

Developing a burns link nurse framework for minor burn management

KEY WORDS

- ▶ Burns link nurse
- ▶ Burns service
- ▶ Train-the-trainer network

Following a review undertaken at the turn of the century (National Burn Care Review, 2001) it became clear that burns services in the UK required an overhaul. This led to the establishment of the Northern Burn Care Network, set up in response to the review in 2008. This article focuses on the development the Burns Link Nurse Framework and outlines the nature of the “train-the-trainer” model. The success of the network can be seen through the positive feedback gained from burns link nurses and the reduction in appropriate referrals.

The publication of the National Burn Care Review (NBCR; 2001) confirmed what most clinicians in the specialty already suspected; namely that services in the UK were disorganised, fragmented, inadequate, and inequitable from a patients’ perspective. Although historically British burn care is rightly credited with being an innovative world leader, the NBCR suggested that the quality of services has not developed in comparison with some leading services in the USA, Europe, and Australia. The review recommended the development of a network of burn care and uniformity of clinical management and referral guidelines.

The Northern Burn Care Network (NBCN) was set up in response to the NBCR in 2008. This network was one of four national networks and covered 10 burns services in the north of England and north Wales, covering a total population of 15.6 million people.

The remit of the network was to drive change and improve burn care services across a given geographical area. In order to achieve this, it was necessary to develop consistent practices in managing burn care across the patient’s pathway. While a local initiative had previously been tried in one of the services, it was not sustainable and it was determined that there was a need for a Burns Link Nurse Framework utilising a “train-the-trainer” (TTT) model. As a result of the development of the Northern Burn Care Network, a number of initiatives have been developed. The Burns Link Nurse Framework is one of these initiatives.

Link nurse roles have previously been heralded as a potentially valuable resource (Thompson et al, 2002) and hospitals tend to have a variety of link nurses within wards: diabetes link nurses, wound care link nurses, and infection control link nurses, to name but a few. This is supported by Cotterell et al (2007) who suggested that link nursing has been used and described in many different clinical settings, including infection control (Dawson, 2003), diabetes care (MacArthur, 1998; Lake, 2003), tissue viability (Tinley, 2000), and colorectal cancer nursing (Perry-Woodford and Whayman, 2005).

Education of the patient and other members of staff is an important part of being a link nurse. According to McKeeney (2003), one of the most frequently recorded benefits of all types of link nurse systems is the noticeable improvement in communication. Horton (1988) suggested that the link nurse is a line of communication between the specialist team and the local service.

Suggested requirements of effective link nurses include having background knowledge of the appropriate specialty, being able to pass on information, and to be in a position to implement change (Charalambous, 1995). Cooper (2001) advocated that educational enterprises, such as link nurse programmes, should have theoretical underpinnings to ensure their long-term success in changing practice. Thus, recognising factors such as learners’ motivation and readiness to learn can be related to the theory of adult learning. This model includes assumptions that adults possess a curiosity, experiences, a

willingness, and a motivation to learn (Knowles et al, 1998).

The link nurse role has also been identified as a motivator of staff (Charalambous, 1995), role model (Teare et al, 2001), and local change agent and disseminator of information (Curzio and McCowan, 2000). Their role centres on disseminating knowledge, not only to nurses, but across the healthcare teams, such as physicians and allied clinicians (Pagnamenta, 2005).

The aim of the Burns Link Nurse Framework was to ensure that each area has access to a qualified nurse who can act as a resource within the realm of burns, to ensure information is cascaded to all teams, provide a forum for education and reflected practice that is firmly based on practical requirements, as well as access to audit data.

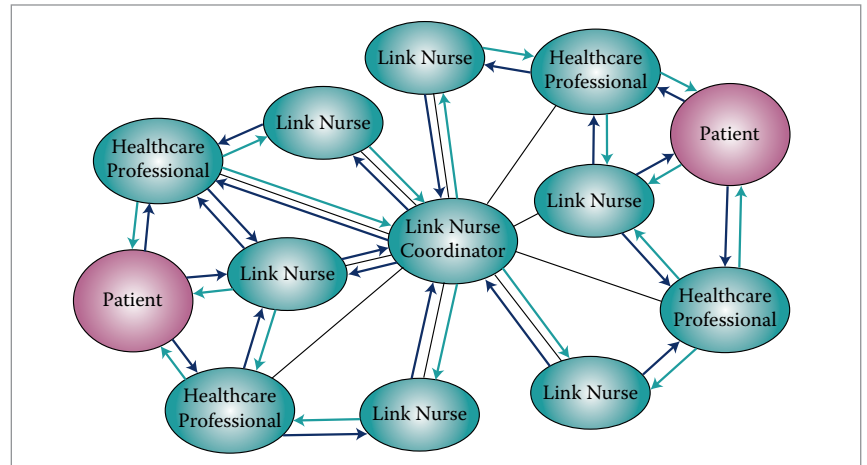
METHODS

A team of link nurse coordinators were identified from each of the burns services in the north west of England. These staff are funded by the specialist commissioner at band 6, for one day a week. This team, led by the lead nurse, initially identified two link nurses from each A&E department. They then developed a teaching package for managing non-complex burns, this was then disseminated along with a resource file to all A&E departments in the north west, through a study day on minor burns and then through a series of TTT events. For areas that were unable to attend these events the coordinators subsequently visited them in their place of work. *Figure 1* demonstrates the relationships between the burns link nurse coordinators and the burns link nurses.

The TTT model allows experienced healthcare providers to use educational materials and information to teach other providers, who then return to their workplace and cascade this information to interested audiences (Connell et al, 2002). This form of model has been used to successfully train staff in several aspects of healthcare and has demonstrated changes in knowledge, attitudes, and self efficacy among healthcare providers (Brimmer et al, 2008).

The training is centred around the minor burn management package, which consists of four

Figure 1. Relationships between the Burn Link Nurse Coordinators and Link nurses.



components: causation and first aid; treatment; assessment; and referral and aftercare. It has accompanying speaker notes, as well as being part of a larger resource file, which contains information about the burns services that they link to (i.e. adult or paediatric), as well as referral forms, and information about educational initiatives, for instance.

RESULTS

Feedback has been gathered from the TTT events and has been positive. Additionally, the link nurses were asked to complete feedback sheets when they delivered the sessions and also gain feedback from the staff they delivered the sessions to, on the usefulness of the session. This feedback demonstrated that all burns link nurses either "agreed" or "strongly agreed" that they were sufficiently prepared to deliver the burns training sessions, and that they would have a positive impact on the management of minor burns (*Figure 2*). The feedback from staff within the departments was positive about the training they received (*Figure 3*).

In conjunction with the Burns Link Nurse Framework, a uniform set of referral criteria, referral forms, and non-complex burn injury management protocol were developed. These were introduced across all hospital and community settings, as well as through the burns link nurses, to ascertain the effectiveness of the programme and provide baseline information to further develop the framework

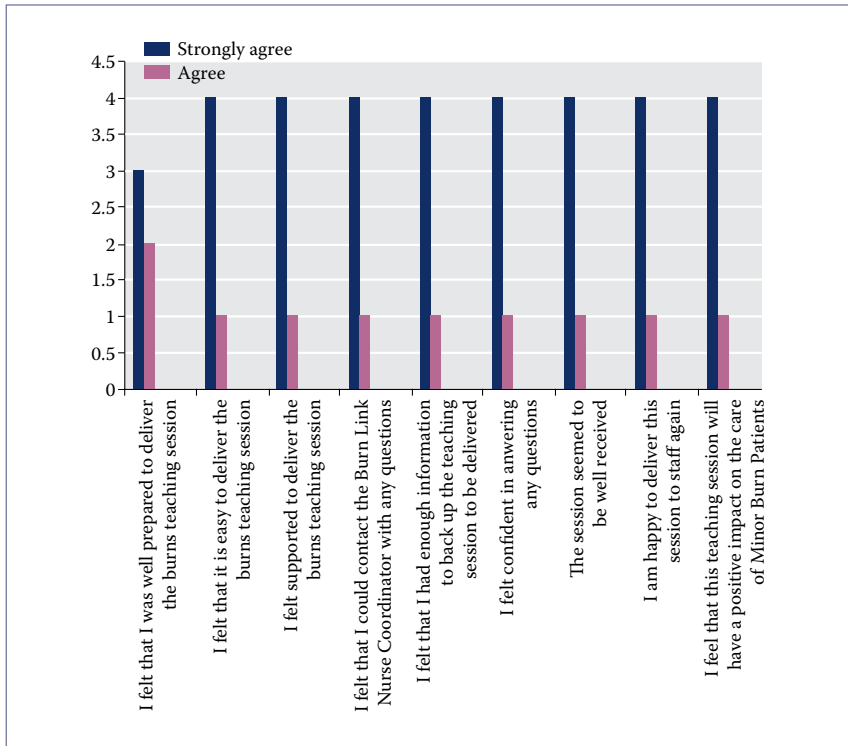


Figure 2. Burns Link Nurses' feedback on sessions delivered.

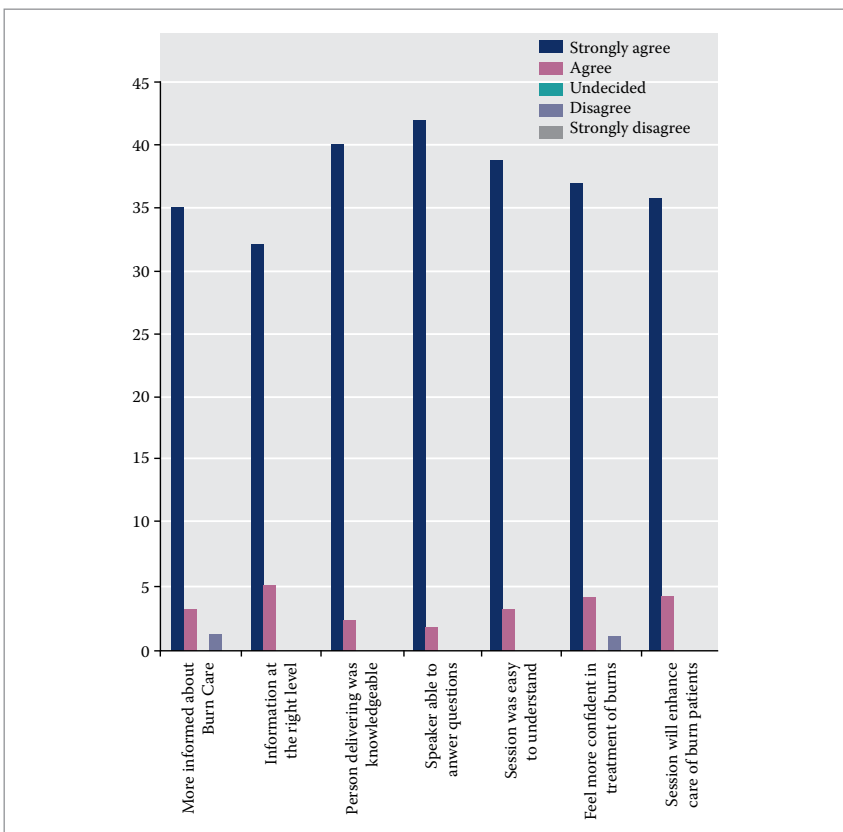


Figure 3. Feedback received from staff on the burns training they received from link nurses.

and ascertain appropriateness of minor burn referrals to burns services. Data on each referral are collected by the burns link nurse coordinators.

Figure 4 demonstrates the reduction in inappropriate referrals (i.e. total body surface area or depth being incorrectly assessed) to the burns unit observed in the months that followed the introduction of the education programme.

CONCLUSION

Management of minor burns is at best *ad hoc* across the country. By developing a link nurse framework we have provided consistent educational advice. This has had the benefit of improving the patient experience, ensuring the right patient is seen in the right place at the right time, while reducing health inequalities in burns care. By utilising a TTT approach, we have developed an efficient, sustainable, and cost-effective method of dissemination of education and training.

These study days have now been running annually since 2009. Feedback has been collected each year, and has been positive (Figure 5). The programme has changed annually in response to feedback and the practical sessions in the afternoon are now very popular. Link nurses have been identified and trained in all A&Es, walk-in centres, minor injury units and prisons. Currently, work is underway to roll out programmes for mental health link nurses and community nurses.

Link nurses have demonstrated increased knowledge, skill, and confidence in treating burns, with enhanced communication and information sharing between the specialist units and other healthcare providers. There have been more appropriate and accurate referrals, and this has led to improvements in clinical practice.

Having demonstrated a positive outcome for A&Es, walk-in centres, minor injury units and prisons, the team is currently targeting mental health units next as these are often over-represented in terms of patients, but poorly serviced in terms of wound care. The final group will be community nurses, practice nurses and GPs. Following our initial pilot, the Yorkshire and Humber region began rolling out the

programme in 2011 in their A&Es. In addition, a web-based programme is currently being developed. It is envisaged that the programme will facilitate staff, to access educational information during the day at nights and on weekends. A set of clinical competencies have been developed for the burns link nurses in A&E, and community and these will be modified for other clinical areas.

The programme has been shortlisted for both the HSJ Efficiency Award and *Nursing Times* award and has been so successful that funding has now been given for three more Burn Care Networks. Future developments include a Burns ICU link nurse framework, as well as a complex burns management training package for major trauma centres. Further information on the programme can be found at www.nbcn.nhs.uk



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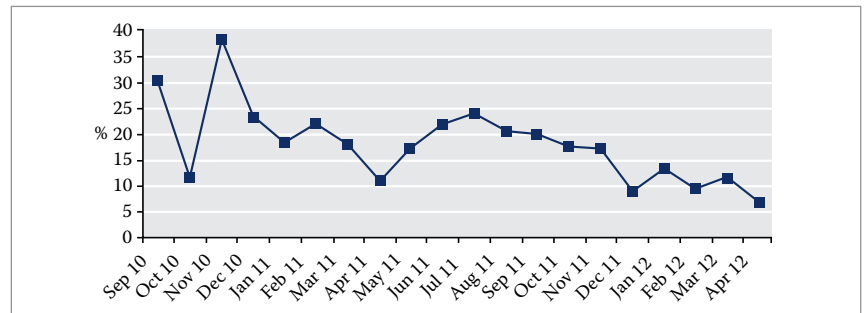


Figure 4. Percentage of inappropriate burns referrals by month following the introduction of the burns link nurse programme.

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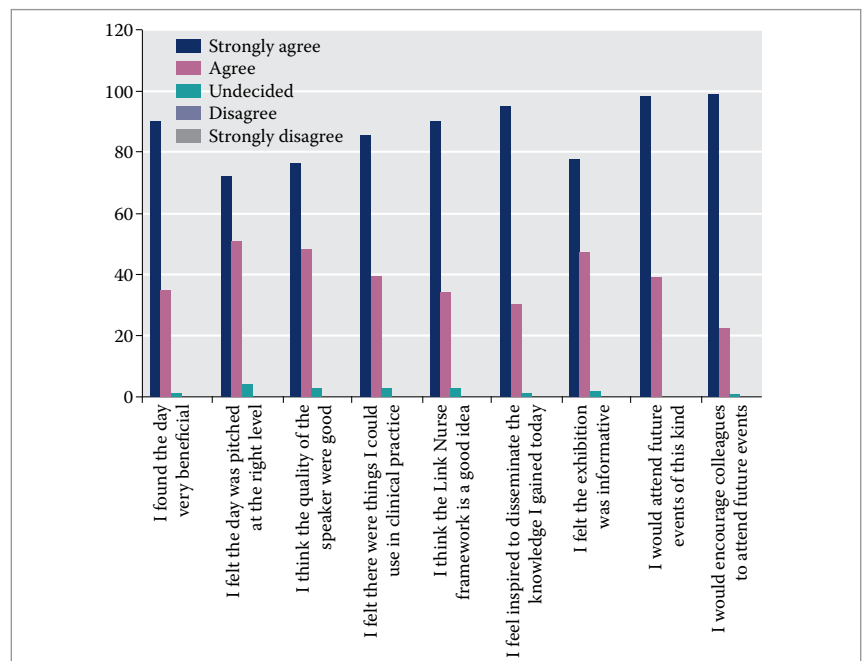


Figure 5. Cumulative participant evaluation of minor burns study days since 2009.