

Masterclass of advanced clinical skills for tissue viability practitioners

Jackie Stephen-Haynes

Tissue viability needs to adapt to meet the demands of its patients and to survive as a specialty. As White (2008) has proposed, tissue viability should include wound management, vascular issues, lymphoedema, skin, ostomy and continence care. As the population grows, the NHS faces the expanding challenge of responding to the healthcare needs of an ageing population. This is partially due to the changing demographics in the UK (Office for National Statistics, 2006) and the accompanying need for an increase in high quality care, patient choice and the development of advanced nursing skills. Indeed, the Department of Health (DoH, 2002) has highlighted the need for rapid access to diagnosis and treatment, while increasing the skills of a range of healthcare staff to deliver personalised, safe, clinically-effective care in the community (DoH, 2008).

Developing the surgical skills of tissue viability consultant nurses and specialists could improve clinical care and reduce financial cost. The parameters of professional practice have become blurred and many tissue viability consultants and specialists are not only ideally placed to develop surgical skills, but recognise the

opportunity to demonstrate the clinical impact that this will have to managers and commissioners of services.

To this end, Wounds UK in association with the European Academy of Wound Technology (EAWT) and sponsored by Covidien have developed a surgical skills competency

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course for the advanced practitioner; 'Advanced clinical skills for tissue viability practitioners masterclass': the first masterclass for which took place recently at the Covidien surgical training facility in Elancourt near Paris.

The development of advanced/surgical skills

According to experience-based learning theory, the acquisition of new clinical knowledge is a dynamic process of social enculturation and the development of professional identity that requires active participation, clinical applicability, and direct interaction with healthcare professionals (Cloyd et al,

2008). Indeed, to develop the skills acquired at the masterclass will require further supervised clinical practice and a mentor to be appointed for several or all of the surgical skills, depending on the practitioner and the skills of the mentor.

It is reported in the literature that specific skills can develop over a period of time (Blanzola et al, 2004; Lee, 2008; Schroeder, 2008). Coombs et al (2006) found that the implementation of fast track training in the treatment of minor injuries and illnesses by designated clinicians within the emergency department allowed nurses to achieve advanced skills in the area of suturing.

Developing an advanced skills course

The development of an advanced clinical skills course required a systematic approach that took the following path:

- ▶ Initiation — many tissue viability specialists and consultants have recognised the need for the development of surgical skills. Acquiring new knowledge and skills is recognised as essential for nurses to practice safely in new and extended roles (Nursing and Midwifery Council [NMC], 2008)
- ▶ Preparation — the development of new skills requires preparation, involving the development and approval of competencies
- ▶ Learning — the learning of advanced skills, including surgical skills, requires a practical approach which led to the development of the masterclass. Wounds UK and the medical and surgical divisions

Jackie Stephen-Haynes is Consultant Nurse and Senior Lecturer in Tissue Viability, Worcestershire Primary Care Trusts and University of Worcester.

of Covidien supported nurses to attend Covidien's European education centre for two days of educational seminars, theatre and laboratory education. The majority of the time was spent in the state-of-the-art operating facilities of Covidien, working under the guidance of the laboratory director for the Covidien European Training Centre, Rodrigo da Rocha Cararo

- ▶ Implementation — there are a variety of training aids to supplement traditional surgical skills training, but the importance of hands-on practice was recognised. The sessions were conducted under full operating conditions using anaesthetised pigs whose welfare is controlled by strict European law. Jacqui Fletcher, Principal Lecturer, School of Continuing Education, University of Hertfordshire, had developed a competency framework for each surgical skill, which recommended that the delegate received further support on return to their own place of work.

All the delegates received instruction by video monitors at each operating table, allowing them to closely monitor each skill being demonstrated. The delegates worked in pairs or small teams, giving the opportunity for the tissue viability consultants/specialists to develop their skills while working alongside one another.

The surgical instructors included Luc Teot, David Leaper and Stella Vig, who are all consultant surgeons. They were available to provide support and direction for each of the skills.

David Gray, Clinical Director, Wounds UK, gave an overview of the ethical consideration underpinning the institution. The delegates were allowed to discuss the aims and objectives of the surgical skills course, as well as any ethical implications.

The advanced skills course consisted of practical and theoretical instruction in the following surgical techniques:

- ▶▶ Local anaesthetic infiltration
- ▶▶ Skin biopsy
- ▶▶ Skin flap repair
- ▶▶ Suturing, including continuous suturing
- ▶▶ Tissue adhesive
- ▶▶ Tissue stapling
- ▶▶ Topical negative pressure (TNP) therapy in extreme cases such as the open abdomen and exposed vessels
- ▶▶ Sharp debridement
- ▶▶ Hydrosurgery
- ▶▶ Skin grafts
- ▶▶ Use of skin substitutes.

The implementation of these skills will vary significantly and each professional will need to relate them to their specific role and link to the NHS Knowledge and Skills Framework (DoH, 2004).

Surgical skills and advanced nursing

The concept of advanced nursing practice has existed in the USA since the 1960s, and in the UK since the early 1980s. The first advanced nurse practitioners began to emerge in Ireland in the late 1990s as a result of increasing demands and changes within nursing and health care.

In the past 30 years nurses have continued to strive to develop their expertise and initiate nurse-led services and practice in collaboration with other healthcare professionals, in an effort to provide the highest quality care to the patient (Callaghan, 2008).

Traditionally, surgical skills have been considered a medical function. The development of surgical skills for nurses has been most prolific within emergency care, and has brought with it confusion about titles, role boundaries, clinical accountability and educational requirements (Norris and Melby, 2006). A descriptive, exploratory design incorporating questionnaires (n=98, 47% response rate) and semi-structured interviews (n=6), including nurses and doctors from seven emergency departments and minor injury units, identified support for the acute care nurse practitioner who retained a clinical

remit to undertake traditional advanced skills such as suturing, but a reluctance towards other advanced skills such as the insertion and removal of chest drains, and the ability to take and interpret blood gases (Norris and Melby, 2006). Lee (2008) suggests a clinical internship model for training and acquiring new skills, allowing the student to develop clinically as well as improving knowledge relating to research and leadership.

Additionally, the main themes identified from the interviews related to inter-professional conflict and autonomy. The authors observed that the blurring of boundaries between doctors and nurses can result in inter-professional conflict unless this is addressed before the introduction of such advanced practitioners and new skills.

It is important to establish what factors influence the implementation of surgical skills into clinical practice. Involving those affected by the change is important and, after the Wounds UK surgical skills course, a series of steps to assist in integrating new skills into clinical practice have emerged, namely:

- ▶▶ Agreeing at a strategic and operational level the need for the specific skill(s) that will be utilised to improve patient outcomes
- ▶▶ Identifying specific aims and agreed management support
- ▶▶ Negotiating and agreeing on a mentor to provide support
- ▶▶ Establishing ongoing support and a period of review and evaluation.

Essentially, surgical skills are an addition to experience and expertise in tissue viability and need to be taught in a structured and logical way. As Fletcher (2007) observes, education in tissue viability in the UK is delivered on an ad hoc basis, with a wide range of providers and educational materials. Clinicians and academics need to work together to ensure common goals that will help standardise such provision. Indeed, Griffin and Melby (2006) suggest that to achieve multiprofessional acceptance, an accredited and standardised education

programme is required which should address existing role boundaries.

Confidence, competence and the NMC

The NMC (2008) code for standards of conduct, performance and ethics for nurses and midwives emphasises that as a professional you are accountable for actions, omissions and your clinical decisions. You should act as an advocate for those in your care and help them to access relevant health and social care, information and support, while taking part in appropriate learning and practice activities that maintain and develop your competence and performance. You must minimise risk, work within your own limits of competence and delegate appropriately.

The NMC emphasise that nurses must adhere to the code of conduct and that the development of skills should be supported educationally and professionally. The two-part competency framework devised for the advanced practice course (Timmons, 2009) focuses on general competency, ensuring that practice is covered by ethical and legal guidance and the individual skills, as well as the practical aspects of the procedure. It was acknowledged that for some skills, i.e. local anaesthesia filtration, skin biopsies, skin flap repair, skin grafts and skin substitutes there was a need for further clinical supervision, but that a high level of competency existed in relation to TNP, debridement, hydrosurgery and tissue adhesive. The framework stressed that competency in performing any skill involves knowledge, practical ability, behaviour and documentation (Timmons, 2009). In order for the practitioner to be competent in a procedure, they must consider the following:

Knowledge: demonstrate a knowledge of legal and ethical considerations,

relevant anatomy and physiology, an awareness of contraindications, side-effects and complications from undertaking the procedure.

Practical ability: assess the patient appropriately, ensure that the patient is aware of the procedure and rationale for treatment, and is also aware of potential contraindications. The healthcare professional should be able to perform the procedure within their clinical competence.

Behaviour and attitude: the behaviour refers to the professionalism of the practitioner; the ability to act as an advocate and to communicate with patients, carers and other professions.

Records and documentation: the practitioner needs to maintain accurate records of clinical procedures, consent and clinical outcomes.

Conclusion

While the future focus of the advanced skills course will focus on the practitioners achieving accreditation with supervision by mentors, it is essential that the course continues to be multiprofessional. The opportunity for nurses to work alongside consultant surgeons offers a fantastic learning experience which has the capacity to influence advanced practice within tissue viability. There is also a need for mentorship and ongoing professional development. This could be assisted by the development of online and e-learning resources to support future delegates, as well as those that attended this ground-breaking course in 2009. **WUK**

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please contact binkie.mais@wounds-uk.com