The Queen's Nursing Institute

Transition to District Nursing Service

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The aim of this Chapter is to:
- To reflect upon the experience of the on-line resource so far

- To catch up with reflective diary

- To re-visit additional skills that you may need to achieve in order to work in the community setting

Quality care

Working in the community requires practitioners at all levels to be resourceful, flexible and adaptable to the various situations you may be confronted with. However, whilst adaptability is a key skill, it does not mean cutting back on quality of care. Decisions have to be made around resources and skill sets of individual teams. In many instances there will be limited resources so it is important to have the ability to prioritise care. Community care works best when the individual skills of each practitioner is acknowledged and recognised, regardless of what their grading is. Working in the community can be unpredictable and challenging and skills are required to move from one home where you may be looking after a patient with palliative care needs to another where you may be dealing with a simple wound dressing. The ability to work with the various emotional situations you will encounter is imperative.

Quality care is based on the effective clinical decision making skills of practitioners working in the community. Thompson et al (2013) recognised that the clinical decisions made in the community have very different parameters than those made in a busy ward. Unlike on the wards where there are a number of staff to share decision-making, when you visit a patient in their own home there are often carers and other members of their extended family present, whose needs also may have to be considered when planning care for your patient. Therefore working in the community a practitioner must be prepared for the unexpected at all times, but also be able to look at the needs of the carers/families in the overall planning of care. Decisions may have to be made promptly without discussion with other staff, and on occasions there may be a number of decisions to make in order to give the patient the best quality care. It is the duty of all health professionals to be accountable in demonstrating sound clinical judgement and decision making (Standing, 2010).

‘At first I found it daunting to be alone in a patient’s house administering medication, as you are solely responsible for doing so.’

When contemplating making a clinical decision Facione (2007:23) suggests the six steps to effective thinking and problem solving:

Ideals	**Five Whats and a Why**
Identify the problem:	What’s the real problem we are facing here?
Define the context:	What are the facts and circumstances that frame this problem?
Enumerate choices:	What are our most plausible three or four options?
Analyse options:	What is our best course of action, all things considered?
List reasons explicitly	Let’s be clear: Why are we making this particular choice?
Self correct:	OK, let’s look at it again. What did we miss?

Whilst the list below is focussing on clinical skills, it must not be forgotten that the overall success of any nurse/patient relationship is built on communication. Therefore communication channels must be open to generate discussions with your patients so, wherever possible, they are part of the clinical decision-making process in their plan of care. There may be a variation of delivery of care, which is not always a bad thing (Thompson, 2013), but patients need to be aware that every individual health professional they are dealing with will have their own individual approach when making a decision about their care. Nevertheless, if the patient is part of that decision-making and a dialogue has occurred between the health professional and the patient, then the decisions made will be in the patient’s best interest.

Skills

- Medicines management in the community setting - e.g. use of controlled drugs
- Intravenous therapy and central vascular access devises – including PICCs
- Nutritional Support – including PEG feeding
- Wound and leg ulcer assessment and management including: use of Doppler, wound products, compression bandaging, Vacuum Assisted Closure (VAC)
- Urinary catheterisation and management e.g. suprapubic, intermittent and male catheterisation
- Bowel management
- Ear irrigation
- Venepuncture
- Palliative Care

Quote from community nurse:

‘When I first started to work in the community, I found it daunting to be alone in a patient’s house administering medication, as you are solely responsible for doing so. On a ward you always have someone to check doses with you on medicine rounds that are mainly carried out by two nurses.’

Exercise

How would you deal with the two situations below?

1. You are visiting Mrs Knight (75 years) who is a regular patient that you visit three times a week to dress her venous leg ulcer. Mrs Knight lives alone with her cat; she has not been very mobile since she developed her leg ulcer 4 months ago. When you visit Mrs Knight to dress her wound you notice that the leg is very inflamed around the outside of the ulcer. What clinical decisions would you make?

- Would you continue with applying the same dressing to the wound?
- Would you consider applying a new (different) dressing to the wound?
- Would you contact the GP?
- If you are a nurse prescriber would you prescribe for Mrs Knight?

Possible actions:

- You could apply the same dressing to the wound and come back later with a more experienced District Nurse
- You could apply a different dressing to the wound if you are a prescriber and can prescribe from the NPF
- You could contact the GP and ask him to visit to assess the wound. Or you could contact an Independent Nurse Prescriber or Tissue Viability Nurse to assess the wound
- Would any of these actions compromise the care of your patient?

1. You have been working in the community as a District Nurse for more than 10 years and you feel that you have a wide knowledge and skills set. A referral has been made to you asking you to visit a gentleman of 65 years with a catheter in-situ who is having problems passing urine; this is causing him great distress. You have not passed a male catheter for more than two years. It is policy in

your local area for District Nurses to perform male catheterisation. What clinical decision would you make?

- If local policy did not allow District Nurses to perform male catheterisation what action would you take ?
- Would you insert a catheter?
- Would you seek the expertise of a practitioner who is utilising this skill on a regular basis?
- Would you refer the patient to the GP?
- What action would you take in developing and enhancing your skills in male catheterisation?

Possible Actions:

- If you do feel unable to perform a catheterisation you should say so
- You could contact a community staff nurse who is a member of your team – this particular staff nurse prior to joining your team has been working on a male surgical ward and is familiar with catheterising male patients
- If the local policy only permits qualified District Nurses to perform catheterisation what would you do?
- If you felt very unsure about what to do you could contact the GP and ask him to visit and you could be with the patient when the GP visits
- You recognise that you are de-skilled in this area, so you could ask your line manager if you could have training in male catheterisation and then you should ensure that you get the relevant practice. This could be done by arranging to spend time on a male ward where you could gain this experience, or you could let your colleagues know that you need further experience and there may be an opportunity for you to gain this experience by working with other DN teams.
- If policy does not permit District Nurses and their team to insert male catheters, it is still worth while reading up on the anatomy and physiology of the male bladder and urethra so that you gain an understanding of possible complications of a blocked bladder.

Looking at the above suggested actions are there any ethical dilemmas that would need to be considered?
'When I was initially working in the community my concerns about catheterisation was when you face difficulty in removing a catheter particularly supra-pubic and difficulty passing male catheters. On a ward you have the support of your colleagues, but in the community you are alone and cannot always contact your colleagues to help.'

Additional Skills Quotes

Look at the additional quotes below and think of what you would do if you were asked to carry out ear syringing, venepuncture or give an enema. Do you have the right skills to carry out the treatment? If not, what will you do to gain the required skills?

'We are often asked to give enemas by GPs; this goes against first line treatment of constipation and it can be difficult to challenge the GP to try other things first.'
'I feel there is a lack of training in this area - ears are sometimes syringed at patient request, historical expectation before ascertaining actual need for this procedure. There are additional issues of poor ergonomics and Health and Safety in the home setting.'

‘You will not have all the skills and you may not have all the answers all of the time.’

‘I learnt venepuncture in the hospital, but I believe that it is difficult to learn this skill in the community setting. In the community it’s a case of being taught by another member of the team and having a go when you feel confident enough. In the hospital there is a ‘training pack’ and a certain number of observed sessions before you can do them.’

‘I have some concerns that venepuncture is seen as a skill beneath trained nurses because hospitals use phlebotomists. It’s not the same in the community as anyone who is housebound and needs a blood test probably needs some form of nursing assessment as well.’

It is important to note that you will not have all the skills and you may not have all of the answers all of the time. In recognising this it is also important to address this and take action where it is needed.

Chapter Summary

The overall aim of this chapter is to revisit the skills that are required to care for patients in their own homes. Whilst it is acknowledged that the skills required to work in the community are multifaceted, it is hoped that this chapter will recognise that not everyone will have all the required skills all of the time. Therefore it is essential that community teams work together to recognise the various kinds of expertise within their teams, and on occasions beyond their teams and to reach out and utilise those people who have the right skills for the task in hand. This supports the QNI’s Right Skills, Right Nurse campaign. In highlighting the importance of this you are encouraged to reflect on those people within your team and look at whether the skills each individual has are being used effectively to benefit and enhance patient care.

Further Reading

- Facione, P.A. (2007) Critical Thinking: What it is and why it counts., California Academic Press, California
- O’Brien, L. (2012) District Nursing Manual of Clinical Procedures, Wiley Blackwell West Sussex
- Ruesink, M. (2015)The Importance of Critical Thinking Skills in Nursing , Rasmussen College, USA
- Standing, M. (2010) Perceptions of clinical decision-making a matrix model, McGraw Hill,London
- Thompson, C. Cullum, N. McCaughan, D. Sheldon, T. Raynor, P. (2004) Nurses, information use, and clinical decision making – the real world potential for evidence-based decisions in nursing, Evidence Based Nursing, 7, p68-72
- Thompson, C, Aitken, L. Doran, D. Dowding, D (2013) An agenda for clinical decision making and judgement in nursing research and education, International Journal of Nursing Studies, 7/3/2013 online
- www.skillsforhealth.org.uk Skills for Health