Nurse professional background

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Interviewer: All right, today is the first of December. Next participants,

Participant: My name is…, and I work in neurosurgery as an ACP.

Interviewer: Perfect. Thank you so much. Right. First question, professionally speaking, how do you identify yourself?

Participant: to patients?

Interviewer: To you, you,

Participant: so an advanced clinical practitioner,

Participant: Oh, in neurosurgery.

Interviewer: Okay. With which background? nursing?

Participant: yes. Yes. Nursing Background.

Interviewer: Thank you so much. While you are at work, performing tasks, do you question yourself? Who am I? Or what else can I do in either way, please provide further explanation of your answer.

Participant: I don't think I do. I think because I've been a nurse for so long, like 20 something years, I must admit that I still consider myself to be a nurse with extra skills. So I don't I I'm happy with where I lie in the professional remit. I know what my role is. Obviously, some patients don't. And I think that's why I'll, I guess I'm a clinical practitioner. But I'll often say that I'm a nurse practitioner, just to make it easy for them to understand. But I yeah, I've I fully understand what my role is I what I say to patients that I by background, I'm a nurse, but I work with the doctor is now part of the medical team. So...

Interviewer: Thank you very much. Do you encounter inter professional barriers in either way, please provide further explanation of your answer.

Participant: Oh, gosh, no, Watsoever. I personally haven't. No, no, not at all. I think we in our department, because you'd had already started the the lot. The medical staff knew what, understood the role. They are so supportive of us. And likewise, we are of them. And I've I can only speak for myself, I've never had any issues. I've never clashed with any of the junior staff. I think we've got a really good working relationship. Actually, I've got no issues.

Interviewer: Thank you very much. Do you encounter intra professional barriers? In either way, please provide further explanation

Participant: Within the?

Interviewer: Intra, between ACPs.

Participant: Again, no, I think we've got a really good team. We are so supportive of one another that sounds really cliche, doesn't it? But we I am very lucky with my team. We are we're friends, we're colleagues, we work really, really well. We're really supportive. We help each other obviously, we've got a couple that are doing the dissertation, so it will support them or guide them through that never had any issues. I think we're very, very lucky.

Interviewer: Thank you very much. What are the defining features of advanced practice? Bear in mind, not meaning, I'm not meaningthe four pillars. Pragmatically speaking, what do you think, are the defining features of advanced practice?

Participant: Probably we do a lot of research. And so where my role differs now. Now from what I did as a nurse, I never did any. I never did anything outside of being a nurse. Whereas this role, well obviously I've got patient care. We do research. We're part of the wider senior nursing team, although not all of us in our in the team are nurses. Like more advanced skills, we do things that I would never have done as a nurse and then the nurses don't do. Is that the kind of question?

Interviewer: Yeah,

Interviewer: Absolutely. Thank you very much. Right. So we've done with the first topic, we're gonna step to the next topic. Do you feel supported by the trust in reaching your potential and goals, in either way, please provide further explanation

Participant: I don't know about the trust, but I do within our department. So like, Well, I suppose that's a trust, isn't it? But yeah, like, like our department, actually. Right. So just scrapple like that. There's one thing that I've come across numerous times with conferences. So the medical if I'm deemed as part of the medical staff, if I want to go to a conference, for example, we have no budget to take this out of. So I think the maybe there should be something put in place for ACPs. We're expected to do all this extra work. But where does the funding come from? And I've found that numerous times when I wanted to go on courses or like conferences, you have to apply for all the funding whereas the medic seem to get it from their budget, but we Where do we lie? We were no longer part of the nursing nurses budget, and we're not the medical budget. So that's one thing. That's a big obstacle that I found because it's a conference coming up. I've got to go through the whole process of applying for money again, whereas we don't have a budget. And that's stopping my progress realy, I suppose yeah, so I guess that's really the Trust.

Interviewer: Yeah. So Thanks so much. Describe a change you've notice during the transition from your former role to the ACP role.

Participant: One thing, this makes me sound.. Oh, one thing, I noticed is, I started as band seven. And I think junior Nurses respected the uniform. So I think the uniforms got something to do with it. I don't want people to stand to attention or anything like that. Don't get me wrong. But I guess it it can work both ways, can't it? So I want to be approachable. I want people to be accessible. So yes, I think the uniform people, the junior nurses are more happy to ask me questions, and there was as a band seven. But also, sometimes I think there's a little lack of respect. And I'm a little bit old school in that in that sense. So I can't I realised that I'm asking for both things here that I want. I would like some a little bit more respects. But I also want to be

part of the team. And so I do think that the that's one change that I've noticed, coming from a very senior role.

Interviewer: Thank you so much. What psychological challenges is someone likely to face when taking on a new role?

Participant: Gosh, I think as we both know this course. I think when you take on this role, you're not only taking on this role, you're taking on all coursework. And that was immense really. And so we need to offer as much support to trainees currently coming through. And I see with the trainees that we've got now the struggles that they have, I don't know what can be offered. I don't know, I guess as a team, we just need to be very aware of that. Because we've all been through it. We felt Well, personally, I'm talking for all of us here, I found it incredibly hard to do that work and have a new role. Because it's something completely different to what I'd ever done before. And that was a massive challenge. And I see it with everyone in our team.

Interviewer: Perfect, thanks so much. Next topic. Do you feel being recognised as a clinician by the medical team? In either way, please explain further.

Participant: Am I sorry? I could not hear

Interviewer: Do you feel being recognised as a clinician by the medical team? So please provide further explanation either way.

Participant: Am I recognised as a clinician by the medical team? Yeah, um, I think because they also knew me before. And we were very, well, not not fairly established. But the ACPs were established in neurosurgery. But I think it's helped me that they knew me before because I'd worked. I've worked in neurosurgery for quite a long time. I took a few years out to do some outreach. But I've been in neurosurgery since 1998. So I think that helped me massively. We are very much valued and trusted. Because we are the mainstay on the board. The consultants will come to us quite frequently, until they get to know the junior staff. So I'm, so from the medical team, Yes, I think patients still think what do you do though? I get called doctors, probably yourself too, all the time. So I don't even fully understand what we do. And I have to explain myself back. I'm a nurse by background. But I'm all Yeah, I think I'm always seen as a clinician. Yeah.

Interviewer: Perfect, right. Next question. How do you feel in questioning physicians' decision

Participant: More comfortable now than I did before. But again, I'd already had an established relationship. And I'd come from being a senior nurse in neurosurgery where that was also a little bit of my role to question. I appreciate it's really really difficult. When I first started this I think no matter what job you do your confidence just take a little bit of a dip. But now I'm I feel confident and as long as I can kind of support why I'm questioning it. If I feel it's something that is completely that I'm asked to do completely out of the ordinary. I would personally I feel very happy to say it don't have that just doesn't sit well. Why are we doing this? Why don't we try it this way? For example? So I feel okay. Yeah.

Interviewer: Perfect, and how would you feel in suggesting care options to physicians?

Participant: Yeah, again, say, Fine. Yeah, I think, because I'd got quite a wealth of experience and knowledge from neurosurgery. So like, I guess we do it quite frequently.

Interviewer: Okay,

Participant: yeah, that's fine.

Interviewer: Perfect, and next topic. How do you describe your role to others? Probably, you've said that already..

Participant: I'm a nurse that I do, I do part of the doctor's role, but I've never forgotten. I don't think you can ever forget your nursing routes. I'm still more than happy to show nurses how to do things. I'm not gonna, if a patient needs moving out the bed? Well, I'm not going to do that. I'm still like to be very much hands on with the patient. And this is why I did this. I didn't want to be sat in an office. I love patient care. And but I will always say I'm a nurse with a few extra added extras. Yeah.

Interviewer: And do you ever question yourself if you are seen as credible by people? If so, what made you think so?

Participant: No, I don't question that. I think. I think if you can demonstrate that you know what you're doing that you know what you're talking about, and you've got the the experience behind you, I think that's how you kind of get credibility. And so I've personally never had a problem with that. Yeah.

Interviewer: Thank you so much.

Participant: This makes me sound very big headed, really? (laughs)

Interviewer: No, No at all, How would you feel in questioning other allied health practitioners' decisions?

Participant: Again, if I thought it was unsafe, or it was completely wacky, and out of the norm, then yes, but if they could offer a reason. And while there, they're suggesting I'm open to anything, I think as long as it's, it's safe, then that's fine. And so we've got a pretty good working relationship with most of the allied health professionals onthe ward. So yeah, if it was something completely out of the ordinary, and it didn't sit comfortable, I would more than happily..

Interviewer: And how would you feel in suggesting care options to them?

Participant: Mmm hmm. I, for example, I'm not physio, I couldn't tell them how to do their job. Because that's not my job and same for the speech and language that might be a little bit tricky because I don't know their role. I don't know how to do their role. So who am I to say actually, I think you need to know how to get someone out of bed in this particular way. Because I don't understand what how they work, what they do and

Interviewer: Perfect, and probably you you answered this question already before, but I have to ask this question.

Participant: Yeah, it's ok.

Interviewer: And how do you describe your your relationship with all the Alleied health practitioners

Participant: Yeah, pretty good, actually, they come on ward rounds. And we get to know them and obviously they rotate a lot but like the speech and language I've known one of our senior SALT members for years, so no, no and same for physios or the OTs. Some of the OTs I've only just developed that working relationship with them. But again, if you demonstrate that you're credible and that you know what you're doing, I think that's how you gain trust. So yeah, we have a pretty good working relationship. Really.

Interviewer: That's it done.

Participant: Oh, good.