Nurse professional background

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Interviewer: Professionally speaking, how do you identify yourself?

Participant: mm, very much still as a nurse first and foremost, my job title is an advance clinical practitioner, but for me, in my head, it means I am a nurse who has taken some additional training skills and knowledge, so that is very much where I feel, I sit and identify as a nurse, and I am proud to be a nurse.

Interviewer: Thank you very much

Interviewer: While 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 have ever really questioned myself, mm, I sometimes, I think with, I certainly have a little bit of imposter syndrome sometimes, I think because as a nurse you are sort of bridging that gap between medicine and taking on a lot of medical role, liaising with consultants, from taking referrals to other departments that you would not have done as a nurse, so sometimes I feel like should I be doing this, do I know enough to be doing this, but no I have never really questioned my identity as a practitioner, and I think my patients are the first and foremost in my mind still in this role as I was as a nurse.

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

Participant: Yes, definitely more so than I was as a staff nurse. And again, this comes down to when I'm discussing things with senior members of the medical team. So when I'm, you know, calling a consultant in microbiology, for example, the other week, it was quite difficult, and I could, I could tell, you know, from the interaction that it was because of my role, and, you know, they did say, you know, I'd like to speak to a doctor, I'd like to speak to a doctor. And those situations, they're nACPot caught, they're not common, but have happened during the last three years, two and a half years of my training, and sometimes difficult to manage. I don't know whether that's just a personal thing on their behalf, or how they view our role or bad experiences

with trainees ACPs, or whether it's a lack of maybe education about our role, and what we are actually capable of doing and our roles. It doesn't surprise me, because we're in new roles. So there's always going to be people that doing that, and I think it's probably our job a little bit just to reinforce what we can do and work really hard and, you know, spread the word a little bit and support each other to be able to do our job really well. So yes, I've had definitely, you know, difficulties, but they're not every day. And when they happen, they're genuinely easy to manage.

Interviewer: Yeah. Thanks very much. Do you encounter intra-professional barriers? In either way, please provide further explanation of your answer.

Participant: So is that between ACP? Yes.

Interviewer: Yes

Participant: In my experience in my team, none whatsoever. I feel quite lucky. We're a very supportive team. There's only 123456 of us all together. Now. I think we're taking on one more trainee. Again, all from different backgrounds. And there's always been a real strong focus on education and development within the team. That's real culture and not being any wrong answers. Or stupid questions. Sorry. So, you know, we all feel I certainly feel very liberated or easy to ask for help support admit that I don't know. Because for me, that's how you, you know, demonstrate that you're a safe practitioner. You're not trying to blog it, you're not trying to say, you know, you said I don't know this, but I want to learn. So that's my experience of my team. And I feel quite lucky. And speaking to some people in other areas, some things are different. And that's the way and there's a bit more competition and sort of people you know, vying for sort of the top spot who can be the best but in certainly my little area of work that's not how it is. There's not any conflict really

Interviewer: What about between your area and other areas, such as when you have outlier patients in their area?

Participant: I've always had positive experiences. It's quite nice. I don't think as ACPs we are networking enough. I think we you know, we're all ACPs. But we are often in our little areas from less like you say we're seeing outliers. So I've always used the opportunity to have a little chat and talk to people. I've never had any, I've never had any negative experience of that. But I think we should do more of it. We should talk to each other.

Interviewer: Yes, perfect. Thank you very much. And, what are what are the defining features of advanced practice?

Participant: The defining features? I'm not just going to talk about the four pillars,

Interviewer: no, no, no, so, practically speaking, so what do you think defines that advanced practice?

Participant: I think, uff (big sight). I think that's a really difficult question. I think, (space silence), in my opinion, I think you've got to be, you've got to be very good, that you're a whatever professional discipline you come from, you've got to be really committed to that. And you've got to be a really good practitioner in your own right, you know, you still got to be, we're all here for patients. So you've got to be very caring. And fundamentally, you know, but then I think, what defines advanced practice?

Participant: I think, again, it's just moving out of your sphere of practice, say, senior nurse, for example. And just going a bit beyond and above, and not just clinically, you know, it is part of the research, it is part of, you know, your medical knowledge developing that. Mmm (big sight)

Participant: But trying to evaluate, I think it's really hard. I think, you know, as you know, there's so much in the literature now about that people have different views on it. And yes, for me, it's a bit of a combination of things. Mmm (space silence)

Participant: Perhaps it is linked to the four pillars a bit, maybe that's why they're so important. But I think it's hard to define. So I'm not I'm not entirely sure.

Interviewer: Thank you very much. So we can go to the second topic. So those the master degree and respective training period and trusts guidance support you in developing an advanced professional identity that is the main topic, and then the sub question that I will ask you to answer is, do you feel supported by the trust in reaching your potential and goals? In either way, please provide further explanation of your answer.

Participant: mmm (space), So the first part, especially regarding to the, you know, the Master's qualification, I think that's really important. And I think, I think yes, for me personally, it's, it's really helped me further understand, you know, why research is important. And, you know, in underpinning healthcare, what we do, and I think, I think working at this level, you need to advance your medical knowledge. You know,

I'm not a doctor, I'm not going to medical school. But I sort of feel I know enough now to provide, (space), additional care and what I used to in a safe way. So yeah, I think that's completely necessary.

Participant: In terms of what was the other part of the first question?

Interviewer: So, if you feel supported by the Trust in reaching your potential, and goals?

Participant: mmm (space), Yeah, I don't, I'm not again, I've not had any negative, you know, the feedback in that respect, were quite a new team, I don't think I think there was only one previous advanced clinical practitioner in neurosurgery who he's since went elsewhere. And my boss was his sort of trainee. And we've got a really nice position where we can almost sort of shape the service a little bit, because it's new for everyone in neurosurgery. The consultants are very supportive of our role as well. And the clinical director is, (space). I think, partly because we are sort of, you know, we're not filling gaps on the junior doctor Rota, but we're complimenting them on supporting them. And I think the processes on the ward the day to day, admissions, discharge is picking up and poorly patients early, we're doing that better than when we were there. So I don't think we've, you know, we're not stepping on anyone's toes. And I think they've, we've only had good feedback so far. So I think the trust is supportive. I don't know in terms of the whole organisation, again, I only know my CSU but neurosciences are very supportive of us.

Interviewer: Yeah, ok, thank you very much. Describe a change you noticed during the transition from your former role to the ACP role

Participant: I think sometimes just how people, how people communicate with you, is different. And I think that can be both good and bad. I think sometimes. I mean, I immediately felt that people were viewing me in a position of authority, whereas I didn't really feel like I had any, you know, I'd gone from a senior nurse knowing my job inside out, being very confident at work, feeling like first day first placement student nurse again. So you know, where people were looking up to me for advice and answers and sort of saying, Well, I'm not quite there yet. You know, and it's a training role. So that so that was the I noticed that when I first started. Mmm (space). I think yeah, I think it was sort of a communication. And, again, I think when I started we were brand new in neurosurgery and I'm not sure people really knew what we could do. And to some extent, I think new nurses coming through sometimes they're not

always sure what we can and what we can't do, and where are sort of roles and responsibilities sit. But I think that's a challenge nationally with ACPs. And I think each area, each clinical area are going to sort of have to figure it out for themselves. Because, you know, what, what might work in neurosurgery might not be working in ED, you know, it would be very much the role will have to be different. And I think that's, you know, partly why it's, it's so hard to provide a generic training pathway and everything for us. I think it has to be area specific. Yeah, that's what's my view anyway.

Interviewer: Yeah, ok, thank you very much. What psychological challenges is someone likely to face when taking on a new role?

Participant: mmm (space), argh.I'm not sure about everyone, but I think for me, just yeah, like more acute stress than I was used to be that be that from, you know, new challenges at work to academic challenges in the university. So for me, that was really hard. Yeah, struggle quite a lot. Just just with, just with stress, I think. And then, yeah, that a bit of imposter syndrome worrying if you're, if you're good enough, if you're performing to a high enough standard, I'm not inherently competitive with my colleagues or my peers, I want to know, I'm doing the best. And I went from Advanced Diploma in nursing, I didn't even have a degree straight to a master's level. And I knew that was going to be difficult. So yes, psychologically, I found that hard. But again, you know, we're not just single practitioners, we work as a team, and it's about reaching out when you need it. And certainly bringing it back to my supportive clinical team. They were excellent. And you know, I got lots of support if I asked for it. So yeah, I think for anyone starting the role, psychologically, definitely going to be challenges. If you want the job enough, then you'll manage.

Interviewer: Thank you very much. Do you feel being recognised as a clinician by the medical team? In either way, please explain further

Participant: mm (space), Yes, I think, you know, we've had nothing but good feedback from our SHO's. And like the FY two doctors that come through we don't have FY ones in neurosurgery. (space) And I think we have a really good relationship. Because (space) working in a surgical speciality, there's no expectation that where to go to theatre and actually do hands on work. So I think a lot of these doctors, especially people come through in in surgical training pathways, they really want to operate. That's why they've chosen their career. We're not getting in the way of that for

them, you know, they can go and do their work. And also, we are supporting with them, and we're working, you know, harmoniously on the wards to get to get the jobs done. So really, no, I don't think, again, there's been no negative sort of feedback. We've had difficult interactions with people, but I've had difficult interactions with these people. If I was a nurse, if I was a porter, that's just personalities right some people. People don't get on. But in terms of my role, no, I don't think I don't think I've ever had any, any problems in that respect. Yeah.

Interviewer: Thank you very much. How do you feel in questioning physicians' decisions?

Participant: ehm, (space) I'm not so sure. Like, I think I said earlier on in the interview that, (space), the the only difficult things I've had, they have been from the more senior members, the medical team, but it's often it's only really been over the phone referrals, where people are sort of questioning my role. And you know, why I'm not a doctor, why I'm not a doctor making this referral. But you know, it's, I can count on my hand, one hand, how many times that's happened in two and a half years? Mmm (space) So yeah, I don't really know. What was the question again?

Interviewer: How do you describe your relationship with physicians, you can bring hierarchy and you've done that already. You can bring here can you can bring and closeness it, or you can bring the, mm mm, you know you the political aspects of in terms of like, medics and non-medics, you know

Participant: Yeah

Interviewer: And in this in this context

Participant: I've only really had a positive sort of impact. And I feel that I'm not, I'm not pretending to be something I'm not and perhaps it's because I identify as a nurse. And I'm very much aware of my limitations still. I can I can do some additional things. Yes, I can prescribe and I can assess, formulate, you know, a differential diagnosis and treat the patient independently. But I'd still I still seek a lot of support, I still run my ideas past physicians, because because they've done this a lot longer than I have. So (space), I think the relationship I have with physicians personally is good. Mmm (space). You know, other than a little bit of negative, you know, feedback I've had, perhaps just because of how they view the role and what they don't know, but I'm just speculating, there really, but my relationship with physicians is generally good.

Interviewer: ok, thank you very much. How would you feel in suggesting care options to physicians?

Participant: Hmm (space), within my sphere of practice, quite confident, then, part of my role is reviewing, we have water attender patients, so they bypass a&e, and they'll come straight to us to neurosurgery if they've got certain problems. And part of my role is assessing those patients, hmm, you know, the full clinical examination history, formulating a diagnosis, and then you know, ordering tests, treatment plans, but always what I'll do is speak to the on-call registrar and present my findings. And I will say, this is what I'm recommending. So So I do feel confident doing that. I think that takes a bit of time, for you know, these, these registrars to get to know you how you work, and then to build a bit of trust, as well. I think if, you know, I came onto another speciality, if I came onto ENT to review a patient and went straight to one of the senior doctor team and said, I think we should do this. I don't think that'll go down very well. And I think that's, that's about, you know, building, building a bit of a trust between, you know, I still feel, you know, particularly the registrars and things, they're up the hierarchy with those, and it's less in nursing, but there is a definite medical hierarchy. And I've learned more about that in this role. And I think, I think, you know, I'm still mindful of that. And I think it's just about showing them that you can do the job well, and making good decisions. And giving it a bit of time, I think you've done a bit of time to be able to trust you, at the end of the day, we were often making really sort of high stakes decisions. It's not just, you know, if you get it wrong, it'll be okay. You can really affect someone's outcomes, you know, someone's life. So, yeah, I feel confident doing that. But that's taken two and a half years to get to, to get to feeling confident about that. I think, for me, anyway.

Interviewer: ok, thank you very much. So, last bit. How do you describe your role to others?

Participant: ehm (space), So we were talking about this the other day, and especially when I'm speaking to my friends that aren't working in health care, I describe my role as, as a senior nurse that can do a few extra things. And that's, that's simplistically had, that's how I tell people who aren't who aren't medical. So yeah, and I sometimes say, Well, I'm a nurse, but I can, you know, assess, diagnose and treat patients. And I can prescribe some of that in a way that some people can understand. That's how I sort of explained my role. But I think, you know, you could you could write, you could write a journal article about, you know, how you would identify in this job, and

I think it's really different. It's different from team to team, nevermind, hospital to hospital, you know, across across the country. So it's a it's a hard one to have to explain

Interviewer: It is, isn't it? Do you ever question yourself if you are seen as credible by people? If so, what made you think so?

Participant: Yeah, probably every single day still. And I think that's, ehm (space)I think perhaps that's partly with my personality. And I think partly, because I want to do a really good job. So yeah, I think I do question whether people I do care about what people think about me, particularly my colleagues, I think, (big sight) if in a job where we work in, you know, whenever you're patient centred, regardless of your role, whether you're a healthcare assistant or consultant, really good communication is key between the patient and between each other. So yeah, I do question my credibility. And I think it's, I think it's just about being honest. And I think I pride myself on my really close working relationship, particularly with the nursing team, and I think I'm a bit biased, I think that's because I'm from a nursing background. ehm (space). But I found that the more honest I am with them, when, you know, when a nurse comes to me and says, I really don't know what to do with this patient, should we do this, this and this? And if I'm not sure, I'll say I'm not sure. And then, you know, I'll say, I think we need some more support. I think, you know, we're going to speak to someone else about this or someone senior. And I think because of that I'm quite approachable. And I've had good feedback in that respect. And I think that's important. I think when I got into this role, I was sort of sold it at the time is like an in between nursing medicine we bridge the gap or we work in this grey area, and these are all words we hear all the time and, and and I think I like that I think we are a bit of a go between but that's that's about being honest with both as parties and not not favouring one or the other, I think, yeah, just being honest and honest about what you can and can't do is, is important.

Interviewer: Yeah. Thank you very much. How would you feel in questioning other AHPs' decisions?

Participant: ehm, I haven't really had to do it. I don't, I don't think maybe once or twice as members of the therapy team, I think with, (big sight) particularly with physiotherapy and occupational therapy, a couple of times, I've questioned whether a patient really needs to stay in hospital for more therapy, or this could be provided

at home. Ehm (space), and I felt reasonably comfortable with comfortable, and it wasn't really, you know, it wasn't really sort of attacking their decision, it was just seeing, seeing if things could be done better, and essentially wanting to wanting to get the patient home, not to free up a bed or moving them out. But hospitals are dangerous places to be for patients. And you know, if we can, if they can still get a high standard of care therapy in the community by community practitioner, then that's kind of where I was going with that. And I felt quite comfortable, you know, asking them that I thought it was a reasonable question. Ehm (space). Strangely enough, I think I probably feel less confident, perhaps challenging decisions with some of the members of the allied health professional, just because I'm slightly less close to them. On a on a day to day basis, we're all part of the multidisciplinary team, but I communicate a lot more with the nursing team and a lot more with the medical team (space) that I do with them. So I don't always know everything about their sort of criteria for patients and things. And it's a really good question. And I think perhaps, you know, that's just about me learning a little bit more about their roles and and why they do certain things for patients. And but yes, yeah, I think I'd find challenging there, you know, decisions a bit more difficult than the rest, just because I don't know enough about their, their individual speciality.

Interviewer: Okay, thank you. Next question, how do you describe your relationship with other AHPs?

Participant: I think, yeah, there's less close than medicine and nurse. And we do have a really strong multidisciplinary team in neurosurgery. But there's a few points in the day where so for example, we have like a board, a bed board meeting after ward rounds. And typically, that's our busiest time as ACPs, we're ordering scans, we're reviewing poorly patients were, you know, cracking on with, with jobs. And they sort of go off and discuss patients at board round. And I think this is more about looking at all the patients on the ward and deciding, you know, who we can discharge safely, who we could maybe go to another area, someone's coming in, things like that. And where as ACPs were not as involved in that. And perhaps that's, yeah, that's partly why there's, you know, we're not as close in that respect. Ehm (space)

Participant: And jogged my memory, what was the?

Interviewer: Yes, how do you describe your relationship with other AHPs?

Participant: Yeah, so, you know, I'm thinking more of the therapy teams. And I think that's something I've, well, deliberately tried to, you know, build a few more bridges there, like we, we got quite involved with a speech and language therapy team, because we were often ordering video fluoroscopy for our patients and things like that, and not perhaps fully understanding what they look at on those scans. And, you know, from an educational standpoint, the ACPs, we wanted to know a bit more about it. So we had a really good teaching session from them. So that was a really nice bit of collaboration. It was organised from my manager. Hue, and so that's important. And, you know, even learning the anatomy, and all that stuff was good. But I think it just opened up more channels of communication. We talk more on the ward now, we have a little bit of a laugh, and joke with speech and language therapy that sort of broke the ice. ehm (space). So that was really good. And I think perhaps actually, the answer is just more more real, like true at multidisciplinary team meetings, or maybe not your meetings, like educational sessions, or working together and that perhaps would help people understand each other's role better and just be able to work a bit bit more harmoniously. Yeah, so, my relationship it's pretty good with them.

Interviewer: yeah, perfect. Thank you very much.