

# Transition to General Practice Nursing

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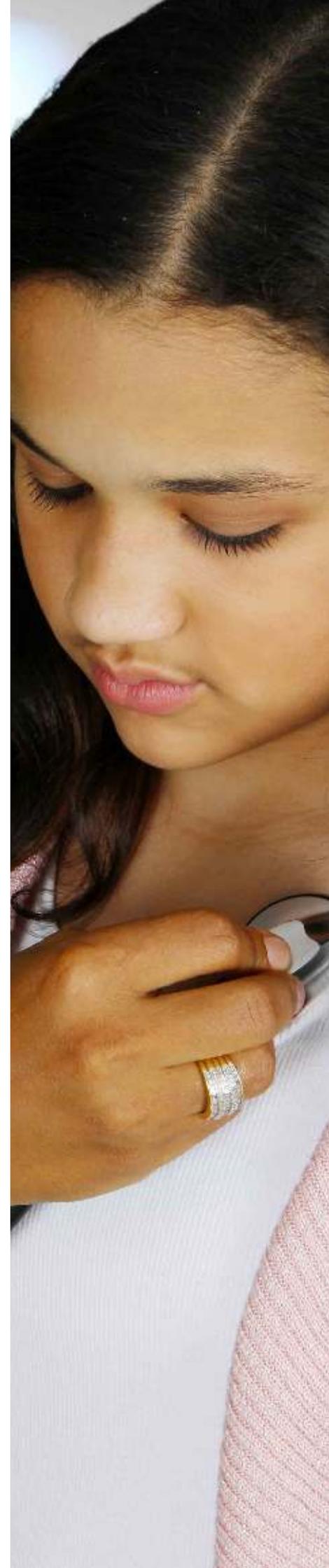
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## Section A-Thinking about working in primary care

### Chapter 2 - Making the transition from hospital to primary care

The aim of this Chapter is to:

- Develop an understanding of primary care as a work environment
- Identify the support available to you as a General Practice Nurse and whilst going through this resource
- Introduce 'Reflection' as a learning tool and consider some models of reflection
- Start to think about how you would like to record your reflections whilst doing this online resource.

#### Introduction

When making the transition from the hospital to primary care there are many practical aspects that may need to be taken into consideration. General Practices mainly operate as small business units, as most GPs are independent contractors to the NHS. You may also need to familiarise yourself with the geographical area to understand the environment in which your patients live and to begin to understand the profile of your practice population. One way of doing this may be by spending some time either walking, cycling or driving around to get your bearings and to consider some of the below:

#### Housing

- What type of housing is in the area?
- Is there a mix?
- What condition are the houses in?

#### Environment

- Cleanliness of the streets / graffiti
- Parks and green spaces

#### Facilities

- Primary Schools?
- Secondary Schools?
- Are there local shops?
- Is there a pharmacist?
- Is there a supermarket nearby?
- Post Office?
- Where are the local GP Surgeries?
- What District General Hospital serves this area?
- Residential Homes?
- Elderly Day centres?
- Community Centre and Library?
- Location of Local Social Services, chiropody, physiotherapy etc?

#### Transport

- What public transport is available?
- Are there frequent services?
- What else can you tell about the area?

By doing this fact finding exercise you will develop a wider understanding of the community in which you are going to be working and this local

# 'It will not be your role to make judgements on the way in which people choose to live their lives.'

knowledge will be invaluable when delivering care to your patients.

## Consider your working environment

Many nurses are attracted to General Practice because of the opportunities to work with patients on a one to one basis, often over a prolonged period of time in which significant relationships may be formed.

You will also be exposed to the way in which many of your patients may choose to live and this may also influence your relationship and your approach in delivering care. It will not be your role to make judgements on the way in which people choose to live their lives. It will require you to apply the same anti-discriminatory practice and behaviour that you would have practiced in other settings.

This shift in the balance of the relationship cannot be underestimated. You will need to develop skills in managing relationships with patients and carers and ensuring that these relationships are positive. This may be achieved by spending time to understand their individual needs and build a trusting relationship. It will also be about how you advocate for the patients you care for. This relationship is unique and will require you to maintain a professional relationship that protects both you and the patient.

## Managing your time

Another challenge will be to manage your time effectively when working within appointment systems. Whilst wanting to spend time building up a relationship with a patient and their carer which is vital, you will also need to keep to a schedule and balance the time spent with all of your patients. Over time the experienced GPN can hone the required consultation skills in order to ensure enough time to see to all her patient's needs, whilst keeping to time.

Many nurses new to primary care also highlight the isolation they can experience as an autonomous practitioner, having come from a ward environment where there is always someone to talk to and ask for advice. It will be important that you identify your sources of support very early on so that the feeling of isolation can be minimised. Good practice would be to be able to identify a support contact person whilst working. Check with your local Clinical Commissioning Group (CCG) to identify your local nurse and find out about any local GPN forums. Your local education and training board (LETB) may have a GPN lead who is involved with advising on training and development issues. In some areas the

Local Medical Committee (LMC) fund and organise Education and Training.

The wider General Practice team will be key in assisting you to make the transition and at times will feel like a 'lifeline' to assisting you to make the change. Effective primary care is built on the foundations of good partnership and team working.

## What support is available in general practice?

It is advised that you identify a mentor or facilitator who can support you whilst going through this online resource.

Ideally this person would be a qualified nurse and trained mentor who has had experience of working in primary care. Here is the link to the NMC guidance on standards expected for those supporting learning and assessment in practice:

[www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/](http://www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/)

The main role of your mentor will be to assist with your development, both in terms of making the transition to the community setting and identifying any additional support you may need.

Ideally you should try and meet with your mentor weekly to reflect upon your week's learning and to get an experienced community nurse's perspective on the challenges you may face.

If you are maintaining a e-reflective journal it may be helpful to invite your mentor into your journal so that he or she can see how you are getting along.

You may find it helpful to use nationally agreed GPN competencies to identify areas where you have gaps in your knowledge or skills. E.g. RCGP GPN competencies: [www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx](http://www.rcgp.org.uk/membership/practice-team-resources/~media/1E0765D171B44849876EA38FC97E96F1.ashx)

## Preceptorship

If you are a newly qualified nurse the NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment (2008).



The role of the 'preceptor' is to:

- Facilitate and support the transition of a new registrant.
- Facilitate the application of new knowledge and skills.
- Raise awareness of the standards and competencies that the new registrant is required to achieve and support to achieve these.
- To providing constructive feedback on performance.

This is a crucial area of support, as the first year in practice is often a stressful time. The learning that has occurred at university in order to develop a level of knowledge and proficient skills in nursing produces highly motivated and professional individuals. It is acknowledged that the realistic nature of practice with all its resource issues and other frustrations can lead to a demoralised nurse very quickly. A good preceptor will be someone who will support the consolidation of knowledge and skills, be a listening ear and be positive in their approach to ensure that there is a low attrition rate. In some areas, courses that are aimed at nurse new to General Practice may fulfill the requirements for your preceptorship year. [www.nhsemployers.org/campaigns/care-makers/the-care-makers-hub/learning-and-development/preceptorship](http://www.nhsemployers.org/campaigns/care-makers/the-care-makers-hub/learning-and-development/preceptorship)

### Clinical Supervision

In some areas you may have regular clinical supervision sessions. Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice. GPNs may find that most of their clinical supervision is done informally and possibly in a group, for example at a GPN Forum.

The RCN have developed guidance on clinical supervision:

[www.rcn.org.uk/\\_data/assets/pdf\\_file/0007/78523/001549.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0007/78523/001549.pdf)

Traditionally clinical supervision may not have been accessible to practice nurses due to the nature of their employment, often as the only nurse in the practice. However the Care Quality Commission may seek to establish that nurses have access to clinical supervision during their inspection process. You should contact your Clinical Commission Group lead nurse or equivalent for further advice.

### Introduction of the Reflective Journal

Whilst completing this resource we recommend that you use reflection as a tool to assist your learning. To reflect means to evaluate, consider carefully, weigh up, ponder, contemplate or think purposefully about something. The effect of doing this is to heighten your awareness of what it is you are thinking about. You may be familiar with reflection in your previous studies.

In March 2015 the NMC published their intentions for registered nurses to undergo Revalidation. This is a new process by which you demonstrate that you practice safely. All nurses and midwives are currently required to renew their registration every three years. Revalidation will strengthen the renewal process by introducing new requirements that focus on:

- up-to-date practice and professional development
- reflection on the professional standards of practice and behaviour as set out in the NMC Code, and
- engagement in professional discussions with other registered nurses or midwives

# 'Reflection without action is wishful thinking.'

Here is the link for details on the new requirements for Revalidation: [www.nmc.org.uk/standards/revalidation/](http://www.nmc.org.uk/standards/revalidation/)

## Writing a Reflective Journal

If you decide to hand write your journal then we suggest that you record your thoughts and feelings about the learning gained from the resource in your daily professional practice. Consider using a hard backed notebook that you can take with you on a daily basis to record your experiences.

We would also like you to consider using an e-journal by clicking on the link below to develop a more permanent professional journal as a way of recording your learning and development journey.

<https://exchange.bcuc.ac.uk/exchweb/bin/redirect.asp?URL=https://sites.google.com/site/appstepbystepuserguide2011/creating-your-portfolio-using-google-sites>

In both instances it will be crucial that you share your journal with your mentor so that the experience does not become a 'solitary' exercise and you gain from the reflective conversation and receive feedback from your colleagues and mentor. You will be required to have completed five reflections that you have discussed with another NMC registrant as part of Revalidation. This activity may count towards this requirement.

## Confidentiality

Confidentiality and data protection are important aspects of professional practice but now you must consider how this will apply to you as a GPN. Think about the differences such as working in a practice local to where you live and what information might be shared with colleagues, such as receptionists.

The Data Protection Act has eight principles that must be upheld. It is crucial that you familiarise yourself with these principles as well to ensure that you maintain your accountability to your profession and your employer.

Department of Health (2003) NHS Code of Practice: Confidentiality. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200146/Confidentiality\\_-\\_NHS\\_Code\\_of\\_Practice.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf)

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200147/Confidentiality\\_-\\_NHS\\_Code\\_of\\_Practice\\_Supplementary\\_Guidance\\_on\\_Public\\_Interest\\_Disclosures.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200147/Confidentiality_-_NHS_Code_of_Practice_Supplementary_Guidance_on_Public_Interest_Disclosures.pdf)

Nursing and Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses and midwives [www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revise-new-nmc-code.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revise-new-nmc-code.pdf)

Information Commissioners Office

- <https://ico.org.uk/for-organisations/guide-to-data-protection/data-protection-principles/>
- [www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp)

## Reflection (guided dialogue)

In all professional roles it is important to reflect upon a situation whether it is deemed as positive or negative. Reflection is seen as a theory of critical thinking and is a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice (Boud et al 1985). Invariably it is human nature to reflect upon an occurrence when 'something has gone wrong' (Taylor, 2006). Reflective practice advocates that we should also reflect upon good practice as a way of enhancing and reinforcing this practice and also as a quality control mechanism.

There are many models of reflection that can be used. Models may be viewed as academic exercises that at times are poorly implemented and poorly understood by practitioners (Quinn, 2008). The model that is used is not as important as long as a process occurs. Johns (1992) model of reflection is commonly applied, the basics of which are:

The process of reflection

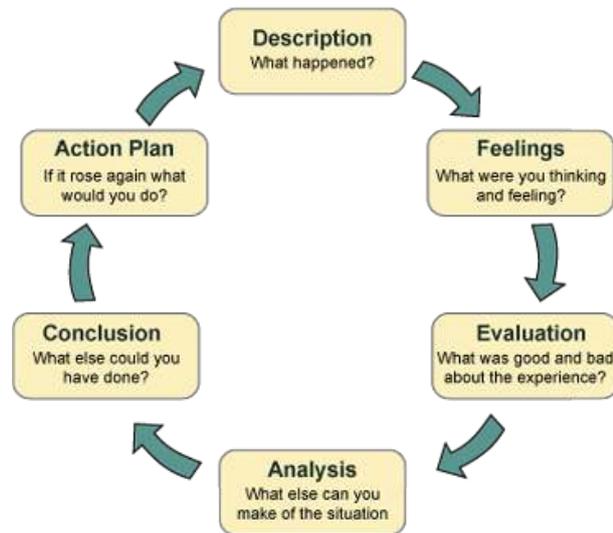
- Experience
- Perception
- Making Sense
- Principles
- Application

Reflection then becomes more than just a thoughtful practice; it becomes a process of turning thoughtful practice into a potential learning situation (Johns, 1996).

The learning that occurs must be in some way utilised, and if it is viewed that practices or behaviours must be changed then how these changes occur need to be considered: 'Reflection without action is wishful thinking' Freire (1972) cited in Ghaye (2011)

Here are some examples of reflective models that may assist you to reflect.

## Gibbs Reflective Cycle



In the 'reflective cycle' (Graham Gibbs, 1992), there are six steps to aid reflective practice:

- **Description:** First you describe what happened in an event or situation
- **Feelings:** Then you identify your responses to the experience, for example, "What did I think and feel?"
- **Evaluation:** You can also identify what was good and bad about the event or situation.
- **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience.
- **Conclusions:** With all this information you are now in a position to ask, "What have I learned from the experience?"
- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

Here is a practice example of reflection using Gibbs:

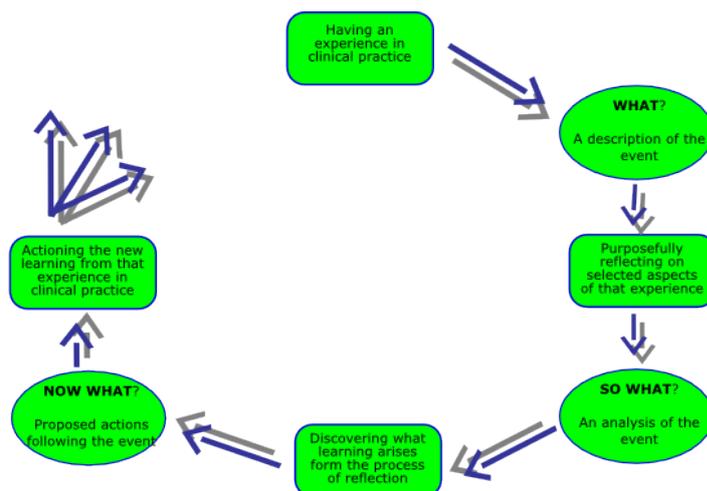
- **Description:** First you describe what happened in an event or situation: A patient attended for a travel vaccination late one afternoon. She appeared nervous and said that she didn't like needles but was keen to have her 'jabs' as she was travelling on her gap year and would be visiting many high risk areas. As soon as I administered the vaccine she stated she felt unwell and then collapsed.
- **Feelings:** Then you identify your responses to the experience, for example "What did I think and feel?" I felt scared as I was alone with the patient with no one to call. I was worried about whether

# 'The Johari window model explores in depth parts of ourselves that we may not as yet recognise.'

or not I would know what to do and how to treat her. I felt an initial panic come over me and my heart was pounding in my chest as I was unsure whether she had fainted or was having an allergic reaction to the vaccine.

- **Evaluation:** You can also identify what was good and bad about the event or situation. 'The good aspect was that I made the right judgment about her condition and felt in control medically. I acted quickly, called for help and stayed with her until she felt strong enough to get up from the floor and I could assess her condition further. The worrying aspect was that she almost fell off the chair and could have sustained an injury from the fall.'
- **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience. 'I felt happy that I had the ability to rely on my knowledge and skills and made a rapid assessment of the patient's vital signs. I also felt empowered as I felt confident that if it had been a more serious event than a faint that I knew what action to take. The rapid response of my colleagues to my call was also reassuring.'
- **Conclusions:** With all this information you are now in a position to ask "What have I learned from the experience?" I have learnt to trust my clinical judgements more and to realise that I can rely on my ability in this type of situation.
- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections. 'In the future I will always make sure that patients are well prepared for their immunisations and will ensure they are lying down if there is any risk of fainting.'

There are various models for reflection that you may be aware of and use to reflect on practice. Some GPNs use Driscoll (2000) in particular for reflection in practice:



Taken from Driscoll (2007) p44

## Johari Window (Luft and Ingham 1955)

When making the transition in to a new working environment a model such as the Johari Window might help to raise your self awareness, personal development and group relationships. This can be useful as working within a General Practice is very different from working in an NHS Trust. Your relationship with your colleagues and employer may feel very different.

### Johari Window

1 Known self	2 Hidden self
Things we know about ourselves and others know about us	Things we know about ourselves that others do not know
3 Blind self	4 Unknown self
Things that others know about us that we do not know	Things that neither we nor others know about us

The Johari window model explores in depth parts of ourselves that we may not as yet recognise. The challenge is to explore and understand a little bit more about ourselves through a window framework:

1. **Known self** - these are things that you know about yourself and that you may consciously present to others
2. **Hidden self** - these are things that you know about yourself but you choose to hide from others



- 3. Blind self**- these are things about you that others can see but are unknown to you
- 4. Unknown self** - these are feelings and abilities that you are not aware of and which others have not seen

By considering the four domains it should help you to identify what is known by you, what is known by others and what is yet to be discovered. It can assist to get feedback on performance and increase self- awareness of your own practice.

Here is the same practice example of reflection using Johari Window: A patient attended for a travel vaccination late one afternoon. She appeared nervous and said that she didn't like needles but was keen to have her 'jabs' as she was travelling on her gap year and would be visiting many high risk areas. As soon as I administered the vaccine she stated she felt unwell and then collapsed.

- 1. Known self** - these are things that you know about yourself and that you may consciously present to others. I felt happy that I had the ability to rely on my knowledge of travel immunisations and the management of anaphylaxis.
- 2. Hidden self** - these are things that you know about yourself but you choose to hide from others. I felt scared as I was alone with the patient and felt totally responsible for the event. I was worried about whether or not I would know what to do and how to treat her. I felt an initial panic come over me and my heart was pounding in my chest as assessed the patient's condition.
- 3. Blind self** - these are things about you that others can see but are unknown to you. When reporting back to my senior nurse the anxieties I had about this patient and how I acted, I was somewhat surprised at the amount of faith she had in my ability to cope. She stated that she could see how I had developed over previous months and knew that this type of situation 'would not faze me'.
- 4. Unknown self** - these are feelings and abilities that you are not aware of and which others have not seen. As I grow in experience I feel that I am working towards a more senior role within the practice.

### How to write reflectively

'It is often difficult for professionals to say or write about what they know and how they use their knowledge.' Fook J and Gardner F (2007) Practicing Critical Reflection McGraw Hill – Open University Press Berkshire

#### Questions to use when writing reflectively:

- Where the event took place?
- Who was involved?
- What actually happened?
- How you were involved?
- What your feelings were at the time?
- What contribution did you make?
- What happened after the situation?
- What did you learn from this experience?
- New knowledge?
- New skills?
- Professional development?
- Personal development?

# 'Think of every experience as a learning one.'

## Tips on how to maximise learning time:

- Think of every experience as a learning one- 'talk as you go', externalise all your thoughts sharing tacit knowledge.
- Capture all learning opportunities however minor.
- Try to promote professional conversations with the mentor
- Develop 'case studies' that maybe used to promote understanding.
- Try to have a short 'review' and evaluation session at the end of each day.

## Example of a reflective account

'Mary came to see me for a blood pressure check because her mother had recently had a heart attack. Although she had recovered well and was now at home the event had prompted Mary to think about her own health. She was aware that cardiovascular disease could 'run in the family'.

I found Mary's blood pressure to be raised and suggested that further review would be required following some blood tests. I then began to talk about some changes that Mary could consider such as a low salt, reduced fat diet but Mary became very upset and anxious about the possibility of her having a heart attack like her mother.

Although she calmed down and agreed to further review I felt I hadn't handled the situation very well because I hadn't anticipated how affected Mary would be about her raised blood pressure. I discussed this with the lead nurse and she suggested we think about how the situation had arisen and try to identify how a similar episode could be avoided in the future. We identified that although Mary had presented for a blood pressure check she wasn't prepared to learn that her blood pressure reading was high. I suggested that if I had raised this as a possibility prior to measuring Mary's blood pressure, I could have explained the possible significance and reassured Mary that this could be managed. She may then have been more receptive to a conversation about making healthy changes to her diet.

After this experience I plan to structure my consultations differently and check my patient's understanding prior to undertaking any investigations.'

## General Practice Nurses' Quotes

*'I had to learn to respect how other people choose to live and not judge them.'*

*'It can be lonely at first but you are not on your own, there is always a senior member of staff to help. This will be an exciting challenge in your professional life.'*

*'It will be completely different to anything you have done before be prepared for a long and steep learning curve - but it will be very worthwhile.'*

*'It is totally different to working in a hospital and/or nursing home environment so be prepared for a shock however it's well worth the transition.'*

*'If you like working independently, like to see a variety of patients, from babies to the elderly, and want to build relationships in the community, practice nursing is the job for you.'*

*'Use the practice nurse forum and network as much as you can with other practice nurses. They're an invaluable resource when you need to know something quickly and don't know where to find the answer and for support in an otherwise often isolated job.'*



## Chapter Summary

This Chapter has highlighted some of the differences of working in a hospital setting to primary care. It has started to get you to recognise some of the personal challenges and changes in working in General Practice how to access support and the importance of working as part of a team.

Finally it has recommended a reflective journal as an aid to learning whilst doing this online resource and given you some ideas on how to reflect.

## Web Resources

- [www.neighbourhood.statistics.gov.uk](http://www.neighbourhood.statistics.gov.uk)
- [www.census.gov.uk](http://www.census.gov.uk)
- [www.direct.gov.uk](http://www.direct.gov.uk)
- [www.marmotreview.org](http://www.marmotreview.org)
- [www.nmc.org.uk/standards/revalidation/](http://www.nmc.org.uk/standards/revalidation/)