

Fundamental Aspects of Community Nursing

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The author and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

Fundamental Aspects of Community Nursing

The experience of community nursing

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Preface

There is no theory–practice gap within the content of this book, as it is written by real people living and working in the real world. It is a book about experiences of what it is like to work as a community nurse, of being a student on a community placement and (most important of all) what it is like to be a patient in the community. Each chapter captures the experience of community nursing, and I am indebted to all the contributors who took time out of their busy lives to write an account of their experiences. When writing a nursing textbook it is quite easy to describe assessment procedures, theorise about interdisciplinary working and describe communication systems, but it is not so easy to portray the realities of assessment or working with other professions or the practicalities of planning care. The contributors of this book have really captured the realities not only of working in the community, but of being a student on placement. Central to all is the first chapter, by Nancy Telford, which gives you an insight into the realities of a being patient who lives day after day with a devastating illness.

Many books on community nursing will be structured on such themes as assessment in the community, managing care and multidisciplinary working; these topics are to be valued and as a student they will help you examine some of the core issues relating to community nursing. However, for me nursing is about the experience of caring, and this book captures how different nurses put that ideal into practice. Most of us learn from our experiences far more than we do from listening to a lecture. During your training it is unlikely that you will be able to spend time working with all of the different types of nurse that work in the community and hence gain that experience. However, this book allows you to enter into the vicarious experience of a number of specialist nurses. Helen McVeigh and Ruth Rojhan are both District Nurses, but each with distinct differences within their role. Ann Clements is an experienced health care assistant and gives you a wonderful insight into her role and perceptions of others. Zoë Wilkes and Helen Rhodes are both consultant nurses and function in very unique and different ways; as you read their accounts both of them will make you feel, ‘I would really like to do that job’. The work of the Health Visitor is well portrayed by Karen Ford, who gives you a sample of how health education and health care practice can be incorporated into practice. Tony Scarborough’s account of working as a therapist in mental health within GP surgeries is a fascinating description of how ordinary people’s lives are often traumatised by relationship problems and of the way in which a mental health worker can intervene

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before the person's health becomes more seriously affected. The development of the role of the practice nurse has increased over recent years and Lindsey Wilkins' account gives you a flavour of the variety of interesting work that they undertake.

Much of the future development of health care will take place in the community. Health centres are increasing in size and in the variety of services that they offer to patients, often in a far more accessible format than attendance at large hospitals. There are considerable differences in running a 'one-person GP practice' to running one that has eight or more GPs, four or more practice nurses and a host of other facilities. This needs management and organisation, and Pat Brookhouse's account of being a practice manager gives an excellent account of the importance of having dedicated people managing practices.

Finally, there are the accounts of Stuart Ward and Sarah Hudson, who at the time of writing were third year students who had recently undertaken their community experience. Whilst the memories were still fresh in their mind they wrote their accounts of that experience. These are excellent accounts and capture the experience of being in the community and the sorts of nursing skills and knowledge they learned. They also give you their tips on how to make the most of the experience and also how to survive.

Finally, I have provided introductions and comments for each chapter. Originally I intended to write only a few sentences to set each chapter into context, but the lecturer within me took over and I found myself drawing out issues and hopefully challenging the way you think about and perceive community nursing. As you read all of these accounts you can process the information on at least two levels, Firstly, there is the appreciation of what each person is saying and the development of quite a broad understanding of different people's roles and abilities; this is very useful and will help you appreciate the wide role and responsibilities of community nurses. But there is a second level that requires deeper reflection and an unpacking of your previous views, perceptions and understanding about not only community nursing, but also the wider body of nursing and how you as an individual function.

What you are reading about in this book are accounts of what people do, what they believe in, and to some extent why they are doing it. This is a great privilege, because people are letting you not only into their working role but also into their beliefs aspirations, and implicitly into the way they think. If you can reflect on these accounts and on your own nursing practice in ways that really make you explore and challenge your beliefs and understanding, not only about community nursing but also about how you function as an individual, then you will learn some very powerful lessons.

John Fowler

*Principal Lecturer – Nursing, De Montfort University, Leicester
Education Consultant – Nursing, Leicester City West Primary Care Trust*

Contributors

Pat Brookhouse

Practice Manager; Postgraduate Certificate and Diploma in Health Services Management; Postgraduate Certificate in Medical Education

Pat started her career as an invoice clerk in the pharmacy department of a large hospital. She continued her administrative career in the hospital, taking on greater responsibility and larger budgets as she progressed through the managerial ranks of the health service. She then moved into the community as a practice manager of a developing GP practice and has been an integral part of that team for a number of years.

Ann Clements

Community Health Care Assistant

Ann is an experienced health care assistant working in a community nursing team in Leicester. She commenced her work as a health care assistant working night shifts in a hospital setting. She soon realised that she liked the caring aspect of this work, and when her children were old enough to allow her a little more working freedom she applied for a job in the community, where she has worked for a number of years.

Karen Ford

Health Visitor; RGN, BSc (Hons) Health Science; RHV Specialist Practitioner; BSc (Hons) Community Nursing; Extended & Supplementary Nurse Prescriber; Certificate in Intensive Care Nursing

Karen worked for 20 years in secondary care, including being a sister in an intensive care unit, before becoming a health visitor. Following her training as a health visitor she worked in an inner city area and then in two different county areas. She was recently appointed Senior Lecturer at De Montfort University.

John Fowler

Principal Lecturer – Nursing, De Montfort University, Leicester; Education Consultant – Nursing, Leicester City West Primary Care Trust

John qualified as a general and mental health nurse in Portsmouth in the 1970s. He worked as a community psychiatric nurse before taking up a post as mental health nurse tutor. He then moved to Leicester as a general nurse tutor and has

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continued to work there in a number of educational posts. He has published widely on a number of nursing subjects, and his PhD thesis was on experiential learning in nurse education. He currently has a dual post as principal lecturer at De Montfort University and education nursing consultant to Leicester City West PCT.

Sarah Hudson

Third year student nurse

Sarah commenced her working life as a dental nurse and then moved into the national blood service as a venepuncturist and latterly as a team leader in that service. She then decided to become a nurse and commenced training at De Montfort University. At the time of writing she was in her third year of training and had just completed her community experience.

Helen McVeigh

RGN; BSc (Hons) Community Health Nursing; Nurse Prescriber

Helen has spent 17 years working in the community. Her earliest experience of community nursing was as a student nurse knocking on the doors of her patients wearing her leather motorbike jacket! At the time of writing she was working as a district nursing sister in the busy inner city of Leicester. She has recently taken up a post of Senior Lecturer at De Montfort University.

Helen Rhodes

Consultant Nurse for Assist Service (a nurse-led primary care facility for asylum seekers); BSc (Hons) Primary Care Nursing; Practice Nurse Pathway; RN; RSCN

Helen is one of those people who are always looking for new and challenging roles. She had a varied nursing career in the UK and then worked with the Aboriginal population in Australia. On returning to the UK she worked as a practice nurse. In 2000 she was appointed as a clinical nurse specialist with special responsibility for the new population of asylum seekers. This role developed, and Helen became the country's first consultant nurse for asylum seekers and has developed a service that is a model for other PCT and health care providers.

Ruth Rojhan

District Nurse & Practice Educator; RGN; DN; Cert. CPT; PG Dip (Ed); MA (L&T); RNT

Ruth's first experience of community nursing was as a child during her school holidays, when she would sit in the car while her District Nurse mother did her nursing rounds. Following nurse training and varied clinical experience she started work as a community nurse and eventually became a district nursing sister and a practice educator, passing on her skills not only to student nurses,

but also to student District Nurses. Ruth is currently a Senior Lecturer at De Montfort University.

Tony Scarborough

Senior Practice Therapist; BSc; DPSN; RMN; ENB A12; ENB 603

Tony qualified as a mental health nurse and worked in a number of in-patient settings. He then moved into the post of charge nurse for the community child and adolescent services where he worked for a number of years. He has undertaken a number of post-registration courses and now specialises in what are often called the ‘talking’ therapies. He was appointed Senior Therapist in the new primary care mental health service that aims to offer short-term therapeutic approaches based in GP clinics.

Nancy Telford

Person with Parkinson’s (PwP)

Nancy worked as a librarian in a busy sixth form college until the effects of Parkinson’s disease forced her to retire. She is actively involved in supporting other people with Parkinson’s disease and frequently advises her local Primary Care Trust on patient issues.

Stuart Ward

BA (Hons); MSSCh; MBChA; Third year student studying for a DipHE in nursing at De Montfort University, Leicester

Following a degree in drama Stuart worked as a health care assistant while he was ‘resting’! He then trained as a chiropodist, but missed the nursing approach that he had experienced as a HCA and decided to train as a nurse. At the time of writing he was a third year student, having just completed his community placement.

Zoë Wilkes

Nurse Consultant – Children’s Palliative Care; Dip HE in Nursing – Child Branch; BSc (Hons) Specialist Practice Nursing (Child in Pain); MSc Allied Health Sciences

Zoë trained as a children’s nurse and worked in a children’s ITU in London, gradually developing a ‘vocation’ for palliative care. She then worked in a children’s hospice in Kent before moving to ‘Rainbows’, the Children’s hospice in Leicestershire. She was then appointed consultant nurse for children’s palliative care.

Lindsey Wilkins

Practice Nurse; RGN; RM; BA(Hons) Health Studies Specialist Practitioner (General Practice Nursing); Postgraduate Diploma Applied Health Studies

Lindsey qualified as a general nurse and then as a midwife. She worked as a midwife for a number of years and then moved into the role of a practice nurse

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in 1989. During her experience as a practice nurse she has worked in a number of practices and seen many NHS initiatives that have impacted on primary care. She currently has a dual appointment in which she works as a practice nurse in a GP practice for part of the week and as a practice nurse adviser for Leicester City West PCT.

CHAPTER I

A plaint about Parkinson's disease

Nancy Telford

Editor's introduction

In this chapter Nancy Telford tells her story of life with Parkinson's disease, which she has had for the last seven years. Nancy use to work as a librarian in a busy sixth form college, but due to her Parkinson's disease had to give up work four years after she was diagnosed. Nancy had a very full life as librarian, wife, mother, social activist, musician, part-time youth worker, holiday-maker, gardener and many other household and family roles, like those we all have. Now, as Parkinson's disease robs her of her physical expertise, she still maintains a very full life, but it is one that she battles with every day, often fighting the same battle but with different people.

When you or I speak, people listen and understand what we are saying, usually with no look of suspicion or hesitation. But when Nancy speaks the words can be a little slurred. This is the battle of communication – of not having to apologise for speaking in a slightly slurred way, of convincing people that although your speech may be a little slurred what you are saying is not only quite intelligent, but because of the effort it takes you to express your self, it is probably more thoughtful and 'intelligent' than the words of others who say the first thing that comes into their head. When you, as a professional nurse, meet Nancy it will only take you about 30 seconds to come to this conclusion, but for those 30 seconds Nancy has to fight that battle. Every time she meets someone new, be it a health professional, supermarket assistant, or a stranger in the street, Nancy will have to fight it again.