Nursing Times about how they had used the toolkit in practice. They also expressed a willingness to continue to liaise with the research team to share and include adapted versions of the tools they had used on the NC Impact Project website.

NB. All activities and tools referred to in this report are downloadable from the project website:

<http://research.shu.ac.uk/hwb/ncimpact/tool.html>