

Transition to General Practice Nursing

Contents

Section A - Thinking about working in primary care

Chapter 1 - What is General Practice Nursing?

Chapter 2 - Making the transition from hospital to primary care

Section B - Working in General Practice

Chapter 3 - Working safely

Chapter 4 - Patient focus

Chapter 5 - Mid point reflection and progress check on identified skills development

Chapter 6 - Team working and working with other professionals

Chapter 7 - Working with vulnerable groups

Chapter 8 - Carer support

Section C - The future - personal and professional development

Chapter 9 - The policy context and keeping up to date

Chapter 10 - Developing your career in General Practice Nursing



Section B - Working in General Practice

Chapter 5 - Mid-point reflection and progress check on identified skills development

The aim of this chapter is to:

- To reflect upon the experience of the on-line resource so far
- Catch up with reflective diary
- Re-visit additional skills that you may need to achieve in order to work in general practice

Working in General Practice requires practitioners at all levels to be resourceful, flexible and adaptable to the various situations you may be confronted with. However, whilst adaptability is a key skill required, it does not mean cutting back on quality of care. Decisions have to be made around resources and skill sets of individual teams. In many instances there will be limited resources so it is important to have the ability to prioritise care. General Practice works best when the individual skills of each practitioner is acknowledged and recognised, regardless of what their grading is. Working in General Practice can be unpredictable and challenging and skills are required to adapt to the variety of presentations you will encounter during the course of a typical surgery. The ability to work with the various emotional situations is imperative.

Quality care is based on the effective clinical decision-making skills of GPNs. Thompson et al (2004) recognised that clinical decisions made in General Practice have very different parameters than when making a clinical decision in a busy ward. Unlike on the wards where there are a number of staff to share decision-making, you may be working autonomously on a one-to-one basis with your patient. Therefore the GPN must be prepared for the unexpected at all times, but also be able to look at the needs of carers/families in the overall planning of care.

Decisions may have to be made promptly without discussion with other staff. On occasions there may be a number of decisions to make in order to give the patient the best quality care. It is the duty of all health professionals to be accountable in demonstrating sound clinical judgement and decision making (Standing, 2010). When contemplating making a clinical decision Facione (2007:23) suggests the six steps to effective thinking and problem solving:

Ideals	5 Whats and a Why
Identify the problem	What's the real problem we are facing here?
Define the context	What are the facts and circumstances that frame this?
Enumerate choices	What are our most plausible 3 or 4 options?
Analyse options	What is our best course of action, all things considered?
List reasons explicitly	Let's be clear: Why are we making this particular choice?
Self-correct	Okay, let's look at it again, what did we miss?

'The overall success of any nurse/patient relationship is built on communication.'

Whilst the list below focuses on clinical skills it must not be forgotten that the overall success of any nurse/patient relationship is built on communication. Therefore communication channels must be open to generate discussions with your patients so, wherever possible, they are part of the clinical decision making process in their plan of care.

Skills

- Medicines management in the primary care setting-working with PGD
- Travel vaccinations and child health immunisations
- Sexual and reproductive health
- Cervical screening
- Wound and leg ulcer assessment and management including: use of Doppler, wound products, compression bandaging
- Ear irrigation
- Venepuncture
- Palliative Care
- Care of patients with LTCs particularly asthma, diabetes, hypertension, Chronic Obstructive Pulmonary Disease (COPD), Atrial fibrillation (AF), Cardio Vascular Disease (CVD)

Here are just a couple of statements relating to skills taken from the questionnaire sent out to general practice nurses:

'I'm anxious about giving injectable medications that I am unfamiliar with and feeling the need to be able to double check what I am giving. Particularly anxious about baby immunisations and travel vaccinations.'

'As a relatively experienced nurse of over 25 years experience (Wards, A&E, Community and latterly Walk In Centre) I still REALLY struggled with General Practice. The skills needed are unique to GP and cannot be learnt in any other fields. Even if you could do smears with your eyes closed you would struggle with leg ulcers.'



Activity: How would you deal with the two situations below?

Case study 1

Mrs Wray is a regular patient that attends the surgery three times a week for dressings to her venous leg ulcer. Mrs Wray lives alone with her cat; she has not been very mobile since she developed her leg ulcer 4 months ago. On her latest visit you notice that the leg is very inflamed around the outside of the ulcer. Following a thorough general assessment what clinical decisions would you make ?

- Would you continue with applying the same dressing to the wound ?
- Would you consider applying a new (different) dressing to the wound ?
- Would you ask the GP or a nursing colleague?
- If you are a nurse prescriber what would you prescribe for Mrs Wray?
- What is the rationale for your decision?

Possible actions :

- You could apply the same dressing to the wound and review with a colleague on another day.
- You could apply a different dressing to the wound if you are a prescriber and can prescribe from the NPF
- You could contact the GP and ask him/her to visit to assess the wound. Or you could contact an Independent Nurse Prescriber or Tissue Viability Nurse to assess the wound
- Would any of these actions compromise the care of your patient?

Case study 2

Ellie aged 18 months has been brought to your clinic by her mother for her MMR vaccination. During your assessment you ask about any reactions to previous immunisations and her mother tells you that Ellie had a really bad swelling around the injection site and was quite unwell.

- Would you give the immunisation ?
- How would you assess what action to take?
- Where could you get further advice from?

Possible actions:

- You could postpone the immunisation
- You could check the patients records to see if an accurate assessment of the reaction was recorded
- You could ask the GP or lead nurse for advice
- You could check the Green Book online for further information www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
- Remember you are weighing up the risks to the patient against the benefit of immunisation. You must always ensure that you have a clearly thought through rationale for the decisions you take.

Additional Skills Quotes

Look at the additional quotes below and think of what you would do if you are asked to carry out ear syringing, venepuncture or give a contraceptive



injection. Do you have the right skills to carry out the treatment? If not, what will you do to gain the required skills?

'I feel there is a lack of training in this area - ears are sometimes syringed at patient request, historical expectation before ascertaining actual need for this procedure.'

'Everything that was listed were matters of concern but even though I was the only practice nurse I was able to liaise with an experienced nurse from another practice. This to me was extremely helpful and I would have not been able to pursue my new role without this amount of help.'

'It is important to note that you will not have all the skills and you may not have all of the answers all of the time. In recognising this it is also important to address this and take action where it is needed.'



Chapter Summary

The overall aim of this chapter is to revisit the skills that the GPN needs to develop. Whilst it is acknowledged that the skills required for working in general practice are multifaceted, it is hoped that this chapter will recognise that not everyone will have all the required skills all of the time. Therefore it is essential that the General Practice Team works together to recognise its combined expertise and on occasions look beyond their team and reach out and utilise those people who have the right skills for the task in hand. This supports the QNI's Right Skills, Right Nurse campaign.

Further Reading

- Facione, P.A. (2007) Critical Thinking: What it is and why it counts., California Academic Press, California
- Standing, M. (2010) Perceptions of clinical decision-making a matrix model, McGraw Hill, London
- Thompson, C. Cullum, N. McCaughan, D. Sheldon, T. Raynor, P. (2004) Nurses, information use, and clinical decision making – the real world potential for evidence-based decisions in nursing, Evidence Based Nursing, 7, p68-72
- www.skillsforhealth.org.uk Skills for Health