General Practice Nursing

Developing confidence, capability and capacity for delivery of technology enabled care and prevention of avoidable illness

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Digital general practice nurse champions: learning and leading on technology enabled care services in your practice

Learning exercises that might be useful for you to reflect and act on.

This document captures a range of learning tools that underpin the action learning set for general practice nurses and other clinicians based in general practices to develop their competence and confidence and capability in delivering technology enabled care services (TECS).

You (and your practice team) should understand that:

1. Lifelong learning is key to supporting the acquisition and application of new skills and knowledge.
2. The motivational aspects of learning improve morale and individual performance.
3. People are generally resourceful and want to do well in their jobs.

1. What is your leadership style?

Leadership styles

1. **Authoritarian**
   Giving clear directions for specific tasks.

2. **Authoritative**
   Stating broad objectives and delegating the detailed execution to others while accepting responsibility for the outcome.

3. **Democratic**
   Encouraging participation to secure the benefit of the expertise of all team members.

4. **Task orientated**
   Focusing on the task in hand and requiring a high standard of task accomplishment, regardless of other considerations.

5. **Developmental**
   Focusing on the longer-term development of members of the team as an investment in the future.

Individuals learn best when:

- they take responsibility for their own learning
- they are involved in the planning, content and evaluation of learning
- they use past experiences in the learning process
- individual needs and styles are recognised
- learning is relevant to the context in which they work.

2. Sustain your commitment to team working

Team working promotes and facilitates informal learning by developing an appreciation and understanding of the roles and skills of others. It also encourages sharing and support and improves communication skills to ensure increased knowledge. Your organisation's objectives are probably (largely) achieved through teams, and therefore good team-working is vital. Team delivery of healthcare strengthens the need for team learning. Your organisation should ensure that there is a framework in place that encourages and supports team learning. It will probably be multidisciplinary which is even better, as multidisciplinary training and shared learning helps to promote corporacy, empowerment and understanding.

Your team is more likely to function well if it:

- has clear team goals and objectives
- has clear lines of accountability and authority
- has diverse skills and personalities
- has specific individual roles for members
- shares tasks
- regularly communicates within the team – formal and informal
- has full participation by team members
- confronts conflict
- monitors team objectives
- gives feedback to individuals
- gives feedback on team performance
- has external recognition of the team
- has two-way external communication between the team and outside world
- offers rewards for the team.

3. Develop your competence

There are a number of common themes that are reflected in the definitions of competence. These are:
1. knowledge, understanding and judgement
2. a range of skills – cognitive, technical or psychomotor, and interpersonal
3. a range of personal attributes.

'Competencies' are the knowledge, skills, abilities and behaviours that you apply in performing your work and are the key employee-related levers for achieving results that are relevant to the organisation's business strategies. A 'competency framework' is a set of competencies and includes associated behaviours that link directly to overall strategic priorities and the work that needs to be done to achieve them, as well as to levels of proficiency for each behaviour. The framework provides the proficiency levels and behaviours required for a specific job or jobs.

Benner's novice to expert model identifies five levels of proficiency[1]:
1. novice
2. advanced beginner
3. competent
4. proficient
5. expert.

Benner used this model to define levels of practice in nursing. She defined the levels as follows:

Novice: That stage in skill acquisition where no background understanding of the situation exists, so that context-free rules and attributes are required for safe entry and performance in the situation.

Advanced beginner: One who can demonstrate marginally acceptable performance. The advanced beginner has enough background experience to recognise aspects of a situation.

Proficient: The proficient performer perceives situations as wholes rather than in terms of aspects, and performance is guided by maxims. The proficient performer has an intuitive grasp of the situation based upon a deep background understanding.

Competent: A stage in skill acquisition typified by considerable conscious, deliberate planning. The competent stage is evidenced by an increased level of efficiency.

Expert: Developed only when the clinician tests and refines theoretical and practical knowledge in actual clinical situations. So an expert has a deep background understanding of clinical situations based upon many past paradigm cases.

1. Benner P (1984) *From Novice to Expert: excellence and power in clinical nursing practice.*
   Addison Wesley, California.

4.   Check that you have a strategy and statement of intent to adopt/roll out TECS in your practice (or organization)

	Criteria	Where are we now?	Your action
1	Strategy and statement of intent.		
2	Specific standards relating to access, funding, resources, protected time, minimum requirements are drawn up and apply to all involved in delivering TECS plan.		
3	Implementation plans should be defined, agreed, delivered.		
4	The strategy, statement of intent and implementation plan are communicated throughout the organisation using the appropriate mechanism e.g. team briefings etc.		
5	Evaluation methods are developed to measure effectiveness, outcomes and contribution to organisational objectives.		

5. Take account of environmental perspectives in your adoption of TECS

These include:
- political
- economical
- sociological
- technological factors.

Political Environmental Sociological Technological (PEST) analysis
A PEST analysis is a simple tool that focuses on factors external to the organization, allowing analysis of drivers that may or may not be within the organisation's control.
Carry out a PEST analysis in the context of the broader picture. The context needs to reflect the perspectives and issues of other healthcare providers, the patient groups and target population and the current local situation (politically). It should draw on profiles, audits and surveys that are relevant.

Discuss the political, economic, sociological and technological factors that influence your practice's/organisation's aims and objectives.

Political	Economic
Sociological	**Technological**

6. Do a Strengths Weaknesses Opportunities Threats (SWOT) analysis
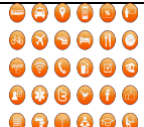
A SWOT analysis is a simple tool that allows you to analyse the internal factors that create the current situation (e.g. with rollout of TECS) within an organisation. So, undertake a SWOT analysis, of the internal factors that drive your organisation forward and give it purpose. The SWOT analysis will reflect the vision of your organisation, its strategies, objectives and priorities, its functions and its 'rules' of how it engages with others. Information that would be helpful to underpin the SWOT analysis includes: the range of services provided and financial information, costs, cash flow etc.

Identify the internal control factors (strengths and weaknesses) and the external control factors (opportunities and threats) that influence you or your organisation's ability to achieve its aims and objectives.

Strengths	Weaknesses

Opportunities	Threats

7. Complete this infrastructure and resource matrix

This will help you to assess the readiness of your organisation's infrastructure in the development of technology enabled care services in your organisation. The following key explains the symbols used in the matrix to help you to plot gaps in resource availability.

Symbol	Infrastructure/resource	Explanation – examples	Available
	Documentation	Policy, protocols, standards, operating procedures, etc.	
	Location	Physical location, available space, training facilities (organisational/delivery) etc.	
	Money	Protected/identified funding, budgets, bids, grants, procurement etc.	
	Expertise	Skills, knowledge, capability, competence within or without the organisation; training and education provision staff and those for whom services intended.	
	People	Appropriately trained and available staff, staff hours, coverage for training etc.	
	Materials	Equipment, books, training resources, supplies, provisions, information leaflets	
	Information technology	Hardware, software, networks, internet capability, library facilities, knowledge management systems.	
	Communication	Communication flows, mechanisms e.g. newsletter, team briefing, user involvement, community, media and press, socialising	
	Planning	Planning mechanisms, planning groups, project management capability strategic planning meetings. Links to NHS/social care/voluntary sector and frontline staff.	
	Access	Planning for access to services for those who are 'harder to reach' who will struggle to attend without support.	

Plot your Practice's resources by ticking where there are identified resources available and making a cross where there are none. By identifying these gaps, you can begin to build an action plan of the next steps in your journey towards a learning organisation.

8. Plan the resources you will need for your practice/ organisation to adopt technology enabled care at scale

What's needed?	Resources									

9. Undertake a significant event audit or analysis as needs be

This process analyses real situations (good and bad) to enable teams or individuals to understand what happened, why it happened, who were the key people involved and how an adverse significant event can be prevented in future or a successful event be repeated on a regular basis.

Significant event audit or analysis can encompass all aspects of service delivery- operational, managerial and clinical, and should be viewed as a constructive process that offers significant learning for the whole organisation.

Significant event audit / analysis checklist		
	Detail	**Result**
Event to be analysed		
Issues	**Action**	**Results**
How was the event managed initially?		
Who was involved?		
What were the positive things that occurred?		
Could anyone else have contributed to the event?		
How could they have contributed?		
What were the key factors that determined the outcome?		
Were there any interface issues?		
Were there any team issues?		
Follow-up arrangements		

- How and when will change be implemented?
- What action/policy decision will you take as a result of this audit /analysis?
- Who will be responsible for ensuring that this is done?
- When will the task be completed?

10.   Quality Improvement template you might adopt for reflection of how well things went - after session 2
(please note will be useful for individual general practice nurse to discuss their completed review with a peer and include in their professional evidence for revalidation)

10.1   The problem or issue you addressed that is relevant to the delivery of TECS for long term condition(s) care or redressing of adverse lifestyle habit(s)
- Which problem or issue did you address?
- How did you know it was a problem?
- Who was it affecting?
- Had it been tackled before?

10.2   Baseline measurement
Before you started how did you measure or assess the scale and scope of the problem? Have you baseline data?

10.3   What intervention(s) you did
- What did you do; what was the healthcare setting?
- How did you engage with key stakeholders, including patients, in identifying the problem or issues and designing the solution?
- Who were the subjects of the intervention, and who helped deliver it? When did the intervention start (dates)?
- What evaluation did you undertake; what did you measure and how did you measure it?

10.4   Your findings
What were your end-of-project results (exactly what did you measure and how did you measure it - have you any tables or figures you can share – based on those provided in the action learning sessions or other appropriate capture of outcomes)?

10.5   Patient & stakeholder engagement
What engagement did you undertake with patients/the public/stakeholders in:
- identifying the problem,
- designing the intervention,
- understanding or interpreting the findings,
- planning follow up actions (how learning and achievements will be shared- e.g. publication, presentation to academic conference or local commissioners.

10.6   Looking backwards and forwards
What feedback– positive and negative - did you get e.g. from patients/carers, populations, staff, commissioners? What challenges did you face? Did you overcome them? How? If you repeated the project what would you do differently?
Has your intervention now become routine practice? Yes / No
- If Yes, will it be sustainable in the long term?
- If No, why not?

11   Learning from others
Has the problem you addressed (similar or related) been tackled by others? What did they do? Were they successful?

12   Costs (as guided by evaluation lead)
Can you give brief overall costs?