Nurse professional background

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Participant: All right. So I'm … and I am the lead Advanced clinical practitioner for neurosciences.

Interviewer: Thank you so much. Right. So first question; professionally speaking, how do you identify yourself?

Participant: Okay, so professionally 100%, I'm a nurse. And I, I fully believe that I'm a nurse who am nurse centric, who has expanded my skills to encompass some of the medical role, not all of the medical role, but the role of the parts of it, which are relevant to my (Phone rang) excuse me..

Interviewer: No, no. it's ok.

Participant: I'll put it on a silent, it's relevant to my, my role in the ...My CSU. It's where I've expanded into. And within the other pillars, I've expanded, but when it boils down to it, this what I am, I'm a nurse .

Interviewer: Ok, thank you very much. While you are at work, performing tasks, do you question yourself? Who am I? And what else can I do? In either way, please provide further explanation of your answer?

Participant: Who am I..sorry, repeat that.

Interviewer: While you are at work, performing tasks, do you question yoursel who am I? And what else can I do?

Participant: Ehmm, i don't think so really, I think I know very much what my, what my role is..within the department? I don't know. Because I, I glued a role, and whether that has something to do with it. I suppose that we're always looking at what else can we do more to expand the role? What what would be useful for the service and always looking for opportunities, but I say on a day to day basis, when I'm doing tasks, I'm probably just thinking, get what's the next task? What's the next task? But in general, yes, I probably do look at how we can expand.

Interviewer: Okay, perfect, thank you. Do you encounter inter professional barriers in either way, please provide further explanation of your answer.

Participant: Ehmm (big sight) inter-professional barriers, so... Yes, so we we work very well with the, with all of the MDT that there are always going to be areas where we cross over. And that can sometimes cause unnecessarily friction, but disagreement maybe about how the best way to do things are. And because I think the advanced practitioner spans so much where, you know, we are nurse, we are physio in our team as well. You know, we sometimes do a little bit of speech and language, we are definitely part of the medical team. Everyone has competing pressures don't they about what they what they want for the patient. And often, definitely in in, in hospital, the pressure is on getting the patient out isn't as fast as possible. And that doesn't really fit with the goals of the physios engineerity, which is sometimes to you know, they want to get people back to their optimum. Whereas sometimes I

think the medics will be happy with getting to my back to 80%, because that's what they need to get them out of hospital. And that can sometimes be a bit of a conflict of interest, really, because on one hand, you want to get the patient to reach their full potential and you don't want to an audio tease, but at the same time you want to, you know, you want to get the beds moving, because you can see that there's another patient who needs to come into that base. And I think, because we span so many different specialities is it can sometimes be a bit of a conflict of interest about what's best overall

Interviewer: Great, thank you very much. And do you encounter intra professional barriers in either way, please provide further explanation of your answer.

Participant: intra-professionals, I suppose. As a nurse do I compete with...

Interviewer: Between ACPs..

Participant: Between ACPs okay. Ehmm, I think I don't think we do really, and certainly not within my team in neurosciences, I think we work pretty cohesively towards a common goal. And then between ACPs in other specialities within the hospital, I always found it's, it's very easy actually, I'd much rather bring up if I'm making a referral to general surgery. If I have the bleep for the ACP. I'd much rather speak to the ACP because it's it's often a lot an easier conversation and there's less, sort of, unnecessary aggression that you sometimes get from the medics. And then within ACPs nationally, I found them Yeah, everyone is singing towards the same aim sheet of advancing practice intra- professionally no I think it's pretty cohesive.

Interviewer: Thank you. Next question. So what are the defining features of advanced practice? Bear in mind, I am not meaning the four pillars. What do you think in your personal experience?

Participant: Hmm, Defining features of advanced practice.

Interviewer: Yeah.

Participant: Okay. That's interesting. Ehmm, so the word defining is quite specific, isn't it? Say, obviously, like master's level education. And that's the thing if we're doing a definition about what makes us really advanced practitioner, but certainly from an attitudes point of view. Ehmm.. I think it's very much there is an attitude shift between someone who encompasses and embraces lifelong learning, and a, you know, willingness to come to work and make yourself better every day. And I think that's very clear. When you look at different advanced practitioners that they're, from my experience have been sort of a different style of nurse, they're not or, or other health professional, they're not the sort who come to work, do the job, go home, they have that little bit extra that drive. And I'd say something about the driving attitude with advanced practitioners, which I think makes it possible to be an advanced practitioner, whether that's defining the advanced practitioner, it's probably a broader topic, Ehmm I don't know, what defines us... (thinking)

Interviewer: Okay, that's enough for me. Thank you. And next topic. So do you feel supported by the Trust in reaching your potential and goals? In either way, please provide further explanation of your answer

Participant: Ehmm.. yeah, yes. And no, it's not. It's not a black and white question. I don't think I think my goals as a team, I feel like we're probably pretty well supported in that. We're left not to our own devices, but we're left to sort of define our service. And we're quite well supported with that. Ehmm, I thinnk it's sometimes hard. So on a personal level, when you're.. the Trust is only any recently recognised a lead advanced practitioner role. And that's on a trust wide level. As opposed to on a local CSU level. So you're expected to lead a team of potentially eight 8a at that level as an 8a and that can be difficult not necessarily from a monetary point of view, but from a how do you align manage people who are the same, the same level as you from an agenda change point of view, like I can't do disciplinaries of another 8a, I can't really give interviews for people coming into the 8a role, because I'm in an 8a role myself. And I think that's a bit short sighted from the trust and I think that they can do a bit more to encourage that lead role. Yeah, there you go.

Interviewer: Thank you very much. And describe a change you have noticed during the transition from your former role to the ACP role.

Participant: (Caughed) Excuse me. So my former role, I was the clinical nurse specialist for hydrocephalus. So, I suppose, as a nurse specialist, I had a very narrow spectrum of practice. I was very focused on hydrocephalus. And I only sort of dabbled in the things which surrounded that so I dabbled in a bit of a, you know, oncology near oncology, dabbled in a little bit of neurovascular because they sort of come hand in hand with hydrocephalus. But my main focus was on hydrocephalus and the assessment of those with hydrocephalus. And I think whilst I often still followed a medical model, it was very narrow and focused on hydrocephalus and then becoming an advanced practitioner literally from day one whilst my.. you know, the model that I used to assess people remain the same and that's medical model of assessment and evaluation, now all that will stay the same, but my practice just expanded overnight. And all of a sudden, it wasn't just hydrocephalus. It was everything near to the spine, which I hate, by having to focus on things which I don't really, you know, necessarily understand as well. And I don't know, again, as well I think I often think about advanced practice is living, living in the grey a lot of The time. I think in nursing, and in, you know, even like nurse specialists and you are very often black and white, you're protocol driven. You are, you know, if a GCS drops by more than one point on Marita or two points on anything else, then you speak to a medic. And you escalate it, if the news goes above a certain amount, and you speak to outreach, and it's very much, if this happens when this happened, that's a flowchart. I think in advanced practice, then they're there. They're flowcharts, and there are tools to help you assess things, but a lot of the time you're, you have competing tools, which are telling you two different things, and you have to sometimes go out there and say, I think it's this and living in the gray can be really scary. And, and that I think that's yeah, I mean, that's probably what makes the job interesting, isn't it? You're assessing someone and you're not sure if it's heart failure or respiratory failure, it could even be, you know, urosepsis, and you've got to make a call, and sometimes you're going to be wrong. It's just just, yeah, probably the big differences.

Interviewer: Ok, thank you. And what psychological challenges is someone likely to face when taking on a new role.

Participant: Okay, fine. I think I I think that one of the biggest psychological challenges is what I've just touched on is, you will be wrong. And your decisions will have consequences. And and suppose it's about learning how to minimise those consequences about when you make a decision, making sure you follow things up, make sure people are safety netted as well. But I think they can be really, really difficult. You know, especially the first time you do it the first time you say you think something's urosepsis and you treat as, urosepsis, and it turns out, you know, two days later that the urine was clear, and they've actually got a raising a raging respiratory, sepsis, and, you know, you've you've, you've went narrow too soon, or whatever, I think that can be a real hard lesson to take. people's expectations of you is really tough to manage as well, people expect you to have even as a trainee advanced practitioner, people expect you you're in the same uniform, as a qualified but people expected to have the answer there in them. And, and we don't always, obviously, have that answer. And that can be quite disheartening. I think at first, when you're, you're asked questions, and you don't know the answer. And sometimes you feel like spend the whole day there and I don't I don't know how to speak to a grown up about that. That can be really hard.

Interviewer: Ok, thank you very much. And next topic, do you feel being recognised as a clinician by the medical team? In either way, please explain further.

Participant: Do I feel recognised as a clinician? Yeah, definitely. I think the medical team definitely see me as part of the as the medical team. I mean, they respect my opinion on on ward round. They respect my assessment. When I assess someone who's unwell. I don't think they go back and double check or say is a nurse, I better check what he's done (laugh). I don't think that happens. And I think when I've met someone, and I do their clerk in, I think that's the clerking in which sticks with them throughout their admission, and that's what's referred back to. Yeah, I'd say they respect me as a clinician.

Interviewer: Okay, thank you very much. How do you feel in questioning physician's decision?

Participant: How do I feel?

Interviewer: Yes.

Participant: I love it! I think it's quite empowering, especially, ehm.., So I've been trainee the advanced practitioner plus, for, like, five, five years now. And that's, that's five years within, you know, as an advanced practitioner, and before that, I'd worked in neurosurgery for another seven years before that, so a reasonable amount of neurosurgery experience. And some of the now consultants were SHOs when I started, so it goes. It's definitely definitely pick up on things throughout your, your career. And certainly in the five years where I've been appreciated from from a medical point, you definitely pick up on how to do things properly and how to do things right and what the definitely the right answer is. And the people leading ward rounds aren't always at that level. We have ST2s leading ward rounds who have been doing, they've done two years of neurosurgery. So there's definitely things that you know, how to do better than, than them. And yeah, when they ask you to do a pointless task, and you know it's going to take an hour of your life, then yeah, I quite, I don't mind telling them that it's pointless and it's gonna take an hour of my

life. And then, yeah, happy to challenge when when necessary, and sometimes it's not the right thing to do. Sometimes. It's the right thing to do is to just just do it. task, isn't it? But yeah, certainly no problem.

Interviewer: Ok, thank you very much/ And how do you describe your relationship with physicians?

Participant: Yeah, excellent. Ehmm, We know they all vary don't they they take takes difference, or I think in general, I think my relationship with the medical team is, is really strong. I think it's a symbiotic relationship. I think we free them time for theatre, and they can see that we free them time that they can do their job to a higher standard. And I think they see that they provide us with training and opportunities. And we see that. I think it's a good relationship. Of course, there's people who you don't see eye to eye with I think even even they see the benefit of the of the relationship. And I think it's strange at the... pause..

Interviewer: Ok, thank you very much. Next question, probably you answered that already, but i have to ask it.

Participant: Of course

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

Participant: Yeah, fine. No problem at all! Yeah, no, no, no, no worries with that whatsoever. And I think, speaking on behalf of some of my team, you know, where they've come from different backgrounds to say as from a therapy background, certainly, they have knowledge which especially in neurosurgery, where we we so much rely on occupational therapists and physiotherapists and that therapy lead style of thing. We, they they're called on a ward round all the time to give their opinion. I think, I think we're in a really strong position of practitioners to lead that that part of ward round.

Interviewer: Thank you. Next topic, how do you describe your role to others?

Participant: Haha.. (Llaugh).. So if it's a patient who asks me, so what's your role? I say, I'm a nurse who has done extra training so I can work with our medical team, and go to explanation. Yeah, I just tell people, I'm a nurse who works as part of the medical team, I can I can do all the things a junior doctor do. I can prescribe I can suture, I can get all those technical tasks, I can make decisions.

Interviewer: Okay, thank you very much. And do you ever question yourself if you are seen as credible by people? If so, what makes you think so?

Participant: Ehmm, I think we all get a bit of "imposter syndrome". Now and again don't we, I think we all wonder, Am I doing the right thing? I think sometimes it's when you've, I don't know, if you go for a run of making not bad decisions, but you think I could have done that better than the bad? And sometimes you think, Am I doing the right thing? Yeah, maybe you wonder whether whether the, the NMC or whatever would be supportive of some of your decisions, because you're pushing your professional boundary, and you wonder whether there should be something specific for advanced practice. Yeah.

Interviewer: Okay. Thank you very much. And how would you feel in questioning other AHPs' decisions?

Participant: I think I'd probably struggled with that a lot more than than then questioning the medical decisions, to be fair.. Ehm at the end of the day, I know medics have been to university and training and stuff like that, but a lot of our lot of our allied health professionals are very experienced, and they worked in their, their roles for a long, long time. And I sometimes feel like that they're, their drivers for their decisions are so patient focused. It's often hard to question, you know, the right. I mean, I don't mind saying, could we get that done at home? Or could we do that, but it's a lot more difficult to challenge them when I feel like they advocate for the patient a lot better. You know, they're coming from that compassionate side of things as opposed to sometimes as I said before, like the medical driver things, which is to keep patient flow ticking over into the surgical side, meaning we want that the flow is a lot easier to side with the therapists.

Interviewer: Thank you very much. And how would you feel in suggesting care options to other AHPs?

Participant: Ehm.. care options from like, you know, where I think someone's right for rehab or wherever I think they should go with go to a nursing home and I I don't feel comfortable with that at all like they are the occupational therapist, the physiotherapist are the experts of that. it's not something I ever really made a decision on as a nurse. It's not really anything I make decisions for any of my, my my roles. So no, I very much happy to leave that to them in their expertise.

Interviewer: Okay, last question. How do you describe your relationship with other AHPs?

Participant: Really good Yeah, I think it's a very positive relationship. I think they sometimes don't really understand our role as much sometimes they don't undersand some their boundaries and what we can and can't do what we're actually there for. But I think in general, they're, they're very good.

Interviewer: We have finished

Participant: Awesome. Thank you.

Interviewer: Thank you very much.