Researching the skills of advanced clinical practitioners in relation to mental health practice

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INTRODUCTION

Advanced clinical practitioners (ACP) engage in the holistic assessment of patients, many presenting with comorbid health issues including mental and physical health problems. ACPs need to have a broad knowledge and skillset to be able to recognise, formulate and manage both physical and mental health needs.

The researchers developed a modification to a clinical skills module in the generic ACP training where broad core mental health knowledge and skills were taught and practiced (1) (Chadwick and Murphy, 2019).

Aim

To identify the use of mental health skills Advanced Clinical Practitioners in training (ACPiT) within their practice from one university programme.

Objectives

To explore the utility of introducing mental health content within an ACP programme.

To investigate the experiences and use of mental health skills used by ACPiTs in their clinical practice.

METHODS

A single case study approach (Yin 1984) was used with University ethics approval obtained (University of Salford). A purposive sample of 10 ACPiTs consented, from the ACP programme. All participants had been involved in the training 12 months before the data collection. Semi-structured interviews lasting no longer than 45mins were used (2), then transcribed and analysed using a thematic analysis. Comparisons of the each researchers unique interpretations were made, including only the thematic data where consensus existed (Bazeley 2013).

A key underpinning philosophical approach of the researchers was to capture the sense of 'Being' (Heidegger 1962) an ACPiT in practice facing everyday events, yet with an extra set of knowledge and skills to use if felt reasoned.

ANALYSIS

In an attempt to reduce the time transcription took, the researchers trialled a simplistic voice recognition software which:

- Reduced transcription time by about a third
- Resulted in minimal costs (important as a large cost of research is absorbed by transcription time and costs).
- Led to a discussion thread on ResearchGate where more people are testing out and reporting their utility of voice recognition software in research.

RESULTS

The analysis highlighted three themes; communication skills, emergence of competence and self-awareness (3).

Theme 1 - Communication

There were bespoke experiences only engaged in due to the module that led to modification in assessments and conversations related to health. Participants discussed the way that decision making was enhanced.

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Emergence of past, missed opportunities "…some people who've got chronic illness, chronic pain, who come in a lot initially, and I think sometimes because nobody's ever said to them or asked them directly about mental illness…is something else going on that's manifesting itself… ask directly if they've had a mental illness"

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Identification of novel information from patience and permission to talk "I saw a patient yesterday on a home visit whose got a low mood and anxiety and she actually called because of pain but when we talked about everything we talked about social isolation and different things like that she said to me… thank you! because you've just listened to me. She said I feel like you've actually listened to me and you didn't just stand at the side of me hovering and rush rush rush"

Theme 2 - Emergence of competence

The coming to the fore of knowledge infused skills, subdivided by a relation of medication, assessment/ use of tools, advanced communication.

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Awareness of the utility of broad investigatory skills "the key aspects like assessing mood, assessing risk, assessing thoughts. Assessing well… insights. I feel that's more embedded in the practice now, but before the programme I would've just (pause)… just took a bit of history and risk assessed and referred on. I feel I can take it on just a little bit further now…"

RESULTS

Confidence to evaluate knowledge and implement skills "… he was saying all the right answers and everything seems ok I then realised he was digging his fingernails into his hand… unless I was in the right position I would never have seen this…"

Theme 3 - Self-awareness

The ability to assess competence and practice in relation to the work with those with mental health problems. Analysis of role and practice is engaged in for validating opinion.

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Confidence to self question, pause and reflect "…know I might have felt confident before but now I've learnt more about mental health and assessments, I think I realise that I did have areas lacking, so I think…. I've had a broad understanding of lots and lots of conditions, I've built up over the years, but it was realising how superficial that was in certain areas"

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Rituals "you're having a bad day, you get your slap on (make up), you put your smile on and it doesn't matter what else is going on. At home you don't have that face in front of your patients but he had that face in front of us. Unless you spend that time observing you don't necessarily get or notice it "

CONCLUSIONS

ACPs have the opportunity to role model their practice, develop competence and be self-aware when providing care for individuals with comorbid physical and mental health problems. They have the ability to recognise and manage those with mental health as well as physical problems whilst using a combined medical and nursing skill set.

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Conceptualisation of being is identified by interpreting how we act and the world acts for us at the moment (3)

Exploring how the world related to mental health is happening in role (2)

Being engaged in exploring new knowledge related to mental health with a new lens on practice (1)