Development of a Comprehensive Geriatric Assessment Module for Nurses and AHPs working at Advanced Practice Level

Background
Bristol Community Health (BCH) is a social enterprise delivering NHS community care to the population of Bristol. We run 35 services including community nursing, an integrated intermediate care and services that interface with the local hospitals including a front door multidisciplinary team and a discharge co-ordination service. Although we had extensive experience of developing advanced practice roles there was no appropriate educational pathway to prepare nurses working in the community to develop advanced practice skills that ensured they were competent to work with patients with complex co-morbidities. Some of the reasons for this were:

- Most available training focused on single conditions
- Education in clinical reasoning and diagnostic skills were theory based but not supported by structured mentorship programmes or clinical placements that would help to ensure competence in practice
- As an organisation of predominantly nurses and AHPs with minimal medical input the ability to source this was limited and variable although local secondary care consultants were willing to help where they could.

The Project
We were fortunate to receive an RCN Foundation Bursary to carry out this work and to pilot an approach. The framework was designed to build on existing good practice and so to enhance existing models rather than replace them. We were particularly keen to include nurses working in care home settings within this work and so a local care provider with a good reputation for developing staff was approached to include staff within this pilot. The clinical lead was included within the project team. The project team included a care of the elderly consultant from the local hospital.

Our initial approach was to develop a questionnaire related to learning needs for advanced practice and this was followed up with a focus group for nurses and AHPs to inform the content of the module. This work identified:

- The clinical skills that should be in place before module was attended eg COPD diploma, non medical prescribing, clinical assessment
- Suggestions for a masterclass programme
- Importance of mentorship from appropriately skilled practitioners
- Methods for assessing the module

For the development of a competency framework the project team researched the literature, attended a conference on the development of competency frameworks and considered methods of evidencing in practice. The framework chosen was the DH competency Framework for Advanced Practice (2010) and this was adapted by the team for the module.

A module handbook was designed to include a programme of masterclasses, learning outcomes, competencies, methods of assessment. Initially it was hoped to have this accredited via the local education provider but unfortunately this could not be completed within the timescales of the project. It was also a requirement of the local University that a certain number of attendees would be required for each day to be able to run and that there was only limited reduction in cost for the attendance of participants from our own organisation. For these reasons it was impractical to explore this route within the project and would put the pilot sessions at risk. It was decided to run the course independently as a pilot to allow close evaluation of the classes and participants and to work with education providers for future accreditation.
The masterclasses that were chosen following the focus groups were:
- Advanced clinical examination and reasoning
- Comprehensive geriatric assessment
- Mental Capacity Act in practice
- Complex cases – including interpretation and management of laboratory results and medications
- Advanced falls assessment and management
- Mental Health and the older person – alcohol dependency, dementia and delirium, depression and anxiety

All classes ran for a full day and many took place in the clinical skills laboratory to allow time for practice under supervision. There was also opportunity to bring patients over from the wards in the hospital to enable the care of the elderly consultant to demonstrate the assessment and examination of a patient. Pre reading for each day was selected by the lead lecturer and was a requirement of attendance.

Evaluation

In the original design the project team considered an OSCE to be essential for successful completion of the course. However in the first pilot the evaluation was carried out through a case study approach so participants had a requirement to submit case studies following completion of the master-classes to demonstrate learning in practice. The participants also completed evaluation forms on each day and on the module overall. The module was well evaluated and case studies demonstrated increased use of reflection and reasoning in practice. Since this time a second module has been completed which included a programme of e-learning and an OSCE exam –this was designed and run by the advanced practitioners in intermediate care. In terms of providing this method of learning to care homes the requirement for attendance at the master-classes was not feasible for the care home setting without funding for backfill and this is a key issue for the future of nurses working within this sector. BCH has been commissioned in the past to provide sessions for care homes but this does not prepare staff for the complexity of patients that will now be managed within this sector and so we believe strongly that this sector needs further support in terms of education of the workforce to support the increasing cohorts of frail patients and the need to avoid health crises.

Next steps

The project team are now working with a local education provider to include learning from this project within future developments. We are linking closely with secondary care consultants to provide mentorship and supervision to the community practitioners working in advanced practice roles and we plan to continue to run linked sessions of master-classes for community practitioners.

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