

## **Celebrating 10 years of Advanced Clinical Practice**

### **Advanced Clinical Practice Lecturing Team**



**Left to Right:**

Course Director Alastair Gray, followed by Senior Lecturers, Nicky Parker Summers, Claire Tubbritt, Bobby Pawar, Julia Booth, Catherine Frift. also Tim Morse (not pictured)

**1<sup>st</sup> Advanced Clinical Practice Conference**  
Coventry University Technology Park.

### **Conference Review**

Claire Tubbritt  
Senior Lecturer Advanced Clinical Practice

In line with International Advanced Clinical Practice (ACP) week and in celebration of 10 years of the Advanced Clinical Practice Course being up and running at Coventry University, the Advanced Clinical Practice event took place on the 23<sup>rd</sup> November 2017 #AdvPracWeek17. This Conference report highlights some excerpts from our speakers who shared their experiences and success as current and prior students of the ACP course. The course was set up in 2007 in response to providing education for new models of working within the NHS and the evolution of extending scope of practice. Course Director Alastair Gray has been instrumental in the success of the course, ensuring that students are supported in delivering the skills required to meet the demand of a changing

workforce. The Masters of Advancing Practice award reflects the level of academic ability and critical analysis required when applying theory to practice.

The course has grown exponentially in numbers starting with just 7 students in 2007 to now over 150 students from the professions of Nursing, Paramedic Science, Physiotherapy, Pharmacy, Midwifery, Mental Health and Occupational Therapy. The course team has also grown to support this.

Graduates of the course have obtained many senior positions such as Consultant Nurses, Senior Lecturers, and Researchers. The vast majority have obtained senior clinical practice roles as Advanced Clinical Practitioners making a significant contribution to delivering excellent practice with trusts and care partners.

The course has benefitted from the support of Health Education England West Midlands and the course team have also contributed to the national picture not least through our association with the Association of Advanced Practice Educators UK.

In celebration of the successes students have had, a conference was held last month to showcase some of the work students are doing. Here are some excerpts of work presented on the day.

The Event was opened by **Professor Rob James (Academic Dean)** setting the tone suitably for celebrating the success of ACP, encouraging Advanced Clinical Practitioners to persevere and embrace the challenges that will help to shape the future role.

**Alastair Gray (Course Director)** and host for the event shared his appreciation of the commendable work students are doing in practice to improve service design and standards of care for patients.

**Vicky Williams** Consultant Nurse for Gerontology and Key Note speaker presented reflectively on her experiences as a trainee ACP and involvement in setting up a service for frail elderly. Her journey from ACP to Modern Matron, and then to Consultant Nurse gave an honest account of navigating a new path through trial and error, leading the way for others to then succeed.

**Elouise Phillips** Senior Lecturer and PhD student presented her account of the realities of undertaking a PhD post ACP study, encouraging students to take their final projects forward into further research. Her openness with regards to the reality of this was inspiring.

## **“A journey of a 1000 miles must begin with a single step”**

The aim of this case study was to present and reflect upon my professional journey taken as a nurse; from junior community nurse to Advanced Clinical Practitioner (ACP) in Primary Care. Exploration of my passage through the academic qualifications to PhD were described in detail with the additional aim of providing inspiration and advice for ACP's contemplating the progression to PhD level study.



A narrative case study method was deployed to allow for interactive participation and some humour along the way!

Research may be many ACP's worst nightmare; however, it is included as one of the four pillars of advancing practice within the framework. Participation in, and conducting research can present many further career opportunities for experienced ACP's and bravery is needed to take that first step on the journey. Creating opportunities and networks are required for furthering the Masters level ACP service redesign project to PhD study. Many obstacles and barriers may be experienced, but by utilising leadership skills learnt as an ACP success can be achieved. Seeking support from NHS trusts can be difficult and funding opportunities may be variable nationwide, so research is advised to look for all avenues available. Finding a supervisor within an HEI can assist in getting the PhD proposal funded. Maintaining advanced clinical skills is a 'must' during time in academia and with good time management skills completing doctoral study and working 1-2 shifts per week is achievable.

The journey of a 1000 miles may be tough but many opportunities and fun experiences can be had along the way. PhD's can be roller-coasters but we do need nurses with PhD's to progress the profession and the advancing clinical practice domain. Encouragement, motivation and enthusiasm are required and remember to always stay focused to what you are passionate about. Passion will drive success.

Eloise Phillips, Advanced Nurse Practitioner Urgent and Primary Care. Senior Lecturer in Long Term Conditions and Adult Nursing, MSc, PgCert, BSc (Hon's), RN.

## Speakers



Our Speakers (Left to right) Vicky Williams: Nurse Consultant Gerontology, ACP Students, Louise Clarke: Midwife, Anne Murray: Physiotherapist, Harriet Verah: ACP Mental Health, Elizabeth Bennet Hayes: Midwife, Fiona Wells, Nurse Infectious Disease, Catherine Thrift ACP Primary care and Lecturer.

(Matt Forrest, Eloise Phillips and Julie Wilkinson not pictured.)



### **Karen Hunt**

Clinical Nurse Manager ED

Presents her Poster,

“Implementing a Meet and Greet Service in the Emergency Department”.



# Advanced Clinical Practice: The Mental Health Perspective

## Harriet Verah ACP

Mental Health Nurse

In the UK, even though ACP has developed quite rapidly within general nursing settings, the development has been rather slow in mental health. This may be, in part, attributed to the chronic underfunding of mental health services which has left them grappling with a cycle of increased demand and decreasing resource.

Government policy over the last few years has, however, started to show a change in the tide towards improvement of mental health service provision and proactive and preventative approaches to reducing long term impact of mental health problems. It has become evident that the population as a whole is experiencing more mental health problems which are becoming more complex as early intervention is failing. Furthermore there is also an

acknowledgement of the actual cost of mental ill-health, from a fiscal perspective, in terms of health care costs, work days lost and social participation, to the impact on quality of life and even life expectancy.

As such, there is a need to start considering long term sustainable solutions to the provision of mental health services, particularly in primary care where the majority of people with mental health problems are cared for. There is a call to re-energise, improve and embed mental health care across all health and social care. That being said however, there are challenges as to how this can be achieved. These include the lack of mental health clinical expertise within primary care settings, the disconnect between physical health and mental health care provision and the limited resources available to improve the situation.

All this makes this an opportune time to talk about the MHANP, a role which is uniquely positioned to be a major player in future health care systems. MHANPs' clinical experience and expertise and their advanced training and skills equip them to bridge the gaps between physical and mental health disparities, between mental health promotion and prevention to treatment and prevention of crisis, and gaps between medical shortages and social models of care as well as bridge the gaps in knowledge and awareness which in turn encourages and helps to embed mental health within the whole healthcare system, and also empower and energise advancement and innovation within the workforce. This is indeed the time to raise the profile of the MHANP as part of the solution to the mental health provision challenges for the future.



## **Catherine Frift ACP Primary Care/ Lecturer**

Catherine presented her talk on her experience as one of the first ACP students on the course, Catherine has since become a Lecturer in Advanced Clinical Practice and is still a practicing ACP in Primary Care

## **Matt Forrest ACP Paramedic**

Matt is among one of the first ACP Paramedics in the UK, currently working in an Emergency Department in Birmingham, his enthusiastic presentation demonstrated what paramedics can bring to the role and how the Royal College of Emergency Medicine are supporting this in practice.



## **Midwives Louise Clarke and Elizabeth Bennett-Hayes**

Presenting the role of an ACP Midwife in managing complex pregnancies and management of the mother in a High Dependency Unit, recognising rapid deterioration and initiating intervention.

**Julie Wilkinson** ACP Pharmacist gave a revealing account the development of clinical pharmacy, barriers to advanced practice roles and the potential future for pharmacists where strong leadership can ensure success for the role with measurable impact for improved patient care.

## Advancing Clinical Practice: a physiotherapist's perspective.



### Carol Hield

Graduated with a first-class degree in Physiotherapy from the University of Southampton. She is currently in her third year of an MSc course in Advanced Clinical Practice (ACP) at Coventry University. She has worked in the acute sector and now specialises in neuro-rehabilitation.

From the perspective of one of the first physiotherapists to study on this course, this piece aims to provide an insight into how ACP has developed within physiotherapy, and reflect upon personal experiences when attempting to venture into a new area of practice.

International and national development of ACP roles have been evolving, predominantly within the nursing profession, over the last 40 to 60 years. However, since the early 2000's key UK Government drivers have begun to stimulate investment and development of the Allied Health Professional (AHP) workforce, including its extension into the field of ACP in 2011.

Although grouped within the overall AHP workforce, changes in legalisation relating specifically to physiotherapy practice, saw the introduction of 'Independent prescribing' rights for physiotherapists in 2013. As a key component of the ACP skillset, this allowed the profession to engage further with its own development into ACP. Additionally, greater inclusion of AHPs within ACP training programmes and frameworks has moved some way towards ACP being viewed more as a multi-professional body of clinicians.

As with any change, acceptance and understanding both intra- and inter-professionally can be challenged, alongside the many other barriers commonly experienced. However, reflecting on and learning from previous ACP journeys and research, can significantly help those undertaking these new challenges. Acknowledging some of the intra-professional apprehension towards such new clinical skills and roles, the Chartered Society of Physiotherapists' publication of ACP guidelines in 2016 helped define and provide greater clarity of what ACP physiotherapy is. Together with the ongoing push to develop research evidencing ACP physiotherapy role's impact and safety is allowing progressive understanding and acceptance from within the physiotherapy profession.

Locally, with the support of Health Education West England funding, ACP physiotherapy training has grown and at present nine physiotherapists within my Trust are in training; with one qualified in post. Nationally, the picture is less clear, with no national database collating this information. What we know is that 1% of physiotherapists (roughly 275 practitioners) are qualified as independent prescribers (a skill within ACP qualification) hence the professions representation at ACP level remains small, but if based on local findings, is growing.

Current research shows ACP physiotherapists working within a broad range of clinical settings and specialities including: musculoskeletal services within GP settings, community teams, neurology and acute respiratory care. A similar picture is seen internationally, with roles tending to embrace the holistic skill set that ACP encompasses; marrying health and physical functioning as well as patient education.

Although there are many challenges still to overcome, there are also many facilitators and drivers supporting the continued growth of ACP physiotherapy. As an exciting and

innovative role that can provide greater career opportunities and diversity, as well as really impact on patient care, it is a journey on which I would encourage others to embark.

### **Fiona Wells**

Nurse for infective diseases and ACP Student gave her thoroughly thought-provoking account of assessing a patient with non-specific symptoms and undifferentiated, undiagnosed presentation. Fiona's through assessment and analytical thinking and decision making skills quickly gave rise to a diagnosis of Measles, a condition thought to have been eradicated

### **Case Management Measles**



Measles, a highly infectious virus belonging to the paramyxoviridae viral group, is an internationally recognised infectious disease with an estimated annual mortality rate of above 1 million (Simons et al 2012). The development of a vaccine in 1968 saw a large reduction of cases, particularly in western countries where an aggressive campaign of vaccination has successfully been undertaken. Historically, the

vaccination programme has not been compulsory, and misconceptions of the effect the vaccination has on an individual's health has led to a decrease in uptake and thus an increase in positive cases (Moss 2017, PHE 2014). This has created an "immunity gap" in the general population which is at increased risk of disease and potential death in outbreak situations.

The reduced public exposure to measles has led to measles becoming underestimated in its severity and clinical implication, and is often an under diagnosed infectious disease. This is further complicated by its silent manifestation in the initial phase, then generic symptom display during the prodrome period.

The requirement for increased public awareness of measles and the vaccination is emphasised as well as appropriate education regarding the vaccine, heightening awareness and minimising individual's susceptibility. Staff education needs to be increased as case numbers rise, and symptom awareness highlighted and reinforced as a concern particularly with poor vaccination history.

This work explores an unvaccinated patient presenting in the prodromal period of measles, and the subsequent management of her care.



## **Case presentation – Complication in Neuro-Rehabilitation.**

### **Anne Murray**

A senior physiotherapist has specialised in the field of Neuro-Rehabilitation, currently working at a level one unit; the Central England Rehabilitation Unit. She has 22 years' experience in the rehabilitation of patients with acquired brain injury and has a specialist interest in the management of altered tone and spasticity, and having completed the Injectors module at Masters Level at Coventry University, is an experienced injector of botulinum toxin. She is currently completing her first year on the Advanced Clinical Practice Masters at Coventry. Other areas of interest and development include the multidisciplinary team approach to tracheostomy management and weaning, and postural management.

The case presentation highlights the interdisciplinary approach to remediation of a presenting symptom for a patient within Neuro-rehabilitation setting. The symptom of vomiting presented a potentially significant impact to overall health, in the presence of an unsecured aneurysm within the cerebral circulation, as well as affecting the potential for the patient to engage safely in rehabilitation. The Advanced Clinical Practitioner in training, highlights the wide-reaching problem-solving approach the Multidisciplinary team took, to the potential causes of vomiting referring to the neural centres; the Vomiting Centre, Chemoreceptor Trigger Zone and Nucleus Tractus Solitarius and their associated diverse inputs.

The potential drivers of stimulation to these zones are discussed, including the exclusion of: raised intracranial pressure, metabolic causes, illness and infection, constipation, timing and rate of enteral feeding, drug side effects, visual and vestibular causes, as well as pain and emotional influences.

The part each member of the team played in highlighting areas for investigation and management is described during the impromptu Interdisciplinary team ward round; for example, the use of a 'vomiting recording chart' to record the antecedent factors which can then aid identification of the mechanisms and centres involved, which in turn can assist in directing the appropriate antiemetic.

It was highlighted that a 'clinical approach' to management and intervention was necessitated to control the symptom, as opposed to a 'research approach', where one condition is changed at one time. Therefore, as well as reducing or excluding contributing factors, through review of medication, limiting movement around or after feed and later mealtimes, and introducing a social aspect to eating to reduce any anxieties that may have developed, comprehensive. Antiemetic cover was used acting both via the Chemoreceptor Trigger Zone with a dose before therapy acting via the Vomiting Centre.

This co-ordinated comprehensive approach enabled full engagement with the patient centred, goal orientated rehabilitation at the level one unit. With progress, a team monitored weaning from antiemetics could proceed, as function and mobility goals were achieved, which enabled a timely discharge on the planned estimated discharge date.

The emphasis of team understanding and involvement, open communication with the patient and relatives is highlighted, as well as the dissemination of the use of the vomiting recording chart are the main learning points in this successful case management.

The Conference proved to be a success with overall positive evaluation,

With special thanks to all our speakers and to Rosie Kneafsey, Suzanne Hilton, Rob James, Alastair Gray, Tim Morse, Julia Booth (Goody Bags), Bobby Pawar (Posters), Nicky Parker Summers (Co-Organiser) Tricia Nowack (Event Booking) Catherine Frift (Rep Contacts)

**Company Representatives**

Bukhari Ainah : LR People

Nav Bairnes: Dermal

Elizabeth Taylor : Hallam Medical

Mandy Mclean: Vermed

Simon Watkins : Scion Publishing

**Claire Tubbritt Conference Organiser**