Summary Key words: Department, acp, patient, question, happy, registrar, nursing, role, nurse, relationship, bit, learning, advanced, challenging, discussions, fact, supported, ward, team, feel.

Interviewer: Here we go. So yeah.

Participant: So hi, my name is …. And I'm one of the neurosurgical ACPs at Leeds teaching hospital Trust.

Interviewer: Thank you very much. So professionally speaking, how do you identify yourself?

Participant: So first and foremost, ehmm, I defined myself as a nurse who works in advanced setting.

Interviewer: Perfect, thank you very much. And second question, while you are at work, performing tasks, do you question yourself who am I and, or what else can I do, In either way please provide further explanation of your answer.

Participant: Yes, so, in terms of questioning, definitely. I think every time you do something that's new, or where you're especially where you're pushing the limits of your practice, you definitely question where you are in terms of nursing practice now in relation and whether you're moving further away from that original kind of defined area of nursing practice.

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

Participant: Okay, so I would say originally, when I started my training, when the role I think in the trust was still quite new about two and a half years ago, the there was definite barriers, especially when referring or discussing cases outside of the department. I think the neurosurgical department where I worked was originally very forests for neurosurgical ACPs. And having those discussions within the department were brilliant and very easy. However, when having discussions with other departments, that maybe didn't use ACPs. So microbiology or ophthalmology, at the time, as far as we didn't have ACPs, very early on. And it was really challenging. A lot of times there were kind of I want to talk to a doctor, I don't want to talk to an ACP. However, I feel over the law that has definitely changed over the last two and a half years, I think, the relationships that the ACPs have made within neurosurgery. So the ACPs in neurosurgery have made outside. So the continual use of referrals, continued discussions with other professionals, especially in microbiology ophthalmology, and I think the assessments that we do, and the fact that we do them in detail have led to establishing the good relationship, which has broken down those barriers. And actually, I think there's a good working relationship now.

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

Participant: How do you mean in terms of intra?

Interviewer: between ACP

Participant: I think actually ACPs working from department to department, I think actually has broken down a lot of barriers, I think it's sometimes a lot easier to go in and have

discussions. I know neurosurgery use a lot of we use max- fax a lot, we use the ENT a lot. And being next door to from department department, it's easy. Just to kind of knock next door, go and have that conversation. Look for some advice, and then take it forward from there. And actually, that's a lot easier sometimes in approaching medics.

Interviewer: Thank you. Next question. What are the defining features of advanced practice? And bear in mind, I don't mean the four pillars of framework. What do you think, personally speaking, the defining features of advanced practice are?

Participant: okay, so I suppose within my own specific remit within neurosurgery, it's very much being just being there being a presence on the ward and having that kind of have not advanced knowledge, and being approachable to staff. It's, other than that, it is a really challenging areas to find outside of those four pillars. Even if you include the four pillars, it's still a really challenging role to define. Because one day you could be just doing a little bit of teaching on the ward with a load of junior staff. The next day, you could be teaching patient about something completely different. And beyond that, you could then be having advanced discussions with other areas. You could be having to have end of life conversations with family. You could be then having to Do complex wound dressings, you could be so it is so varied. So it's really challenging to define. And as we kind of find problems. So say for example, one of the things that we're looking at at the moment is the fact that trying to say, so normally, we would refer for a PICC line if a patient is going to go into long term antibiotics. And it may take a week to 10 days to get that PICC line sited, the ACPs, and now kind of set the probe trying to problem solve that, and basically say, Well, okay, what if we took that on ourselves and ran, say, like a morning clinic where the patient needed a PICC Line? We would just do it there. And then. So I think, if I was gonna kind of do it down to a nutshell, I think, as I say, with advanced practice, I think it's looking at basically just pushing those boundaries, identifying problems, and then how do you resolve them as a team, and most of the time that's resolving them as in, right, we're gonna do this, we're gonna see the problem. This is how we can fix it. Let's identify and let's move on from that and see how it works.

Interviewer: Thank you very much. Next topic, do you feel supported by the Trust in reaching your potential and goals? In either way, please provide further explanation of your answer.

Participant: So in terms of the trust, I don't think there is that much kind of close support from the trust within the unit, there's a lot of support for us. But from the trust, I don't feel there's a really an over or clear direction. I don't think that's necessarily a bad thing. I think ACPs needs to have freedom within their own departments to kind of find their own way and find what they need to do. So I think but then again, at the same time, I don't think there is an overall clear direction or expectation from the trust. And I think that's kind of results in a bit of a, you can kind of meander a little bit, as a department. I don't think there's necessarily a good kind of structure from the Trust for ACPs. I think the fact that each department doesn't have a Lead ACP that's recognised as that's recognised separately, in terms of responsibility pay is pretty poor. I can't see why there shouldn't be a lead ACP that's banded as an 8b for each department. And separate from those ACPs below them, especially if they are taking on extra responsibility and extra direction.

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

Participant: Okay, so my former role was as a clinical educator. So 80% of my time is spent within the non-clinical setting 20% of clinical, obviously, now as the ACP that's kind of reverse. So I now spend 80% of my time clinical 20% of my time, non clinical. I've, I would say the biggest impact we have is just at clinical effectiveness. The fact there is always an ACP that's present on the ward, I think really gives strength to the ward teams, and I think actually really brings nursing teams and medical teams closer together. And I think it's definitely the ACP basically managed to kind of fuse a bit of that. And I think it inspires nurses, not just to come to you for advice, but also inspires kind of junior nurses to give them more direction in terms of their own career goals, so a lot of a lot of nurses do want to remain clinical. And I feel that actually the ACP route really gives them an idea of going actually, yeah, this is what I want to be in the next kind of five, six years.

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

Participant: I think the ACP role gives a huge amount of psychological challenges. I think the fact that you are taking on so many more responsibilities and there's not necessarily always that kind of protection, you know, you're really pushing, pushing the boundaries of what you can do. And if you, if you do mess it up, I think there is sometimes a concern of what if I get this wrong? Where where's the where's the blame going to lie? And it's not that's not really a culture that I think is the experience too much is more of a kind of conducive Well, we're learning but at the same time, there is always that kind of niggling feeling that, I suppose trying to get things, those kind of advanced skills, push through governance and get them signed off. So you're actually supported by the department to do it is a bit challenging sometimes, and I think you want to do these skills, you want to engage with them. But you're kind of still the governance side of things, the backhand side of things is quite slow. I think that's quite arduous.

Interviewer: Okay. Thank you very much. And do you feel being recognised as a clinician by the medical team? In either way, please provide further explanation?

Participant: Yeah, I think when the as I say, previously, the consultant body were really keen for ACPs. And I think having had a previous working relationship with the consultant body, in different roles, has helped. I would say that overall, they were really welcoming. And they really are kind of happy to push us and to take on new responsibilities. They're happy to kind of pass on plans for us and fulfil those. And they're also very much working on an open door policy as well. So if we do have problems, and we can't get in contact with their registrar's, they are happy for us to approach and whether that's just knocking on the door, or whether it's giving them a phone call. So I think the consultant body has been really supportive of ACPs.

Interviewer: Very good. Thank you. How do you feel in questioning physicians' decision?

Participant: hmm, Yep. So I think definitely in the beginning, I think if you raise the question with a registrar depending on that registrar and your working relationship with them, sometimes it could kind of fall on deaf ears a little bit. But I think overall, it's been

really positive. And they really welcome questions because it gives them an opportunity to, to kind of rationales, rationalise what they're doing. And also, given your kind of side of things. I think they do appreciate that kind of nursing holistic perspective. And I think they're keen to engage with that, which is, I think, really positive with our registrar's. And I think also our kind of senior medical team, they, I think they're happy to put a lot of faith into us. So they're happy to kind of receive those questions, even if they sound ridiculously stupid sometimes, because they see it as just part of the learning pathway. So it gives them an opportunity to teach us as well.

Interviewer: And how do you describe your relationship with physicians? Maybe you've already described it.

Participant: So I think I think it's really positive overall. And as I say, I think having kind of a historical relationship with a lot the registrars that has helped, I think, but then also, as a team, I know looking at other ACPs within my team, the feedback that I get from them, it's some of them don't have established relationships with them, but they get on really, really well with them as well. And I think after a couple of months of being in training, after about six to nine months, there is a really good formed relationship. That goes both ways. And yeah, I think it's really positive for the whole team in general, when we have our own meetings and feed back and forth to each other.

Interviewer: Thank you very much. And how do you feel in suggesting care options to physicians?

Participant: Yep, so I'm more than happy to kind of go. I think, especially at this stage now in my training and development, I'm more than happy to kind of, if I see a patient deteriorating from a neurological perspective, to recommend getting a scan, formulating a plan together, taking, like starting that plan, running it by the registrar, who can then feed back into it. Then actually, when that plan is completed, if I go and analyse or evaluate it, I'm more than happy to take my own opinion to the registrar consultant who can then again, feed back into it and make the changes as necessary. And I think that's a very good way of learning. It's very much a back and forth. Because if I can go to them and say, Look, this is what I think the problem is. And I think this is a solution. It's really useful for me to get their insight perspective and say actually, you may want to consider this as well or actually you might be wrong, because if you're looking at it from this angle, you may see this instead, and let's change and let's roll with punches. And I think that's what's really good about medicine is that kind of learning from each other,

Interviewer: That's good. Thank you very much. Last topic, and how do you describe your role to others.

Participant: Uhm, (thinking and looking up) So, I always find it a really challenging role to kind of to describe to others, especially those outside of kind of nursing and medicine. A lot of the times I'll just say, are as if it's ever talking to a relative, or disguise, I've just described myself as a practitioner. So I don't find myself really as a nurse, to patients or to relatives necessarily straightaway. So I'd say I'm a practitioner that works alongside the medical team. And if they want clarification of that, then I'd say I'm a nursing part of my background is nursing, but I have advanced training, I work with

the medical team. And if they want to have a bit more discussion about that, I'm more than happy to. But generally, I'd always described myself as a practitioner first, simply for the fact that a lot of the time, I feel that specially patients and relatives in the general public still don't have a great understanding of advanced Nurse Practice. Especially as with that change from advanced Nurse Practice, to advanced clinical practice. I would say probably in about 10%, of scenarios where I've had to go on and define my role a bit more clearly, when asked to that. Some people will say, Are you do advanced Nurse Practice? I've seen those in my GP set. And then I can kind of say, Oh, yep, that's similar to what we do. However, there definitely be differences in the role, but yet, that is the same kind of background, where we're working from.

Interviewer: Perfect, thank you very much. Do you ever question yourself if you are seen as credible by people? If so, what made you think so?

Participant: I don't think so I feel very calm. I think the fact that we're so well supported as a team, we've given quite a bit freedom, I don't necessarily question myself. In terms, and I'm fairly competent as a as an individual. So if there was a patient or relative, from that perspective, asking about my credentials, I'm more than happy to kind of give my view and say, if you're not happy with my opinion, I'm more than happy to escalate it up the chain, there is a clear escalation pathway. So I'm more than happy to bump it up the chain, if they're not happy with the answers that I give, I give. In terms of kind of medical professionals, again, I think, because we're so generally well supported within the department don't feel you happen, you kind of get challenged anymore. So there's no kind of reason for kind of self doubt. If you're referring outside the department, sometimes you can still kind of come into the odd, odd medical professional, who still challenges you. But I think having learned from all those experiences over the last couple of years, you kind of know how to address that now. And some people, they still don't accept you. You kind of just say, well, this is it, I'm referring to you, you can kind of take the referral now, or I can get someone else to come back and give you the give you the same information later on. So as I say, you just kind of learn from from learn from those kind of previous experiences. I think also the fact that ACPs have cropped up in other departments now, and a far more wide ranging, I think there is generally a far more kind of they're seen as far more credible and far more accepting other departments as well.

Interviewer: Thank you very much.And how would you feel in questioning other allied health practitioners' decision?

Participant: So let's say within my department, I don't feel generally uncomfortable questioning or challenging. Again, it's part of my learning. If it's outside of the department, it can definitely be a bit more uncomfortable. However, generally, again, it's I just see it as part of my learning. So for me to kind of challenge and ask the question. It's part of me advancing my own skills and knowledge. I would hope that those kind of other medical practitioners or ACPs, outside department would see it as that rather than me challenging them. It's me kind of questioning and make sure that a patient is getting the best kind of potential care but also that I can learn from it. So in future, I can go back to them and say are, is this something that we would then do again, or is it something else where something else needs to be applied?

Interviewer: Thank you very much. How would you feel in suggesting care options to other allied health practitioners?

Participant: Yeah, so this is something that we haven't done so much of so far. But it is something that is we are looking at doing. To me, it's something that I think as long as I've got the support of individuals around me, or the team around me, then again, I'm very much happy to kind of push forward with that. And I think a lot of the time. Yeah, it's an interesting one. That is, again, we do we do a few bits with that with GPS. So recently, though, we've had phone calls which come through to the ward. So for example, we'd have a discussion with a doctor to say, they would say, we've got this concern about a wound, say, for example. And we would give kind of fairly appropriate advice in terms of, well, maybe that patient needs to attend the ward or that patient needs to attend their local a&e and be reviewed. So when it comes to kind of, I don't want to call it simple, but I suppose simple kind of things that come in. It's, it's fairly straightforward. But there's definitely a feeling there is more advanced stuff on the horizon going to come our way. So we may start to engage with the Reg on call phone, and taking those referrals from different accident emergencies about kind of traumatic brain injuries, and are going to need kind of rapid assessment, that is definitely going to be more of a challenge. However, we should be supported by the Reg in doing that. So I think as long as there's clear kind of support and defined boundaries within which we work, then I think that's something is a bit scary, but definitely exciting to look forward to.

Interviewer: Right. Thank you. Last question. How do you describe your relationship with other allied health practitioners?

Participant: So I think overall, I think with the nursing team, I think we have fairly fairly strong relationships. And I think with it, we're well respected within the team with there were a presence on the wards, with their for advice, and we're there to help complete them to complete the tasks they need us to help doing with. I think we have a good relationship with the medical team. As I said, I think there's a lot trust that's put into us and to make sure that jobs get done. And I think that's, that's really healthy. And I think that's taken a good while to establish but as I say, now it's established I think it's it's worked really effectively. Looking beyond that towards the MDT, I think with OTs, physios and speech and language and dietitians, all of which are kind of quite specific to neurosurgery. I think, again, I've had a long historical relationship with them. So I think that's kind of helped. I do believe it can potentially get a little bit strained at times, simply for the fact that I think because we're more dragged into that kind of medical role. When we see someone that's medically fit for discharge, we're kind of pushing to get them out the door or to get them to their local Rehab Centre. Where the rehab team is more kind of well, there's take the option of we need to get this patient and maximise as possible. So I do believe we kind of get dragged into that little bit of friction sometimes. However, I think it's the role of the ACP to kind of see both sides and to try and make sure that we are kind of doing the best for the patient as we can.

Interviewer: That's perfect. Thanks so much. And we'd have completed at 23 minutes and 50 seconds