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The exploration of mental health skills in a generic advanced clinical practice programme

British Journal of Nursing

Dear Ms Angelina Chadwick,

I am pleased to tell you that your work has now been accepted for publication in British Journal of Nursing.

It was accepted on 30 May 2019

The next step is for the article to be copy-edited and formatted into the journal's house-style. In due course, you will receive another email from us asking you to check a proof copy of the edited article.

Thank you for submitting your work to this journal.

With kind regards

Janet Perham

Editor

British Journal of Nursing

Title Page

Title: The exploration of mental health skills in a generic advanced clinical practice programme

Short Title

Mental health skills in generic advanced clinical practice

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This article submission is on behalf of myself as corresponding Angelina Chadwick (author) and Neil Murphy (co-author). We can confirm that this work has not been published or being considered for publication elsewhere.

Abstract

Background

Advanced practitioners (ACPs) are expected to be competent in their holistic assessment and management of individuals, which includes those with physical and mental health problems. A mental health component was introduced within a generic advanced practitioner programme to support the development of mental health skills required by advanced clinical practitioners in training (ACPiT).

Aims

This research investigated the efficacy of mental health specific content within an MSc ACP generic programme.

Methods

Single case study approach was adopted using a purposive sample of 10 ACPiT to explore personal beliefs and experiences using semi-structured interviews. Verbatim transcription was undertaken followed by content and thematic analysis.

Findings

Themes emerged included communication skills, emergence of competence and self-awareness.

Conclusion

Insights provided by ACPiT recognised the value of mental health teaching and exposure within their training programme for the advancement of knowledge, skill set and ultimately confidence in their clinical practice.

Key Points

Synthesising mental health skills in generic nurse Advanced Clinical Practice.

The conflation of communication and self-awareness with the improvement of clinical growth.

Reflective questions

1. What skills do you currently use, that you have gained from disciplines outside your own practice?
2. From the paper what skill resonates for use within your practice?
3. Considering the skill identified when would you use this within your practice and is there any evidence that supports the implementation of such skills?

Introduction

Advanced Practitioners (APs) have been part of the United Kingdom (UK) healthcare workforce since the 1990's. They emerged within the ever-changing workforce landscape, as nurses extended their scope of practice and doctors reduced their hours through the working time directive (Pierce and Belling 2011). The AP role has evolved more recently to Advanced Clinical Practice (ACP), encompassing many practitioner roles not just nursing. A broadly similar definition of Advanced Clinical Practice exists across the countries of the UK. Each endorsing a framework (useful developmental documents can be seen at CNOD 2017; Department of Health, Social Services and Public Safety Northern Ireland 2016; HEE 2017; Scottish Government 2008; Welsh Government 2010) that argue that practitioners have complex decision-making skills, are educated to masters level, can act autonomously and work across different settings, emphasising that the Advanced Clinical Practitioner should be seen as an evolving level of practice rather than simply a role.

Many ACPs work within the traditional, healthcare professional interface areas (for example: within a hospital setting). More recently the ACP role has moved in to

innovative ventures in less traditional areas (for example: GP surgeries). The generic ACP role encompasses the use of advanced clinical competencies in order to assess, **treat** and signpost people with a range of presentations including mental illness who present with physical health problems (Rogers 2011). Research shows that 1 in 4 of the UK population will experience mental health difficulties (McManus et al. 2016). Between 15-40% of primary care consultations are attributed to mental health problems (Rogers 2011). Further evidence suggests that up to **44% of people who attend emergency departments have panic disorders (Foldes-Busque et al 2011)**. Moreover, patients with serious mental illnesses are more likely to develop comorbid physical health problems resulting in a reduction in life expectancy of up to 20years, which equates to 1 in 3 of 100,000 premature deaths in England each year (Thorncroft 2011; Rethink 2013). Such representations highlight that senior staff such as ACPs, who are assessing people attending their departments will frequently face someone with a mental illness when presenting with a concurrent physical health problem.

At present many generic ACP programmes do not have bespoke mental health modules. This paper will explore the outcomes related to emergent mental health skills of one cohort's practice during the completion of a generic ACP programme.

Aim and objectives

The aim of this research was to investigate the efficacy of mental health specific content within an MSc ACP generic programme **(designed for healthcare disciplines including adult nurses, paediatric nurses, physiotherapists and paramedic personnel)**.

Objectives for the research were to evaluate the mental health specific content (skills) used in a bespoke module and to identify the utility of such skills within the ACPiT (Advance Clinical Practitioner[s] in Training) clinical practice.

Methodology

The research project adopted a qualitative approach involving a single case study framework to examine a phenomenon (in this case from the observations of the authors) from the accounts provided by ACPiT on the programme.

Case study research is argued to adopt one of three modalities; Exploratory, Descriptive or Explanatory (Yin 1984). Using the descriptive modality to articulate the ACPiT narrations related to mental health skills in clinical practice, the research involved the use of semi structured interviews to establish experiences of ACPiT. As such, allowing them to voice personal beliefs related to the mental health component of the programme and its impact on their practice. The interviews were designed to last no more than 45 minutes and were to be transcribed verbatim using voice recognition software. All information related to the research was stored in recognition of the ethic approval gained for this research from the university ethics committee. The purposive sample of students were recruited from one cohort of the programme; comprised from a range of backgrounds (adult in-patient/ community nursing, emergency care and primary care practice centres; n=10) who all agreed to participate had the option to withdrawal without challenge). All participants had received the mental health training 12 months prior to the data collection.

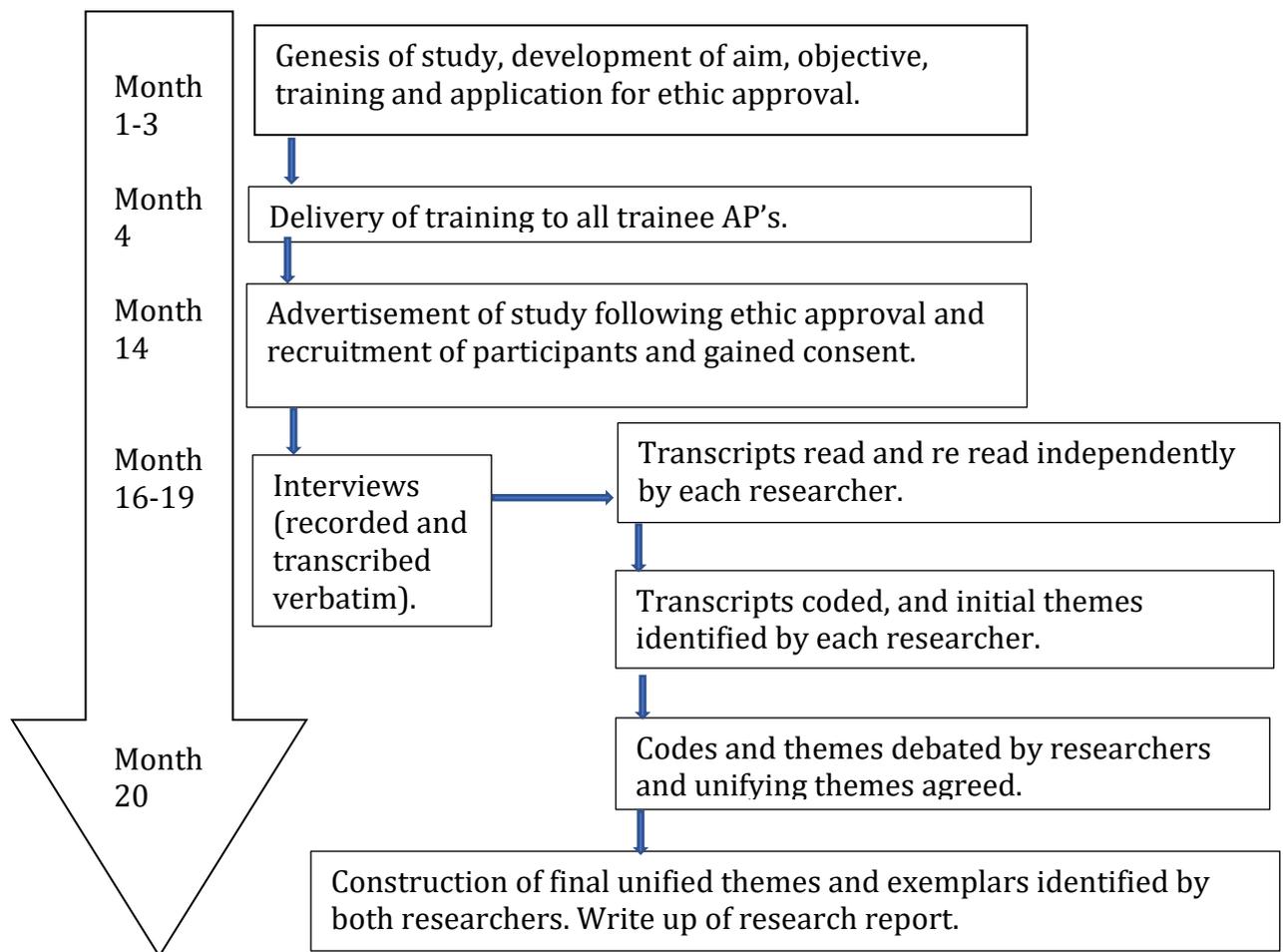


Figure 1. Flow chart to show structure and timescale of research project

Analysis

Analysis involved the reading of the transcripts to produce themes that represented the narration of the ACPiT. All the transcripts were read and reread by both authors. First and second level analysis was undertaken by both authors, which led to a range of codes and ultimately themes (Bazeley 2013). Third level analysis then sought to sub code the elements within each theme, culminating in the final themes.

The findings will be presented through verbatim personal statements using direct quotes to provide reflective insights as to utility and purpose of mental health skills to the generic ACP role.

Findings

There were ten interviews averaging approximately 30 minutes each. The clinical experience of the ACPiT involved in the research was generally five years of post-registration practice working within non-mental health areas. The researchers identified three main themes: Communication skills (bespoke experiences only engaged within the programme), emergence of competence (related to medication, assessment, use of standardised tools, formulation and asking difficult questions), self-awareness (ability to assess competence and practice in relation to assessing those with mental health problems, with analysis of their role and practice).

Themes

The following section presents excerpts from the interviews with the ACPiT to exemplify statements related to the themes. In this section the ACPiT is referred to as the participant.

Communication skill

Participants identified instances from their recent practice where they had found themselves persevering with events that would normally be handled in a more 'matter of fact' manner. **Considering the mental health material learned, the participants felt they acted in a more measured and less judgemental fashion,**

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 ACPiT03

Each of the participants identified the emergence of specific experiences related to the use of enhanced communication, felt to be energised by content on the module, then synthesised in to their current practice,

I really drew on the questions that we were like taught to ask ... before we did our OSCA's ACPiT10

OSCA's are where a clinical skill is practiced in a role-play situation and rated by an assessor against a series of competencies related to clinical practice, knowledge and application.

The genesis of understanding related to the importance of communication skills as presented in the module was realised by **all the participants and is exemplified in a reflective narrative,**

Initially it was listening observing, watching, and then, it was that one little thing, if I hadn't observed then I wouldn't have gone any further ... and then it was the questioning... non-direct questioning because the rest of the consultation had been yes or no answers... as some of the best conversations seems to have yes and no's but you don't seem to get much information, and this should have put signs in my head as an ACP trying to put all these pieces together as it just seemed this was a shy young man ACPiT02

Emergence of competence

Reflections related to permanent changes to practice were identified, leading the participant to recognise that they had developed competence as a consequence of the module,

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 ACPiT05

The participants identified that with time and knowledge from the module, they were now confident to engage in more detailed assessments and linked these assessments to specific competences. Such an approach led one participant to confidently engage in more detailed observation of non-verbal behaviour, and then analysing in the context of the presentation,

... 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... ACPiT02

The interpretation of the non-verbal behaviour coupled with verbal content led to further exploration that identified a relapse of health and the need to admit the client.

The emergence of deterioration in mental health was often factored in to assessments and exploration of historical evidence balanced into the interventions under consideration,

this lady was having an abnormal response... it was a difficult situation that she was ... very ill but, she was clearly struggling and was responding in ways that are quite peculiar in terms of not wanting to take painkillers, not wanting to have any

medicines... suppose it's about investigating that and trying to get to the root causes of that rather than the just labelling her as a difficult patient.... So yeah, so I suppose it's more about being aware of the possibilities of the impact that the previous diagnosis ACPiT08

There were reflections on developing competence of managing difficult situations, blending problem solving and advanced communication,

I think empathy is really important before I went in the room.... I don't want to make assumptions he (the patient) was quite upset by...

(another colleague in the department)

... but quite quickly I was able to make a rapport with him, engage with him, listen to a story, sort of acknowledge his feelings really make him feel like I cared really but I had acknowledged what he was saying ACPiT05

Commonly a level of competence related to holistic assessment to explore the physical health presentations with mental health differentials

people will come in tired all the time, am I anaemic? is it my thyroid? well I could say that it could be that or I say how has your mood been. I will check some bloods but if it's not that it could be because of that (the mood) people don't always like to be told that it's their mood rather than they got something wrong with their blood ACPiT03

A measure some participants used to explore differential diagnoses was the use of psychometric or standardised tests to further assess elements of mental health presentation (for example *PHQ9* (Kroenke *et al* 2001) and *GAD 7* (Spitzer *et al* 2006) ACPiT01) having acquired the knowledge but utilising them as another layer of assessment, participants articulated that the process had become almost natural,

... sometimes it is just like instinct and you need to do it now. ACPiT02

Self-awareness

The participants focused on an increased awareness and analysis of the role and practice when working with emergent mental health presentations,

...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. ACPiT06

There was an almost 'Eureka' moment, realising that giving the patient more time to talk, led to unravelling something that had been too complicated to articulate and led to a personal reflection on coping,

... acknowledgement that there was something wrong, so I question him and then his whole-body language... everything just changed it was a bit like popping the balloon, and he seemed deflated and it was just interesting to see that especially as we put makeup on.... you're having a bad day, get your slap on, 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. ACPiT02

There was also the realisation of improved skills related to listening and pausing before acting,

I think some of it was about actively thinking about communication strategies, actively looking at body language that I was using and going into that... there was an awareness of this prior to the course but...not to the same extent I think and again I think I wouldn't say that my communication style or my communication have

changed but it's certainly I have an awareness of the impact I suppose, the doing it badly could potentially have on that impact on that therapeutic conversation

ACPiT08

Discussion

The research aimed to investigate the efficacy of mental health specific content within an MSc ACP generic programme, with objectives of evaluating the mental health specific content (skills) as to utility within the ACPiT clinical practice. The method and methodology clearly facilitated the collection of relevant data.

The process of gathering information and analysing such enabled the authors to elicit the ACPiT personal beliefs. The beliefs that emerged from the interviews highlighted an improved level of self-awareness, understanding of the impact that communication and use of things such as specific assessment tools can have on the identification of problems. Such problems were commonly not the main thrust of the reason for the clinical contact, but it soon became clear that it was something that underpinned and influenced the presentation they were to unearth. An awareness of improved communication skills led to an understanding of improved competence, highlighted by the reflection presented by the ACPiT, linked to the module. Such awareness related to self was conflated with clinical practice and personal growth, particularly in seeking alternate evidence and changes to non-verbal communication.

Although past documents have emphasised the need for the ACP to demonstrate competencies in advanced higher-level communication skills that can aid negotiation and influence practice (NHS for Scotland 2008), more recent documents have downgraded the competence to a more generic 'effective communication' in a person-

centred fashion (HEE 2017). The complicating factor is that little direction is offered as to how to enact this information, and this study argues the use of a mental health module for all ACPiT can address such a competence.

The focus on enhanced communication skills, using questioning skills with various levels of understanding of when to adjust their communication was inferred as crucial, just as was giving time and using active listening skills to allow patients to 'open up'. Such skills are more often seen in counselling type encounters (seminal work of Rogers 1957) than in often busy and highly stressed clinical environments. Non-verbal communication cues, in particular observation skills, noticing subtle behaviour changes of patients were seen to indicate something different from what the patients were saying. This level of awareness of communication related to knowledge from the module and synthesising such with clinical evidence echoed the training direction argued for by HEE (2017) and was overtly provided by the mental health module in this programme. Ultimately these enhanced communication skills combined with their nursing and medical skills support the development of these ACPiT into expert practitioners (Elsom, Happell and Manias 2005). Often the modular work was presented in role-play and simulation type approaches. McKenna et al. (2010) argues that the development of these interpersonal skills can be learnt from such approaches.

The realisation and awareness of permanent changes to their practice was related to the emergence of competence theme. The development of skills related to engaging in detailed holistic assessments, analysing and interpreting their findings around mood, risk, and thoughts including verbal and non-verbal behaviours, support the

elements of advanced practice (DH 2010). Rhynas (2012) acknowledges that obtaining a comprehensive history, which includes social and psychological elements alongside biomedical factors can be challenging, however paving the way for person centred care which is promoted by HEE (2017) within advanced clinical practice. Further deliberations resulted in the identification of the ability to handle difficult situations using problem solving and advanced communication skills (Svarovsky 2013).

The authors observed an increase in confidence in the participants' approaches through their discussions, congruent to the notion of confidence being synonymous with Bandura's (1983) self-efficacy theory. This belief was attributed to the acquisition of knowledge and skills through the mental health content together with exposure in clinical practice. The relationship of new knowledge and opportunity to practice ignited the appetite to seek learning experiences in practice and pursue clinical cases involving those individuals with mental health problems.

A change in practice was identified in the assessment and treatment of people with co-morbid mental health problems rather than referring on, as may have done in the past. This past practice did concern the ACPiT as they were then left wondering about the quality and level of support that ensued after referring on. A key problem of exploring reflective type themes from practice is an increasing level of self-awareness which may lead to personal questions related to past practice. Such an approach can "lead to the painful experience of working through, or coming to terms with, the issues raised" (Rawlinson, 1990, 113), however, with a level of

professionalism the ACPiT were able to contextualise past and current practice and acknowledge change as important.

ACPs are argued to autonomously use complex decision-making skills, which can improve people's outcomes (HEE 2017). The findings from this study suggest that these skills can be further enhanced and developed to meet the needs of a large proportion of the population. As no study exists that has explored the mental health related skills at the end of a generic programme, then it is difficult to state whether such skills may have emerged in ACPiT practice without the mental health module. What can be seen is that the skills developed following the mental health training were durable and still recognised by the ACPiT and used 12 months after the initial training.

Limitations

Both authors taught elements of the mental health content and later interviewed the participants. This could have produced bias in the results through the provision of favourable answers. The use of a digital recording device could have increased anxiety levels within participants and deterred them from offering personal experiences. Finally using a case study approach limited to ACPiT from one institution in one area of the country that may not reflect others experiences. Such limitations were mitigated by adhering to the aim and objectives and blind analysis with only the use of match themes.

Conclusion

The ACP role is one that possesses enhanced knowledge and skills supported by advanced clinical decision-making and autonomous practice but one that also needs to embody a truly holistic approach when assessing individuals. This includes recognition of mental health problems as well as physical ones whilst using a combined medical and nursing skill set. Unique to this role is the utilisation of enhanced communication skills, competence in the assessment and initial management including referral pathways of those with emerging or established mental health needs in all healthcare settings. This study has provided insights from those ACPiTs who recognised the value of additional mental health teaching and exposure within their training programme for the advancement of their knowledge base, skill set and ultimately confidence in their advanced clinical practice.

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