

TRUE INTER-PROFESSIONAL WORKING - A COMBINED ROTA FOR JUNIOR DOCTORS, NURSE PRACTITIONERS AND CARDIAC SURGICAL CARE PRACTITIONERS

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Historical context

- Typical structure of SHO's and Registrars
 - Some educationally approved posts
 - Some Clinical Fellow / Trust Grade posts
- Usual response to changes in hours of work
- A small number of Surgical Care Practitioners working in theatre

Drivers for change

- EWTD
- MMC
- Improving educational experience
- Improve consistency and quality of care
- Availability and quality of locum staff
- Affordability

Review undertaken

- Daytime workload and areas to cover
- Out of hours activity
- Available skill sets in different professional groups
- Availability and utility of education programs
- Previous achievements with SCP's

- Plans drawn up.....

Changes needed

Investment in:

- Developing the role of Nurse Practitioners in a Cardiothoracic Unit
- Increasing the numbers and roles of Surgical Care Practitioners
- Changes to numbers and roles of Junior Trainees

New staffing arrangements

- Nurse Practitioners
 - Perform most ward tasks normally carried out by F1 to CT2 doctors
 - 7 WTE, 5 currently qualified and working on the rota
 - Training
 - Consultant mentor
 - Advanced physical assessment and consultation skills (APACS)
 - Non-medical prescribing (NMP)
 - Diagnostic imaging interpretation
 - Funded by Learning Beyond Registration fund from SHA

New staffing arrangements

- Surgical Care Practitioners
 - Extend role beyond theatre into Outpatients – particularly pre-assessment clinics
 - Trained with APACS course
 - Increase numbers from 4 to 7
 - Introduced out of hours on call rota

New staffing arrangements

- Junior Doctors
 - Trust Grade posts removed
 - Educationally recognised posts preserved
 - Need for night time on call reduced to 1 day per week
 - Rebanded 1b
- 1 F1
- 4 F2
- 3 Core Surgical Trainees

Inter-Professional Working

Ward

- Stable permanent non-medical workforce
- Transient medical workforce
- Daily business ward rounds carried out by
 - SpD,
 - FT or CST Dr
 - Nurse Practitioner
 - Nursing staff
- Protocols facilitate consistency of care

Inter-Professional Working

Out-patients

- New and follow up clinics are still carried out by medical staff
- Pre-assessment clinics involve
 - FT or CST Drs
 - SCP's
 - OP Nurse Practitioner
- Protocols facilitate consistency of care

Inter-Professional Working

Theatres

- 3 or 4 lists each day
- Medical staff and SCP's
- Need to consider case mix, educational and training needs
- Fellow lists
- Need for CST's to average 2.5 days in theatre per week

Inter-Professional Working

- Rota
 - Ensure co-ordination of 3 strands of workforce
 - Run by Matron and Principle Surgical Care Practitioner
 - Rostering of junior medical staff influenced by educational needs – not all our F2 Drs want to do surgery
 - Out of hours junior doctors cover only 1 night per week, Monday, and 2 shifts at weekends
 - Out of hours Nurse Practitioners supported by Surgical Care Practitioner and Specialty Doctor
 - Implemented 1/8/09

Rota

	07/03/2011	08/03/2011	09/03/2011	10/03/2011	11/03/2011	12/03/2011	13/03/2011		
WEEK 1	MON	TUE	WED	THUR	FRI	SAT	SUN		HOURS
EASTWOOD	1930-0800	OFF	0800-1800	0800-1800	0800-1800			F2	42.5
BIGNALL	OFF	0900-1700	0800-1800	0800-1800	0800-1800			F2	38
BELLO	0730-2000	0730-2000	0730-2000	0730-2000	OFF			CT2	50
LAU	0900-1700	0800-1800	0800-1800	0800-1800	0800-1800			CT1	48
ESKANDER	0800-1800	0800-1800	OFF	OFF	0730-2000	0730 -1300	0730-2000	F2	50.5
GRAHAM	0800-1800	0800-1800	0800-1800	0800-1800	0900-1700			F2	48
SHARKEY	0800-1800	0800-1800	0800-1800	0900-1700	OFF			CT2	38
ELSHBLY	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700			F1	40

Rota

DAY	MONTH	NIGHTS	CICU	WARD 365	OPD PRE	OPD POST	THEATRE	A / L	S / L	DAY OFF	
	JANUARY										
Saturday	01 st			DE							
Sunday	02 nd			DE							
Monday	03 rd	SB		GE				ME IG AS DE JB		ML	
Tuesday	04 th			GE ME	JB IG	JB IG	ML AS		DE	SB	
Wed	05 th		SB	GE	ML ME	ML ME	IG JB		DE	AS	
Thursday	6 th		SB	GE ME	IG DE	IG DE	ML JB			AS	
Friday	07 th		SB	AS	ML DE	ML DE	IG ME			GE JB	
Saturday	08 th			AS							
Sunday	09 th			AS							
Monday	10 th	JB		ML ME	GE AS	GE AS	IG DE			SB	
Tuesday	11 th			ML ME	GE IG	GE IG	SB AS DE			JB	
Wed	12 th			JB	DE ME	DE ME	GE AS SB ML			IG	
Thursday	13 th			ML ME	AS DE	AS DE	SB GE		JB	IG	
Friday	14 th			IG	GE ME	GE ME			AS SB ML	DE	
				Sheffield Teaching Hospitals Foundation Trust					JB		

Inter-Professional Working

- Stable permanent non-medical workforce
 - Positive influence on safety and culture
- Transient medical workforce
 - Easily integrates within this culture
 - Maximise educational opportunity
- Protocols
 - Common approach to post-operative management

Is the common rota acceptable?

- 40 copies sent out to all junior doctors who had worked the rota and consultants
- Electronic, no follow-up
- Responses
 - a) very satisfactory
 - b) satisfactory
 - c) much the same/no discernable difference
 - d) unsatisfactory
 - e) very unsatisfactory

Trainee questionnaire

1. Compared to other junior doctors rotas you have experienced/participated in would you consider the CT rota.....
2. In relation to achieving your educational objectives (compared to other rotas) did you find the CT rota.....
3. How would you rate the CT rota in relation to enhancing your training experience whilst in CT surgery.....
4. In relation to requesting annual leave and study leave did you find the CT rota.....
5. In relation to flexibility and changes in the rota e.g. for short notice requests for annual/study/carers leave did you find the CT rota.....
6. Have you found the experience of a non medical practitioner undertaking your rota.....
7. Have you found the experience of working with the Advanced Nurse Practitioners particularly in the ward areas.....

Consultant questionnaire

1. Compared to previous junior doctors rotas would you consider the current CT rota.....
2. In relation to the junior doctors achieving their educational objectives (compared to other rotas) do you find the CT rota.....
3. How would you rate the CT rota in relation to enhancing the junior doctors training experience whilst in CT surgery.....
4. In relation to service provision do you find the CT rota.....
5. In relation to flexibility and changes in the rota e.g. sickness/annual/study/carers leave do you find the CT rota.....
6. Have you found the experience of a non medical practitioner undertaking the rota.....
7. Have you found the experience of working with the Combined Junior Doctors/Surgical Care Practitioners Advanced Nurse Practitioners rota.....

Is the common rota acceptable?

- Response rate
 - Overall 15/40 (37.5%)
 - Junior Doctors 9/30 (30%)
 - Consultants 6/10 (60%)
- Slightly disappointing!

Responses

- Consultants
 - All responses
 - 53% very satisfactory
 - 47% satisfactory
- Trainees
 - All responses
 - 62% very satisfactory
 - 36% satisfactory
 - 2% no change

Conclusions

- Combined rota administered by non-medical staff is acceptable to junior doctors and consultants
- First step in achieving true inter-professional working
- Requires further evaluation