

Four pillars: Education

BY CATHERINE GARROTT

This series explores the four pillars of advanced clinical practice and here, Catherine Garrott explores the pillar of education.

Advanced clinical practice applies to all allied healthcare professionals (AHP) in ophthalmology, such as nurses, orthoptists and optometrists. As our roles evolved and developed, there became a need to define and standardise practice. The four pillars of advanced practice originated in 1997 and were defined as: clinical practice, education, leadership and research [1]. Twenty years later, Health Education England defined advanced clinical practice as "...delivered by experienced, registered healthcare practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making" [2].

For nurses, the four pillars are intrinsically linked to the Nursing and Midwifery Council (NMC) Code of Conduct. The education pillar is mapped to masters' level education. This requires the AHP to act autonomously and we are therefore able to identify our own learning needs and to negotiate an ongoing personal development plan. As practitioners, it is up to us how we meet these learning needs. Some ways in which we can achieve this is through self-directed study and through critical reflection. The NMC requires all nurses to use the best available evidence in our practice and it is up to us to use our own initiative to find it [3].

Working in advanced practice we are required to show our abilities to educate not only ourselves but our colleagues as well by acting as role models, educators and supervisors. This can be formal, through higher education institutes, or informal, by helping staff in our places of work with on-the-job training or mentoring. This also enables the departments in which we are working to build capacity and capability from within and gives more junior members of the team a pathway to follow.

In my opinion, our most important role as educators is with our patients. As far back as 1986, research was published showing that diabetic patients who receive a good-quality patient-centred education were more likely to reduce their blood sugars, weight and blood pressure [4].

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As nurses, orthoptists and optometrists we are trained to assess patients slightly differently. But when we all come together under the advanced practice umbrella, we are able to learn from each other and help our patients more. For example, as a nurse I may be better placed to discuss blood sugar control with a patient whereas my orthoptist and optometrist colleagues may be better placed to discuss low visual aids and skills for seeing. Not only do our patients benefit from a diverse group of AHPs, but so do we as individuals.

Accessing formal education in a specialist role is also a complex area for AHPs, especially nurses who do not wish to go down the advanced clinical practitioner route. There are a limited number of courses available and because of this, the Ophthalmic Common Clinical Competency Framework (OCCCF) was created by the Royal College of Ophthalmologists, Royal College of Nursing, and the College of Optometrists amongst others to bridge this gap. From personal experience, I know there has been difficulty getting this programme up and running in practice. This leaves nurses who are already in advanced practice with difficulties in evidencing their skills.

The four pillars of advanced practice cannot be used in isolation. The four pillars literally support us in our work and give us paths to follow for development. We educate ourselves to be better clinicians and better leaders in our fields, mostly through the medium of research. In turn, we then act as leaders and educate our

colleagues in clinical practice skills to inspire the next generations of advanced practitioners.

References

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