

Role of the Specialist Nurse in Spinal Cord Injury in the UK

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Introduction

The term ‘specialist nursing’ comprises an extensive number of job titles, covering different roles including nurse practitioner, clinical nurse specialist and advanced practitioner. In addition, these nurses also possess a variety of qualifications, levels of education, role preparation and experience (Pearson & Peels 2002).

Specialist nursing focuses on a specific area of practice. It is directed towards a defined population or a defined area of activity (Royal College of Nursing 2003) and involves exercising high levels of judgment, discretion and decision making in clinical care (Nursing & Midwifery Council 2005). The ultimate goal of any specialist nurse is to improve holistic patient care by providing a quality, multifaceted care package to patients (Rust 2009). The main components of specialist nursing encapsulate management, leadership, care delivery, education and research.

These elements are generic amongst all specialties therefore when developing in the role of spinal specialist nurse these elements become the building blocks to safe and effective practice. Specialty of Spinal Cord injury nursing does not follow an agreed development pathway on a national level and access to formal accredited qualifications within the specialty are limited.

There are 12 SCI centres in the UK and each has a Spinal specialist nurses (SSN). The roles within each centre vary based on the authors knowledge of 5 different centres, this information has been sought out during the limited networking opportunities we have and during professional contacts SCI centre to SCI centre. The author is currently 6 months into the new role to him of SSN. This poster begins to explore the role of the SSN and hopes to highlight how development can best be achieved.

Management

Management In the role of Spinal Specialist nurse if multifaceted within the authors SCI centre. Management is heavily linked to the pathway of patients at the various stages from acute injury to discharge and beyond.

Acute referrals are managed as a priority, ensuring timely access to the services commissioned to serve them. QCUIN targeted outreach visits are managed by the SSN, who acts as a direct link back to the MDT to enable decision making about the most appropriate pathway for the patient within the service.

Beds within the spinal centre are managed efficiently with the wider management team to allow access to acute and lifelong needs of patients.

Accurate and timely record keeping is paramount across many platforms to ensure safe and effective care delivery. Data is also fed into a national system allowing the analysis and improvement of future services nationally.

Management of relationships is a facet of the roll of the SSN. Within the region there is a network of trauma centres and other referring hospitals who all function in different ways and have different needs as referrers. As each hospital does not have a SSN the role is very much a regional one and managing effective relationships with partners is crucial to the patient pathway and outcome.

Leadership

The SSN must provide exemplary clinical and professional leadership, acting as a role model for all staff both within the centre and across the regional networks.

Having the ability to effectively communicate the best practice advice and care for individuals to multidisciplinary teams within parent trust and referring hospitals.

Provide a visible clinical profile having both advisory and clinical input to care of SCI patients.

To be an approachable and willing to share knowledge and skill for the good of the wider patient group.

Care delivery

The SSN must ensure that the safe, effective and evidence based care is delivered as and when required within the most appropriate setting for the individual. As the role is to manage these needs across a region the challenge is great and often rely on the elements of leadership, Management and communication where care is not to be delivered first hand or where the patient is not being nursed within the regional centre.

Education

A crucial part of the role of the SSN. The two key areas are;

Facilitating the development of skills of staff within the centre.

Also more importantly from a safety perspective, communicating clearly and educating in a robust way the needs of the patient to the referring hospital teams Whilst they Await a socialist SCI centre bed. The complex and specialist needs of the patient group are often out of the comfort zone of teams tasked with caring for SCI patients. Added to this, these needs change as patients transition through different stages of acute pathology post SCI. For this reason it is important to educate on a Macro - generic principals of care in the specialism delivered to key staff and teams who will be responsible for the patient group. Micro - Individualised care based on SSN assessment in person, Individual needs and care plan to be communicated robustly to ensure optimum care delivery. Often 1:1 and small group training is required ad-hoc in order to facilitate this. Using this approach the goal is that patients receive optimum care in the non-specialist area enabling transition to the rehab phase optimised.

Research

SSN having knowledge of current, past research and evidence base in the speciality is vital to the role.

Therefore we must first ensure compliance with trust level governance procedures and participate in local research projects.

Maintaining an awareness of current research both nationally and internationally.

Ensuring appropriate application of findings to enhance SSN own and others practice.

Conclusion

The role is SSN is both an exciting and challenging one. The skills needed are both based on experience of managing this specialist patient group and utilising a sound evidence base. The Author has had the opportunity early in his career to attend a locally run ‘spinal course accredited by a local university faculty of health and has undertaken various accredited courses non spinal specific but relevant to the nursing role.

Developing the role of SSN by embarking on a formal course with a pathway at masters level would be the obvious choice, there are very limited university accredited courses which directly teach the knowledge and skills of this specialism. Access to this option via distance learning should be explored further or the option of specific modules related to the specialism bundled into a local masters pathway with more generic but relevant content.

Further to the educational element the benefit of a SSN peer network would logically be of benefit to all in post. Similar networks exist in the case management/discharge coordinator role in SIU's and work very effectively for those involved. The Author would like to explore the most efficient way to facilitate this giving the maximum benefit to those who partake.