



THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE
THE SOCIETY FOR ACUTE MEDICINE

**Bournemouth International Centre
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Masters Module in Acute Medicine

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Background



Key themes: SAM regional meeting 2015

- Staff retention and sustainable workforce
- Morale
- Safe and quality care
- Fortuitous educational opportunities
- Poor nursing career advancement in Acute Medicine
- No module/programme in Acute Medicine available nationally

Supportive evidence

Nurse turn-over determinants:

- No career development and lack of career opportunities
- Lack of career discussions and guidance

Cox et al. (2003), Robinson et al. (2005)

- Growing evidence that a better educated nursing workforce delivers better patient outcomes in terms of morbidity and mortality

Aiken L et al (2014)

- "Healthcare organizations that are willing to support their staff members with their career management may be more likely to become employers of choice and therefore benefit from recruiting and retaining high-calibre staff"

Philippou (2015)

Supportive evidence

- “need predictable and sustainable access to ongoing learning and development”

Health Education England (2015)

- “without building capacities and capabilities in our workforce for a world of continuous change and emergence of new roles and possibilities, we risk being perpetually out of step and continually rebuilding our work force to do yesterdays, not tomorrows health care work”

The Kings Fund (2014)

An integrated career and competency framework for registered nurses in acute medicine

Dr Liz Lees, Helen Myers (2013)

- 1. Conducts systematic assessments of patients admitted as acute medical emergencies
- 2. Conducts and initiates appropriate diagnostic procedures
- 3. Interprets and responds appropriately to results from assessment and diagnostic investigations
- 4. Interacts effectively with and contributes to the working of a multi-disciplinary team
- 5. Applies a critical awareness of the principles of clinical governance
- 6. Applies a critical awareness of the ethical, legal and professional issues in relation to patients admitted as acute medical emergencies
- 7. Plans discharge effectively to facilitate throughput of patients
- 8. Displays effective communication and organisational skills to manage patient flow

Strategic View

- Workforce planning
- “Education and training providers will need to design and deliver new and innovative programmes that support workforce redesign and service improvement”

The Shape of Caring Review (2015)

- Loss of funding for programmes from HEE

- Bespoke module/Programmes

Stakeholders

- The University of Bolton
- NHS Trusts:
 - Bolton Hospitals Foundation Trust
 - Salford Royal Foundation Trust
- Representatives from the acute and urgent care divisions : lead nurse/Matrons/ANP's/consultant colleagues/AHP's
- Education and development leads

Acute Medicine Module: HE6/HE7

- 20credits
- Level 7 or level 6
- 14 weeks
- Delivered by
 - Keynote lectures
 - Group discussions/case histories
 - Master classes by expert speakers in the field of Acute Medicine
 - Assessed by MCQ and OSCE
- First intake January 2018

Indicative content

- 1. Knowledge and clinical skills in the systematic assessment of patients who present with acute medical emergencies.
- 2. Identification of the signs and symptoms of the deteriorating patient and when to initiate appropriate and timely interventions
- 3. identification of the appropriate diagnostic investigations

Indicative content

- 4. Interpretation of abnormal investigations.
- 5. Understanding the care needs of vulnerable adult groups including older people, frail people and teenagers and young adults.
- 6. Effective communication and organisational skills to manage patient flow.
- 7. Identification of effective discharge planning.

Evaluation

- 24 students registered.
 - 22 completed the module (six Level 6 and sixteen Level 7).
 - 21 passed examinations first time.
 - 1 student deferred.
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- 11 students worked in an AMU.
 - 7 were community practitioners.
 - 6 others, were from other acute hospital settings.

Evaluation

- Student's free text responses:
 - Deeper understanding of their patients and their care
 - Interpretation of investigations in-situ and appropriate next step
 - Identifying patients who need admission from the community
 - Better handovers
 - Disseminate learning at ward level.
 - Didn't enjoy problem based learning

Student rated confidence in assessing investigations pre and post module

	Pre Module		Post Module		Difference		p-value
	Mean	Median	Mean	Median	Mean	Median	
FBC	4.4	5	7.4	7	2.9	2	0.000
U&E	4.7	5	7.7	8	3.0	3	0.000
LFT	3.6	3	7.1	7	3.5	4	0.000
Bone	3.1	3	6.4	6	3.3	3	0.000
Clotting	3.1	3	7.3	8	4.2	5	0.000
Troponin	4.7	4	8.4	9	3.6	5	0.000
D-dimer	4.2	3.5	8.6	8	4.4	5	0.000
ABG	2.7	2	7.3	7	4.7	5	0.000
VBG	2.5	2	7.0	7	4.4	5	0.000
ECG	3.3	3	7.5	7	4.1	4	0.000
CXR	2.0	2	7.0	7	5.1	5	0.000
Blood Culture	2.9	2	6.2	6	3.4	4	0.000
Urine Dipstick	6.7	6	7.8	8	1.1	2	0.007
MSU	5.6	5	7.7	8	2.1	3	0.003
PEFR	4.9	4	7.8	8	2.8	4	0.000
CT Brain	1.8	1	5.1	5	3.3	4	0.000
MR Spine	1.3	1	5.4	5	4.1	4	0.000
LP	1.5	1	5.8	6	4.3	5	0.000

Ratings are based on 10-point Likert scale, 1 is low confidence and 10 is highly confident.

Student rated confidence in care conditions pre and post module

	Pre Module		Post Module		Difference		p value
	Mean	Median	Mean	Median	Mean	Median	
SOB	5.3	5	7.7	7.5	2.4	2.5	0.000
Chest pain	5.5	5	8.1	8	2.6	3	0.000
Haemoptysis	4.4	4	7.4	7.5	3.0	3.5	0.000
Palpitations	5.5	5	7.8	8	2.3	3	0.000
AKI	4.9	5	7.4	7.5	2.5	2.5	0.000
CKD	4.6	4	7.2	7	2.6	3	0.000
DM	5.0	5	7.3	7	2.3	2	0.000
Diabetic emergencies	5.3	5	7.8	8	2.4	3	0.003
Sepsis	5.9	6	8.4	8.5	2.5	2.5	0.002
Pyrexia unknown origin	5.4	5	7.9	8	2.4	3	0.004
Falls	5.9	5	7.5	7	1.6	2	0.008
Fits, faints, funny turns	5.0	5	7.2	7	2.2	2	0.007
Confusion	5.1	5.0	7.1	7.0	2.0	2.0	0.004
Delirium	4.7	4	6.9	7	2.2	3	0.003
Functional	3.7	4	6.7	7	3.0	3	0.003
GI Bleed	4.4	4.0	7.3	7.5	2.9	3.5	0.001
Abdominal pain	4.5	5	7.0	7	2.4	2	0.002
Jaundice	4.2	5	6.8	7	2.6	2	0.002
Diarrhoea	4.7	4.5	7.3	7.0	2.6	2.5	0.003
Skin conditions	3.3	3	6.2	7	2.8	4	0.001
Eye conditions	3.0	2	5.6	6	2.6	4	0.000
ENT	3.3	3	5.9	6	2.6	3	0.003
Musculoskeletal	4.7	5	6.7	7	2.0	2	0.003
Self-harm	4.7	5.0	6.7	7.0	1.9	2	0.012
DVT	4.7	5	7.8	8	3.0	3	0.001
Ambulatory care	4.3	4	7.5	8	3.2	4	0.001
Discharge planning	6.0	7	7.6	8	1.6	1	0.011
QA in AMU	4.2	5	7.2	7.5	3.0	2.5	0.002
AMU co-ordinator role	4.0	4	6.9	7.5	2.9	3.5	0.001
Palliative Care	5.1	5	7.8	8	2.7	3	0.003
Older people	5.5	5	7.9	8	2.4	3	0.003
Frailty	5.3	5	7.9	8	2.5	3	0.003
Teenagers & young adults	3.3	3	6.2	6.5	2.9	3.5	0.002
Acute oncology	3.1	3	6.3	6.5	3.2	3.5	0.000
Medico-legal	3.2	3	6.8	7	3.5	4	0.000
Clinical Governance	4.7	5	6.9	7	2.2	2	0.005
Consent	6.5	7	7.7	8	1.1	1	0.042
Mental Capacity	6.2	6	7.7	8	1.5	2	0.006
AM guidelines	4.4	5	7.5	8	3.0	3	0.000
History of acute medicine	3.2	3	6.8	7	3.5	4	0.000

Ratings are based on 10-point Likert scale, 1 is low confidence and 10 is highly confident.

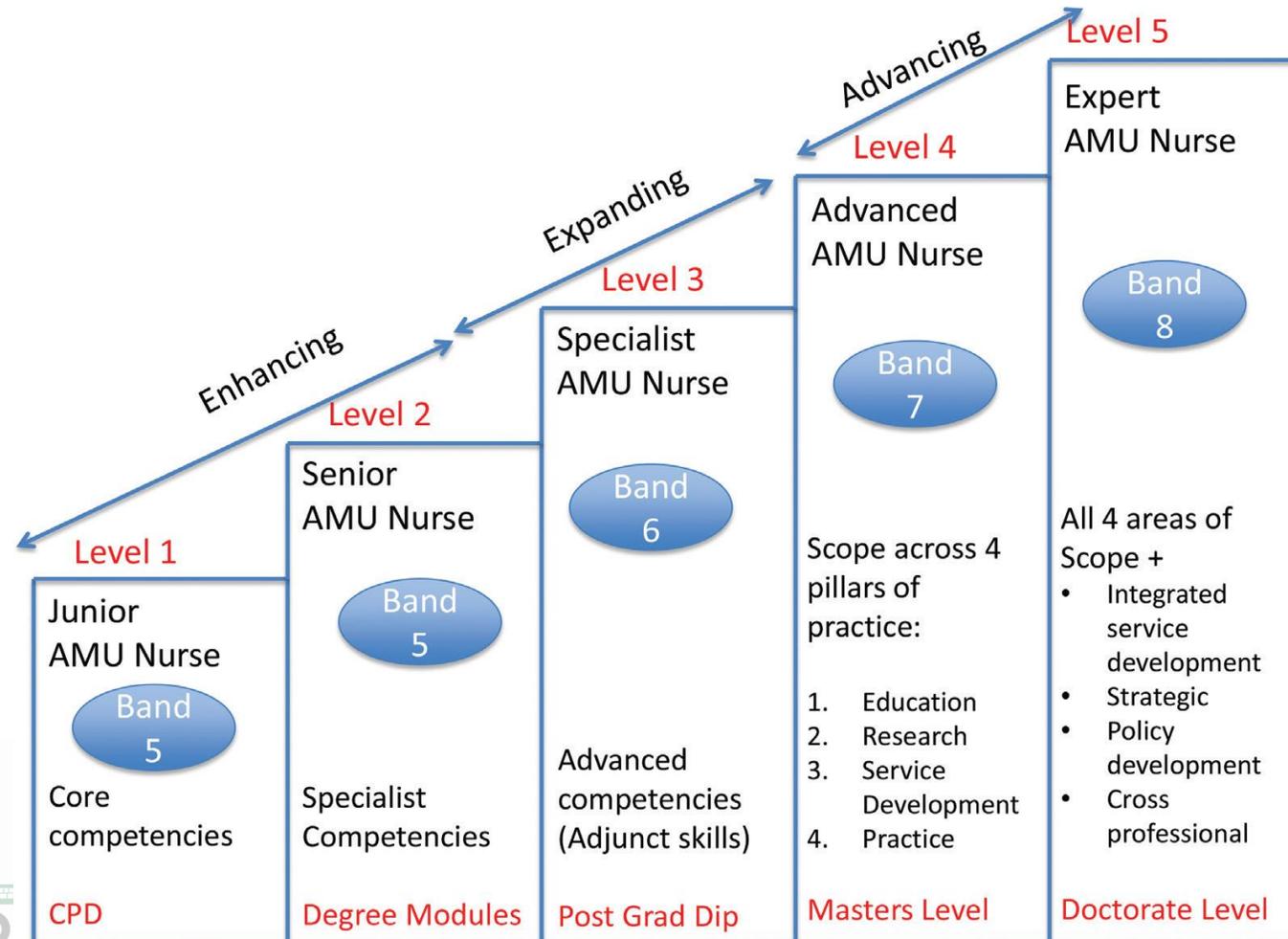
Evaluation - Kirkpatrick's hierarchy

- Level 1 Reaction – **achieved** as students were satisfied
- Level 2 Learning – **achieved** based on student-rated confidence and knowledge
- Level 3 Behaviour – **partially achieved** based on free text feedback
- Level 4 Results – **not able to show** direct patient or healthcare systems benefits

Further evaluation by formal qualitative study needed to help achieve Level 3 and 4.

Articulating advancement for acute medicine nurses

Lees-Deutsch, Christian & I Setchfield (2016)



The Bolton NHS FT Model

Preceptorship period



In-house programme of study (band 5 preceptorship+)

- 6 month programme – 1 day a month
- Focus on main presenting conditions and management



Acute Medicine Module (band 6 /senior band 5+)



Acute Medicine Practitioner pathway

- Pre-ACP/ward manager/practice educator
- Band 6
- Career progression with clinical, leadership or academia focus
- Acute medicine module with 2 other modules dependent on career route



MSc in Acute Medicine – The future..

The vision

- Staff retention and sustainable work force
- Skilled workforce with under pinning knowledge
- Improved recognition of sick patients
- Better patient outcomes/lower mortality rates
- Improved patient journey

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