

# Reflection on the Implementation of a Nurse Practitioner training programme in a large Cardiothoracic Surgical Unit



**Presented by Sandra Laidler**

**Acknowledgements-**

**Nurse Practitioners**

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Helen Baty, Julie Wood, Jackie Carlisle, Susan Colling, Nicola Rutherford

**Cardiothoracic Matron**

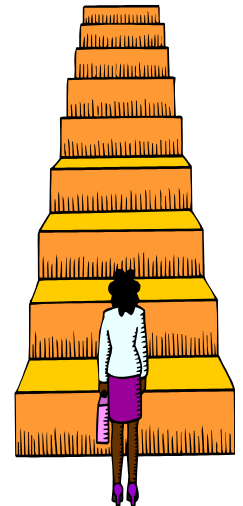
Fiona Thompson

**Lead Consultants**

Sasha Stamenkovic, Stephen Clark

# Aim

To discuss the **employment, education** and **training** of a group of experienced **nurses** to cover a 24/7 rota within a cardiothoracic unit, working at the level comparable to that of a **Junior Doctor**.



# The Nurse Practitioner Programme

“The programme aims to deliver ward care by permanent members of the team who are experienced, motivated and committed to the job”



Mr. Leslie Hamilton  
Former President SCTS  
Cardiothoracic Surgeon

# The Nurse Practitioner Programme

Mr Stephen Clark, Cardiothoracic Surgeon, champions the NP programme and clinically takes responsibility for managing and overseeing the training



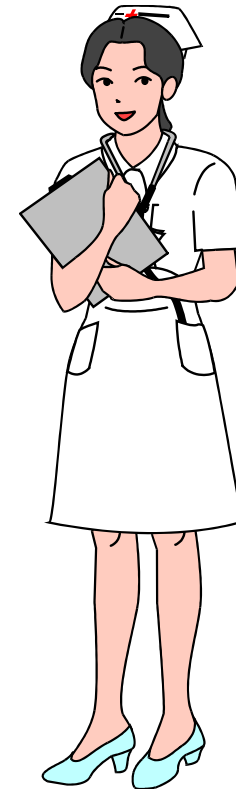
# Why did we do it?

- Disillusionment of junior doctors (CT1, CT2 & non-trainees)
- EWTD
- Recruitment of junior doctors (non-trainees)
- H@N
- Improving Original NP initiative



# The NP Training Programme

- Selection Criteria
- Formal Training
- Practical Skills
- Informal/In-house Training



# Selection Criteria

- RGN 1<sup>st</sup> level Nurse - educated to degree level working at Band 6>
- Teaching qualification/Mentor certificate
- Cardiothoracic experience



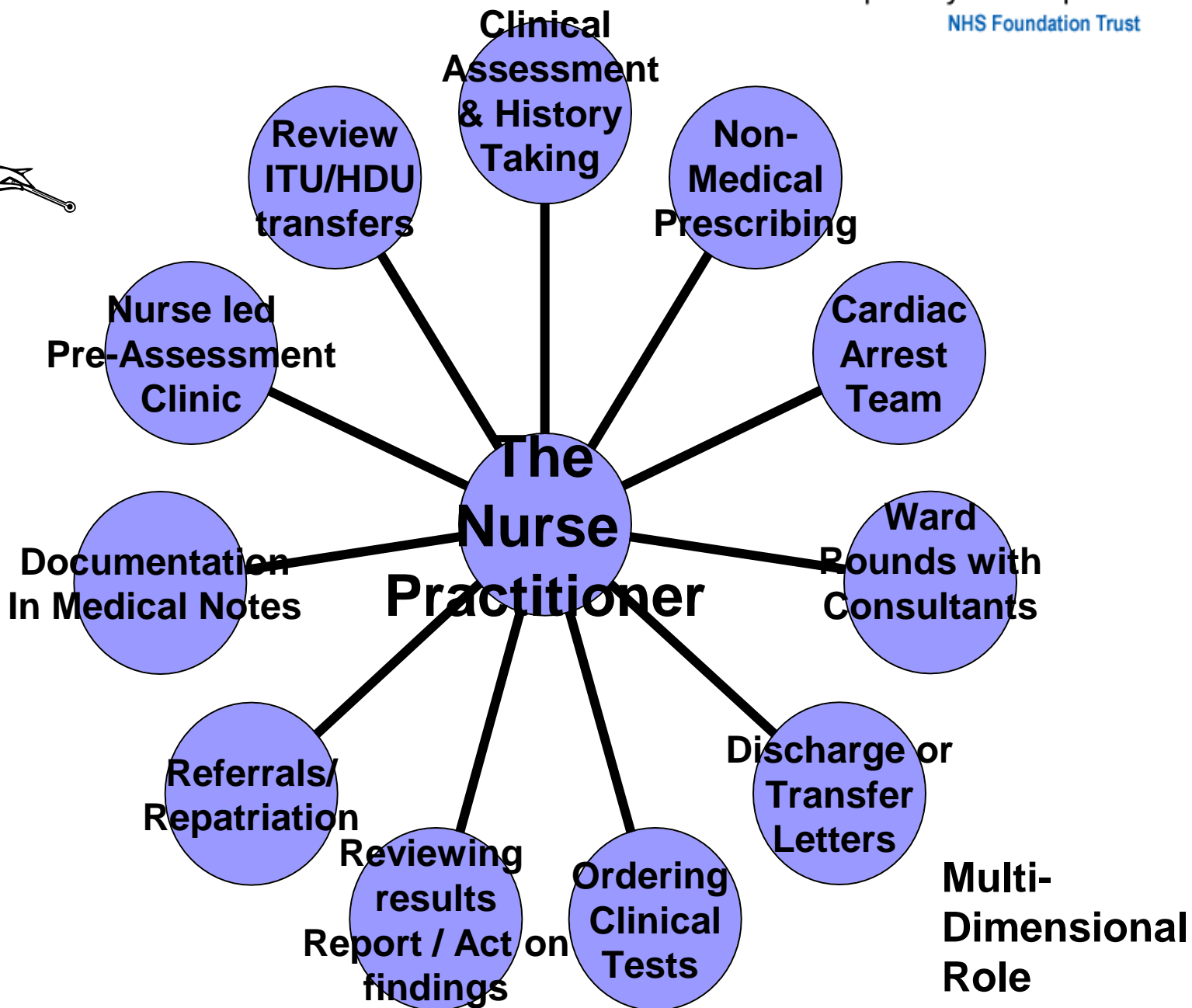
# Formal Training

- Clinical Assessment and History Taking Module
- Non-Medical Prescribing Qualification
- CALS / ALS
- Nurse Practitioner Certificate (Diploma/Degree)
- Advanced Practitioner Award (Masters)

Northumbria  
University

Carlisle  
University





# NP Multi-Dimensional Role 1

- Ward cover 24/7
- Clinical assessment & history taking pre-op patients
- Non medical prescribing
- Daily consultant led ward rounds
- Documentation & follow up from ward rounds
- Ordering clinical tests & analysis of results
- Transfer and discharge letters

# NP Multi-Dimensional Role 2

- Nurse led pre-assessment clinic (Monday – Friday)
- Repatriation referrals
- Referrals to other specialities
- Clinical review of ITU & HDU transfers
- Member of the cardiac arrest team

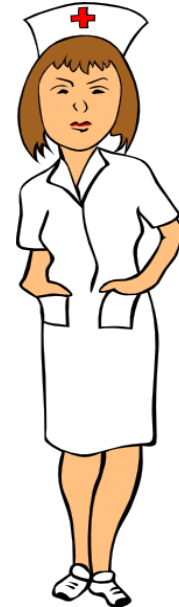
FIRST POINT of CONTACT  
24/7 Rota

# Junior Doctor or Nurse Practitioner?

**MAXI NURSE**

**not**

**MINI DOCTOR**



**“The key is the skills and knowledge to do the job rather than the label that the post holds”**

**Mr. Leslie Hamilton**  
**Former President SCTS**

# Conclusion

- **Effective replacement of the junior doctors**

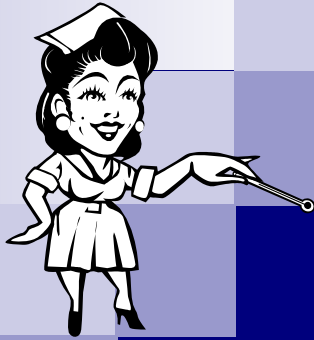
  - Improved timely and quality service provision

  - Improved documentation & communication

  - Efficient 24/7 service

- **Enhanced training for surgical trainees**

- **Forecast long term cost effectiveness**



# Any Questions?

Thank You

# Lessons Learnt 1

- Change – Psychology of '**change**' not fully addressed/understood
- Coping with attitudes and negativity from other disciplines
- Acceptance of the role
- Extended transitional time needed for some NPs
- Role blurring



# Lessons Learnt 2



- More training time
  - to reduce pressure on NPs
  - Assist transition
  
- Non-medical prescribing limitations
  
- Erecord launch
  
- Environmental factors not addressed
  
- Ongoing issues for HDU?  
Transplant & VADs patients?





# Lessons Learnt



“The team of NPs have worked extremely hard to acquire the knowledge and skills needed to implement this programme. The pressure was immense and intense at times and I do not think anyone realised how hard this would be. The NPs should be very proud of what they have achieved and should have confidence in their abilities as highly skilled Nurse Practitioners”

**Fiona Thompson**  
**Cardiothoracic Matron**

# Practical Clinical Skills 1

- Physical Assessment, Examination & History Taking
- Suturing
- Cannulation / Venepuncture
- Arterial blood gas sampling- radial & femoral approach
- ABG analysis
- Catheterisation



# Practical Clinical Skills 2

- Test requisition and analysis
- Defibrillation
- Emergency re-sternotomy (assisting SpR)
- Entonox administration
- Advanced sterile dressings & procedures (chest packs & VAC dressing)



# Informal/In-house Training 1

- Anatomy and Physiology (medical school and mortuary)
- Theatre - shadowing Consultants
- Radiology Consultant teaching sessions
- Consultant out-patient clinics
- Departmental visits – Echo, Lung function, Microbiology, Haematology, Biochemistry



# Informal/In-house Training 2

- Neurological Examination (Neurosurgeon)
- Paediatric/Congenital Teaching (Paediatric surgeon)
- Trust pharmacist teaching
- OSCE with Consultant mentors
- 60 hours clinical supervision with mentors (NMP)

Weekly Educational Meetings (on-going)

