

2. IN SUPPORT OF YOUR APPLICATION – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

How have you made a difference?

- changing how things are currently done,
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

Until recently, there was an acceptance that for many patients with Chronic Obstructive Pulmonary Disease (COPD), it was inevitable that their condition would acutely exacerbate and that these exacerbations would be managed in acute care hospitals. An example of this acceptance was when I initially discussed a self-management approach with some of the respiratory team; it was generally felt it wouldn't make any difference. One of the consultants was very negative. He felt that there was no alternative to the then current situation of patients spending an average of 8- 10 days in hospital during exacerbations.

When I started in my post as a community rehabilitation respiratory nurse, I was fortunate that it coincided with national recognition of the importance of self-management in long term conditions. This required a significant culture change and is still a challenge today. As part of my role, I co-ordinated a group which developed and created a COPD self-management plan. This was adopted by the NHS Board and has become a powerful tool used by patients with COPD and their families. It's supported by healthcare staff to help patients manage their condition and in particular exacerbations.

Patient and carer consultation was one of the most enlightening experiences I had, as it really helped me to see that I and others in the healthcare team had made assumptions about their experiences which weren't always correct or helpful. The experience helped me challenge my own assumptions and help others to do the same.

My role included the promotion of the plan as a tool. I found that one of the best ways to do this was to share the experiences of patients and carers who had found it useful. It can be difficult to change practice and it is easier if people can see the real benefits to patient's lives.

Through education, the culture is now shifting and it has become more accepted for healthcare staff to work in partnership with patients and carers to support them in self-management. It remains a challenge though. For some staff, it can be difficult when patients take a greater role in managing their condition.

One of the patients I've been lucky to have the help of is a woman who has severe COPD. She helps by sharing her experience with patient and staff groups. She describes how, at first, it sometimes presented a challenge to her healthcare team, and she felt some didn't like being, "directed" by the patient. However, as she grew in confidence and it became obvious that she is more expert in her condition, she feels they found it easier. She describes her self-management plan as her "Bible".

Although self-management is about much more than a simple document, it's a useful tool to begin to discuss and explore people's perceptions. The promotion of self-management is at the

heart of how I practice, and I believe that it is the best way to deliver effective healthcare in the future. I feel that by actively listening to patients and their families we can aim to understand the support they need to do this.

Effective self-management has an impact on the whole community as people start to understand that by taking proactive, anticipatory steps they can make a significant difference to their health outcomes.

How have you demonstrated your tenacity and resilience?

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

The area I cover is large, with most of it being very remote and rural. It is the same size as Belgium, with much less accessibility. I feel strongly that patients should, as far as possible, be able to have an equitable healthcare resource. I'm keen to help make healthcare more accessible and responsive for patients. This involves being open to new ways of working and I feel that telehealth has an important part to play in this.

Once a month, one of the respiratory consultants and I carry out a joint VC clinic. I am with the patient and she is in her base 100 miles away. Initially, some of the local staff were negative about the clinic. They commented that the patients were getting a lesser service as the consultant wasn't seeing them face to face. I was able to show them that patient feedback was completely positive, and they appreciated the service and in particular not having to take a 200 mile round trip for a consultation. I carried out an informal chat using VC with some of the staff; we did some simple troubleshooting and practiced using it. They are now so enthusiastic that they challenge others specialties to make more use of it. I think this has been one of the most effective ways to change attitudes. It's been achieved by helping people see the benefits of new technology first hand, and them starting to see how it could work for them and their families in their local area.

Part of my role is to take a clinical lead for home health monitoring (HHM), in COPD. There have been many obstacles that I've had to work at overcoming, including:

- IT systems
- connectivity
- staff reluctance
- previous negative experiences
- fear of change
- fear of increased workload

On reflection, I understand that it's seeing how it can improve things for a patient that motivates me to persevere despite setbacks. As an example, one man with a diagnosis of COPD had always been very reluctant to make any changes in his lifestyle to accommodate his symptoms. He had been seen by various members of the healthcare team who had each gone over his condition and given relevant information and guidance to him. After 6 weeks of using HHM for COPD I saw him and he told me that he had finally realised that his condition was "real". He was able to make a connection with his symptoms and the information he saw on

the screen and crucially, start to listen to his body to acknowledge how he was feeling. By way of this, he was able to make significant behaviour changes including stopping smoking and seeking help earlier in exacerbations. This is an example of how, it worked as a self-management tool for him.

Having reflected on my experience with telehealth, I've come to understand that I can be persistent, and that comes from me seeing it as something which, although is far from perfect now, has the potential to improve health and social care for people in the future. It's this understanding that allows me to persevere and to share this vision with others.

How have you brought people with you?

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has "carried the day"
- getting others to commit and get things done.

When the Health Board wanted to try a new form of Home Health Monitoring (HHM), for COPD, a test site was needed. I suggested the locality, as I knew the team and felt it would work well there. There is excellent leadership from the Senior Community Nurse and I'd seen how they were open to new approaches to self-management and anticipatory care and was hopeful that they would get involved.

I'm committed to making health and social care accessible for patients. I try to make a point of sharing new developments in my general communication, and found that the locality team were ready to share in my enthusiasm.

On reflection, I find that if I believe in something, then I'm able to share this vision with others. By listening and trying to find out what's important to them, I'm able to help them to see the benefits to their patients and therefore themselves. In my experience, most healthcare staff are motivated to want to make things better for their patients. By acknowledging this we can harness their ability and motivation to become involved. In my experience though, it's much easier to persuade people to do something that they're already open to do. Along with the locality team we were able to start to build a shared plan to test the HHM.

Our work was collaborative and resulted in clear aims agreed as a team. The enthusiasm which was generated was infectious and carried us through many challenges along the way. We had to have regular teleconferences with a team in xxxx, where ironically, technology was problematic. We discovered at the last minute that our NHS firewall system wouldn't allow the technology to work. By having open and honest communication we were able to find creative solutions to these obstacles. We always kept sight of why we were doing it. By keeping it real and putting the patient at the centre of it, we kept our commitment. Humour was very important, and we had a few laughs when we shared our experience of driving around the area and getting out of the car at regular intervals holding aloft a large machine designed to check the strength of the mobile phone signal –not a "traditional" community nurse role, and one which they enjoyed explaining to locals.

A momentum was created which carried the project forward. We completed the test over 6 months. This made the rollout possible across the entire Board area. The team were pleased to be invited to present the results at a Board Research and Development event for which the feedback was positive.

Although it had been hard work, they saw benefits in terms of patient health improvement and their team development. They valued the experience as it helped them to develop their skills and experience. They valued being involved in new technology. It was great to see them thinking of ways in which the technology could be used in future, e.g. palliative care in very remote and rural areas and carer support.

How have you demonstrated your ability to reflect?

- listening deeply, seeking to understand what really matters
- approaching life reflectively, always learning and kind to self
- quick to attribute success to others and not seek credit for things.

When I started in my post as a senior practitioner in the community, I was keen to develop my practice. I took advice from a respected colleague who suggested that I do some modules in motivational interviewing techniques.

If I'm honest, at first, I thought that I was already a "good listener" and that I may be able to skip the most basic modules. In practice I went ahead and completed Module 1. I was very sceptical initially, assuming that I would learn nothing much. I was very wrong. I learned so much valuable material in how to actively listen and how to allow space in a conversation for the other person to use to think. In my practice I now try to use this approach.

I have found it works well with patients who have chronic long term conditions. They may have been receiving health care for a very long time. It can often come as a relief that they've been able to talk and they often say that they feel "listened to for the first time". I've learned that by doing this, people are often able to come up with their own solutions as it has given them space to be able to work it out.

I went on to complete further modules and am now a trainer for my own Board. Through this I've learned the importance of using reflection to check my practice and I've found that, although I aim to practice communicating in this way, sometimes situations challenge me, and I find myself reverting to telling people what to do. I've learned that I do this when I'm in hurry, or when time is short. It's a valuable lesson to me to try to be better prepared or to be honest and realistic about the agenda setting for the allocated time. As I grow more confident in my practice and as time allows, I give patients the option of coming back to continue.

By listening and using reflections to show this, my aim is to try to understand what it is that matters to the person. It's easy to wrongly assume that it's something to do with their condition and they want you to "fix" it. By understanding people's motivation and what is important to them, this helps me to focus on what truly matters to them and helps me to work with them in moving forward.

It's very important to me to try to see things from others perspective. I understand that my perspective is particular to me, and it may be very different to that of others.

All of the most successful pieces of work that I've been fortunate enough to be a part of, have been done as part of a collaborative process which have been a joy to be a part of. I have an appreciation that it is this creative co-production which has given me the most fulfilment professionally. When work feels like this it flows naturally and feels very easy. It would be worthwhile trying to learn how to create this environment more easily as it feels very productive.

3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for this year's cohort?

To safely and effectively meet the future healthcare needs as our population changes, the way we deliver nursing care in the community needs to change.

Recognising that increasingly, most care takes place in a community setting, I feel strongly that the value brought by community nurses should be better understood and recognised. Community nurse roles are evolving rapidly, and there is a need to be able to communicate this to the wider health care team and the public. I'd hope that with the support of the QNIS, the first cohort of Queen's Nurses will be enthusiastic, knowledgeable and effective communicators of these developments.

A lot is talked about person centred care, and I feel strongly that it should be this that provides the basis for our future care. If we are aiming to truly practice putting the person at the centre of their care, it requires a shift in our perspective, and I would argue that this will be the most powerful shift we can make. I would see a Queen's Nurse as being a leader in this aim and taking a role in sharing the vision with others.

Community nurses are ideally placed to be at the forefront of the continued shifting the balance of care. This involves the development of skills in areas such as clinical assessment, supporting behaviour change, communication skills, anticipatory care planning, chronic long term conditions management and truly promoting health and wellbeing. Technology is developing rapidly also, and can be used to support both patients and nurses in providing patient centred care. Telehealth consultations are an example of this. Community nurses should be encouraged and supported to make use of it in their practice. I would expect a Queen's Nurse to be supportive and encouraging in the use of new technology, recognising the challenge that it can be to do things in a new way.

In conclusion, I would see the Queen's Nurse role as being a role model in excellent practice. By encouraging and supporting colleagues in the development of their practice they will help facilitate innovation and confidence in trying new ways.