Royal College of Nursing

Department of Health

Maxi nurses:

nurses working in advanced and extended roles promoting and developing patient-centred health care

Contents

This document complements the *Survey of RCN members in advanced and specialist nursing roles*, which was commissioned by the RCN and the Department of Health, England. The research was carried out by Jane Ball of Employment Research Ltd. For further information email **info@employmentresearch.co.uk**

A copy of the full survey results can be found on the RCN website and downloadable as a PDF from www.rcn.org.uk/publications

Credit: James Pike Photography for photos supplied.

Foreword

The Royal College of Nursing (RCN) and the Chief Nursing Officers for England, Scotland, Wales and Northern Ireland are delighted to present the findings from the largest study to date of nurses working in advanced and specialist nursing roles across the UK.

Over recent years a wide range of new and extended nursing roles have developed. However, there have been some suggestions that this has meant that core nursing skills have been lost, or that nursing care has been delegated to others. This report clearly highlights that nurses working in these roles see themselves as *maxi nurses* not *mini doctors*, and 98% report that nursing skills are essential to the job they do on a daily basis.

These nurses are at the centre of a web of services co-ordinating packages of care, working across organisational boundaries and leading multidisciplinary teams. They provide expert knowledge and advice, however, it is patient contact and the ability to travel with the patient from the beginning to end of their health care journey that contributes to both high levels of job satisfaction and a positive impact on patient care.

These roles also create important career development opportunities that will be invaluable in retaining experienced nurses in the future.

It is clear that these nurses are at the leading edge of transforming how health services are delivered, and that their nursing skills, knowledge and experience are central to achieving this. Growing and nurturing these roles is therefore critical to the continued development of patient-centred health services across the UK.

Beverly Malone RN PhD FAAN
RCN General Secretary

Chris Beasley
Chief Nursing Officer, England

Introduction

The RCN and the Department of Health have jointly funded the largest survey of its kind to find out more about nurses working in advanced and extended roles, and how proactive they are in developing the roles and services.

The 758 nurses were asked about what their role entails, what gives them most satisfaction, and how their job fits in with other nursing roles. Nearly 70% returned completed questionnaires. The response rate demonstrates just how passionate these nurses are about their work, and how keen they are to let others know more about what they are doing.

Inspiring

To complete the picture revealed in the findings of the main survey (see below for details of how to get a copy), we decided to look in detail at a number of inspiring nurses from across the UK.

In the following section, all nine nurses featured in the case studies are pushing forward the boundaries of nursing. They describe in their own words what they do, why they are excited about their jobs and the impact they are having on patient care.

Survey results

The survey results highlight how the nurses carrying out these roles have huge potential to contribute positively to service delivery and the quality of patient care. However, it also reveals that time and funding constraints are holding some nurses back. They are in unique posts and there is simply not enough time or colleague support to get the job done. Getting suitable training to develop services further is also an issue. And because these types of post are new, the infrastructure and organisational culture in many trusts is lagging behind new approaches to service delivery.

Key findings from the survey reveal:

- a nursing background is essential to undertake these roles, they are *maxi nurses* not *mini doctors*
- nurses are very positive about these new roles and are keen for further role expansion
- nurses are leading multidisciplinary teams, working across organisational boundaries and co-ordinating packages of care
- the roles are having a positive impact on patient care, and levels of job satisfaction are high among post holders
- the roles create important career development opportunities that allow nurses to retain significant patient contact.

Copies of the full report *Survey of RCN members in advanced and specialist nursing roles* is available as a free download from the RCN website www.rcn.org.uk/publications

Pushing forward the boundaries of nursing: a series of case studies

Name:	Elizabeth Wood
Job title:	Clinical Nurse Educator
Field of practice:	Primary care/community
Setting:	Walk-in centre
Employer:	Loughborough NHS Walk-in Centre
Country/county:	Loughborough/Leicestershire
Date came into post:	January 2003
Previous job:	Nurse adviser
Qualifications:	RGN

Liz Wood

I used to work as a community nurse, and then I applied for a post as a nurse adviser at the Walk-in Centre in July 2001. I'd heard of this new initiative and I was interested but didn't know anything much about it. The learning curve was massive and my role completely turned around. I had moved into different areas and was making different decisions. I took a course in illness to equip me to do the job, and then a course in injuries to become suitably qualified.

I love my job and travel 50 miles a day to get here (often taking an hour each way) where as in my previous job I worked in my own village. But it's well worth the journey.

I work autonomously, but there is a GP on the premises who acts as a resource to be used by nurses. Initially the change in role was quite a shock. I had a variety of experience (acute medical wards, gastro-enterology, and cardiology) but I had always worked in a traditional role. This was quite different. I found that I was using skills I had, but didn't really know I'd got, because I had not had the opportunity to put them into practice before. These roles really do give nurses permission to liberate their talents, it's wonderful.

A good number of people come here and the unit has a really good reputation in the area, so we often have a very full waiting room. It's the first port of call for many people. There are no appointments, and it's run on a walk-in principle. It operates 24 hours-a-day, 365 days-a-year. You literally don't know what's coming through the door next. We've got the facilities we need on site, so for example we can take an X-ray, interpret it and plaster straight away. Similarly we can deal with acute medical conditions, for example starting antibiotics for a chest infection as necessary. We deal with any acute problems. If someone has a chronic condition then we are not the most suitable service – we give one-off advice but our aim is to refer them to more appropriate care.

I enjoy having the confidence to practice at this level and believing in what I'm doing. I still see my nursing skills as very important. It's the knowledge I've acquired as a nurse that has put me in this position. You only realise the amount of knowledge you have taken on board when you start in a role like this. I've learnt a lot more than I realised but in traditional roles you don't have the scope to use it to the full. I always had to have permission to use that knowledge before. Now it's very liberating and we all learn from one another within the team and share information all the time. There isn't a blame culture so we can learn from problems and support each other.

My advice to anyone thinking of getting into a role like this is to do a variety of other jobs. You need as much experience and knowledge as you can from other roles. Variety is important as it gives you that background knowledge. You also need to do the appropriate courses. The most important thing is being interested and having the confidence to just go for it. There's a certain breed of nurses that enjoy this role – but it's not for everyone. But if it appeals to you, that's what you need – enthusiasm for it – and that enthusiasm grows once you're in the post.

A lot of nurses know their knowledge is good, and this is an ideal opportunity to use that knowledge and continue to learn. If you enjoy learning this is the ideal place to be. It's dynamic, the whole department is – it's evolved since the day it opened and it's still evolving.

People say the NHS is in trouble and not changing but I don't know where they are looking. I've seen so many positive changes and developments. There are so many developments and they don't just benefit patients but also offer a lot of opportunities for staff.

The opportunities are there. But you have to believe in yourself. Believe you can do it – I would never have thought I could do a Masters course. But you can. People under-estimate their own abilities, but once they get started they discover they can do it.

"The opportunities are there. But you have to believe in yourself. Believe you can do it – I would never have thought I could do a Masters course. But you can. People under-estimate their own abilities, but once they get started they discover they can do it."

Name:	Penny Keith
Job title:	Nurse Practitioner
Field of practice:	Primary care/community
Setting:	PMS project – nurse-led
Employer:	Meadowell Centre
Country/county:	Watford, Hertfordshire
Date came into post:	February 2003
Previous job:	Nurse practitioner – GP practice
Qualifications:	BA, BSc, RGN, DN

Penny Keith

I have two jobs. I spend three days-a-week at Meadowell centre as a nurse practitioner, and two days at South Bank University. I provide a nurse-led GMS service for homeless people (about 400 on the books), trying to offer a proactive service, but actually a lot is reactive. It's funded by the PCT, but with support funding from the Department of Health.

I was involved from the outset – in the design of the building, appointing staff, deciding which services to offer and how to deliver them. I took up the post two years ago, and the centre opened to patients a year ago. The first year was spent planning/building.

Before I came to Watford I had been working in a GP practice in Walthamstow, with a lot of disadvantaged groups. When I moved I was looking for something different – I didn't want to be mainstream. In this job I feel I'm at the cutting edge again, and it's definitely what I want to be doing. I wanted to advance my skills that bit further but still be able to stay in the area.

I now feel I am using the skills I have and have developed them further and can really see how these skills benefit patients.

A lot of the job is about building up relationships with people and harm minimisation. For example, we run a hep B programme and also do cervical cytology. Many homeless people have not had a smear for 10 years if at all. To get the services off the ground means building up trust, so that people feel able to talk about their health needs.

Much of the work involves co-ordinating the services that people receive. I do a new patient appointment, checking against criteria to assess which pathway they should follow. I link in with other services, for example the GP has a specialist interest in substance misuse.

People don't generally understand the role. They're familiar with the idea of practice nurses but don't have experience of nurse practitioners. Part of my job has been to try and explain the role to other people – not just to patients but telling other agencies, local groups, voluntary organisations and local schools about the service. It involves getting your face known.

I love this way of working. I have an autonomous practice utilising my skills to the full and managing the patient care that I'm offering, but also linking them in with services that they need from elsewhere. It can be isolating being the only nurse and also time is very precious and pressured. There is always suspicion about a new role, but my time at South Bank is a good counterbalance. It allows me to keep links with other people, and I'm now doing my Masters.

It's very much a nursing role, which is ideal for me as I wanted to stay in nursing but develop myself. I had been working at a walk-in centre, and might have stayed there, but didn't feel it was where I really wanted to be. I really enjoy the level of autonomy.

“It’s very much a nursing role, which is ideal for me as I wanted to stay in nursing but develop myself.”

Name:	Avril Clarke
Job title:	Senior Sister
Field of practice:	Occupational health
Setting:	Hospital/industry
Employer:	South Tees Hospitals NHS Trust
Country/county:	Middlesborough, Cleveland
Date came into post:	January 1985
Previous job:	District nurse
Qualifications:	RGN, SCM, OHNC, Cert Counselling, Cert Travel Medicine, HIV 934

Avril Clarke

I work in occupational health. I'm employed by an NHS trust and provide a service for all the staff on the hospital site which is between 7,000 to 8,000 people. Not all are employees of the trust (some are with different contractors), but we provide an occupational health service for everyone. We also provide a service to the school of health employees and student nurses and other health study students (approximately 1,000 per year).

I first trained in occupational health in 1971. I had been working with British Steel but was rehabilitated into occupational health after a serious injury. Before then I had done district nursing, terminal care, and midwifery, and I use all of that experience in my current job.

Occupational health is about controlling the healthiness of the environment that staff and patients are in. It's a two-way thing – protecting staff from patients and vice versa. Occupational health gets involved in any outbreaks (for example, diarrhoea and MRSA), taking samples and a history to minimise spread of infection. We provide vaccinations, such as hep B for junior doctors joining every February and August. We do full blood profiles on staff and TB skin tests and X-rays. We check everyone has immunity against measles and chicken pox, and it's more cost-effective to get everyone up to date than risk having an outbreak.

The service also income-generates for the trust as we provide a service for local companies. You deal with lots of different people in this job, from consultants to dustmen. We are able to give advice in a confidential and low-key way.

The job allows me to practise as a senior nurse but still be able to stay hands on and do what I was trained to do. I enjoy the variety in the job.

My advice to others interested in this sort of work is to get hands on experience of a variety of illnesses and situations. A&E is a useful background for occupational health. You need to have the ability to deal with people who are not easy to deal with – health staff themselves.

I have worked in ITU, and have seen the end result of carelessness in the workplace. It's good to be able see the impact of avoiding problems and minimising risk. We are the first port of call for a lot of people and if we cannot help then we can usually redirect them to other services. You need to have the ability to access information. Local groups, journals and universities are good sources of support.

“The job allows me to practise as a senior nurse but still be able to stay hands on and do what I was trained to do. I enjoy the variety in the job.”

Name:	Bernadette Griffin
Job title:	Cancer Information Nurse Specialist
Field of practice:	Oncology/palliative care
Setting:	Helpline/education
Employer:	CancerBACUP (charity)
Country/county:	London
Date came into post:	May 2000
Previous job:	Team leader – hospice ward
Qualifications:	RN, DipHE (palliative care), Oncology Nursing Certificate

Bernadette Griffin

I work on a telephone helpline providing information and support to people affected by cancer. Part of my job is shift-work: I spend four hours on the helpline per day, dealing with between 12 to16 enquiries per shift. It's very varied. One of the things I really like is that people can ring at a time that suits them and we can give them as much time as they need. Phone calls can sometimes last for up to an hour. There are not that many jobs in nursing where you can set aside time for individuals without fear of interruption.

Outside of my telephone time I also deal with email enquiries (we have up to 250 per month) and some of these can be as complex as our calls. Some involve doing research before you can answer the enquiry, so it's very interesting. I love oncology and have learnt so much through the job and feel that I am learning all the time. We have a regular weekly journal club where we take it in turns to review articles and feed back to the rest of the team. It helps us to keep up-to-date with new treatments and the results of clinical trials. Once a fortnight we have a consultant or CNS come in to do talks or teaching sessions. We also have the opportunity to go to national and international conferences.

What first attracted me to the job was the informal style of patient education, as I was interested in teaching. I also co-ordinate external talks about our service. For instance, the other evening we gave a talk to a group of deaf people. CancerBACUP does a lot of outreach work and is constantly looking at ways of developing our service and information to reach groups who are disadvantaged either by language or disability. I strongly endorse this aspect of our organisation's work.

Sometimes, I speak to people who are clearly very distressed. I feel that by giving them information and time, and listening to them, I'm making a difference. You can hear the relief in their voices, to have unburdened themselves and got some reassurance. Because it's a confidential helpline people can ask the difficult questions and can be more honest about their fears or needs than they can be with people they have an on-going relationship with – whether that's friends, family or other health professionals.

I definitely see this as a nursing role. I'm a nurse specialising in information giving and emotional support. I really feel that I'm using my oncology and palliative nursing experience in this job to help people. It would be quite a difficult job to do without oncology nursing experience and cancer nursing qualifications. Both are essential to doing this job.

"I definitely see this as a nursing role. I'm a nurse specialising in information giving and emotional support. I really feel that I'm using my oncology and palliative nursing experience in this job to help people."

Name:	Mark Nicholls
Job title:	Lead Nurse/Manager Haemodialysis
Field of practice:	Renal
Setting:	NHS hospital and satellite units
Employer:	East Kent Hospitals NHS Trust
Country/county:	Kent
Date came into post:	Feb 2000
Previous job:	Ward manager
Qualifications:	RGN, ENB 998

Mark Nicholls

I'm the lead nurse for haemodialysis. The role is a combination of lead nurse, clinical nurse specialist, and a matron role. I facilitate haemodialysis across east and a large part of west Kent. I co-ordinate the service delivered by the central unit and three satellite units, which involves a total of 63 staff.

I started my career as a nursing auxiliary (in 1977) in this same health authority. I've been working in renal since 1982 when I was a newly qualified staff nurse. I feel I've grown with the trust. When I started as a dialysis nurse we would dialyse about 20 patients in a week. Now we do more than that in a morning. The service has expanded and changed. I feel that I can take some pride in that – I hope I contributed a bit to that. I work in what is a now a large ambitious department with a small company culture. Everyone believes passionately about making a difference for the patients. There's a lot of autonomy as a facilitator, but I work very closely in what is a close multidisciplinary team – dieticians, social workers, counsellors, specialist nurses, therapists, consultants, business managers, doctors and others. It's a diverse mix of people, but all working with a common aim.

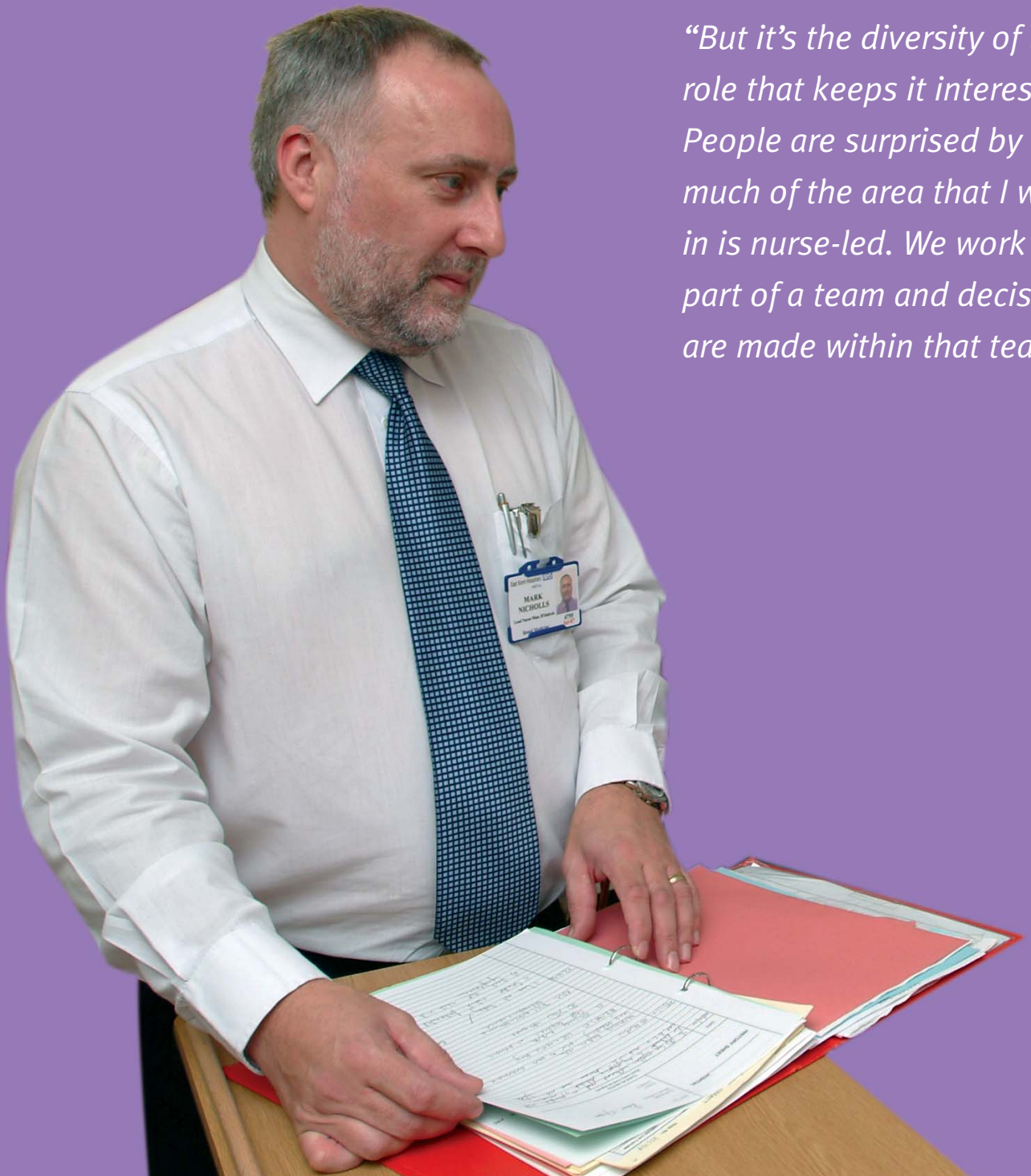
The role is challenging, as you've got to balance a lot of different elements: people management; budgetary control; clinical work; and developing staff clinically. I'm also heavily involved in the future development of the service in terms of facilities, and the staff and myself have strong educational links with the local university college, where I am a visiting lecturer.

The mix within the role is changing, but nursing skills are still important. I need to be able to assess and manage priorities. Communication skills are particularly important. Not just with patients but with the multidisciplinary team too. An increasing number of patients are having haemodialysis, and it doesn't matter how much machinery you have, patients still need thorough assessment and observation. There are many psycho-social aspects to the care as well – this is a life-long problem for some people.

But it's the diversity of the role that keeps it interesting. People are surprised by how much of the area that I work in is nurse-led. We work as part of a team and decisions are made within that team.

Ultimately we aim to make sure that patients with chronic renal disease can receive the service they need in a timely manner when they need it, and that if they have problems we can help them to get out of trouble. It's a very responsive service – both in terms of reacting to patient clinical needs and adapting to service needs as well.

My advice to anyone interested in getting into this sort of role is to achieve a good all round general experience, and then find the specialty you enjoy most and feel you can do your best at.



"But it's the diversity of the role that keeps it interesting. People are surprised by how much of the area that I work in is nurse-led. We work as part of a team and decisions are made within that team."

Name:	Christine Finlay
Job title:	Colorectal Nurse
Field of practice:	Colorectal
Setting:	NHS hospital and community
Employer:	NHS Grampian
Country/county:	Scotland
Date came into post:	January 1996
Previous job:	Staff nurse
Qualifications:	RSCN, RGN, ENB216, ENB980

Christine Finlay

I've been in this job for nine years now, and really enjoy having the opportunity to see colorectal patients all the way through from community, clinics, hospital, and back in the community. I work three days a week in hospital and two days a week in the community. We run nurse-led clinics to see surgical patients, and offer fistula management. We take referrals from anyone, and patients can refer themselves back to the service.

This role allows continuity of care. You have an ongoing relationship with patients from the first time you meet them. Because I see patients in both the hospital and the community, I can make sure they have a smooth transition between the two. I liaise with hospital staff and community staff to make sure they know what the patients have been going through.

Also the role is flexible. I know what needs to be done and have the freedom to get on and do it. We're not restricted so we are able to develop the service to meet patients' needs and improve care, which is what we've done recently. We're now running clinics for patients with internal pouches. A big part of the role is explaining what's involved with all options. We put people in touch with other patients so that they can be sure in their own mind that they have made the right decision for themselves.

I used to be a senior staff nurse on a colorectal ward, but for me it was getting to the stage that, as a nurse in charge, I was spending time co-ordinating other people's input. There seemed to be little opportunity for me to be focused on delivering care myself. My role now gives me the buzz of hands-on care and seeing patients all the way through. I plan their care and organise everything that's needed from prescriptions, to organising appointments or discussing problems that patients are having with consultants. And I'm no longer governed by ward-rounds. It's very much about doing things as you feel you need to, there and then, no waiting. Patients come to expect it and they appreciate it.

The service is accessible to the patients. They can pick up the phone and have a chat, and we have the time to delve a bit deeper than other professionals can, which means we can iron out a few more problems. Because you have expert knowledge you can advise GPs about suitable products or treatments. I can act as an intermediary between patients and GPs, which can save patients (and their GPs) time, and prevent a lot of unnecessary hospital admissions.

When new surgical techniques are introduced I go into theatre. That way I have a better insight into what is required, and what's going on behind the scenes. We work closely with consultants so we can understand and anticipate what patients need – almost a step ahead – and that means we can give patients good advice. We also act as the patients' advocate.

Stoma nurses don't just change the bags. There's so much more to it. You feel you've achieved something at the end of every day. You've reassured someone preoperatively, and when you go back and see them a couple of days later they say: "Everything

happened exactly as you said it would." Then you think perhaps maybe you do know something! Some people will refer to you as an expert, but we are not used to thinking of ourselves in that way! We realise we do have a lot of knowledge and experience and we are a resource. This is not just for patients but for surgeons, GPs, nurses and all health care workers, by offering advice or teaching both formally and informally.

"I know what needs to be done and have the freedom to get on and do it."

Name:	Garrett Martin
Job title:	Nurse Consultant
Field of practice:	Emergency care
Setting:	NHS hospital unit
Employer:	Altnagelvin Area Hospital
Country/county:	Londonderry, Northern Ireland
Date came into post:	November 2001
Previous job: development	Senior nurse practice
Qualifications:	BSC (Hons), Post Grad Cert x 2, RGN, RMN

Garrett Martin

I'm a nurse consultant based in the A&E department, which has a remit across two trusts and three A&E departments. But increasingly, the emergency care role is wider than what happens within an A&E department.

The nice things about the job are having the autonomy and freedom to work across the organisation and across groups, and across different communities to a degree as well. The nurse consultant role is in its infancy, but it has a wide remit. This can be seen as negative (in term of workloads), but it's very liberating in many ways. A big part of the role is practice development and service development.

Nurses play a unique role in emergency care. The technical skills are important, but they are not the only important aspect. It's about developing patient care services overall, which sometimes means challenging departments about the ways we work to ensure that we provide better experiences for patients.

My job is absolutely about nursing. Of course, in clinical practice some of the activities you do may have previously been in the realm of medical practice. But the care that is delivered is patient care not medical or nursing care. If you can do the activities competently then you should do it. It's not about replacing doctors with highly skilled nurses, but about giving patients the treatment they need.

The role is also about developing others to be able to deliver care. The impact of my role would be very small if it was just me. Part of my job involves breaking down myths about 'patients must see a doctor' or 'a doctor must request X-rays'.

Some of that development means challenging our own profession to think about the essence and fundamentals of patient care. Providing leadership to challenge the way we think about things and helping others to develop the skills, knowledge and expertise they need.

For instance, when I took up the post there were no nurse referrals to X-ray. A lot of barriers were put in place, both from nurses and from other professions. But over six months the barriers gradually broke down. The legal barrier was a myth. We piloted nurse referrals first, did a little training and checked competencies, and then we evaluated the pilot. It showed not only that it was possible, but that nurses are often able to refer more appropriately than junior medical staff. X-ray staff now like nurse referrals because of the quality of the clinical histories. Now 50% of staff on all three sites can refer to X-ray.

We now have eight nurse practitioner roles. We had to be able to demonstrate the benefit of nurse practitioners, for example, the reduction on waiting times. Some staff practice to a very high level seeing 40% to 50% of attendances. They have the support of their medical colleagues. Now patients are coming in asking to see nurse practitioners. Ordinary emergency care staff nurses with ten years' experience can competently assess and dress wounds without requiring a junior doctor's

assessment. In the past a doctor would look at it and say: "It needs dressing by the nurse." It means moving away from dependency, and having the confidence and the autonomy to take responsibility to deliver better patient care.

I feel I am a conduit between strategic policy developers and practice. That was something nurses felt aggrieved about: "Who were the faceless people developing policies and services?" Now practice is really starting to inform policy. Important policy can be implemented better, more quickly and smoothly on the shop floor. I have a link with people who have influence at strategic and political level. Demonstrating the value of the nurse consultant role, I work at all those different levels – individual, organisational, and strategic/political. The role is very exciting!

"Some of that development means challenging our own profession to think about the essence and fundamentals of patient care."

Name:	Daxa Vaidya
Job title:	Nurse Practitioner
Field of practice:	Primary care/community
Setting:	GP practice
Employer:	
Country/county:	Leicester
Date came into post:	May 2001
Previous job:	Practice nurse
Qualifications:	RGN, BSc (Hons) Specialist Practitioner, PG Cert in Advanced Nurse Assessment & Diagnostic Reasoning, MSc Diagnostic Reasoning, Extended and Supplementary Nurse Prescribing

Daxa Vaidya

I work as a nurse practitioner with a GP practice in the inner city. My range of duties varies and includes all the general practice nursing such as cervical cytology and travel health, to chronic disease management and opportunistic screening. The extended duties include triage, emergency treatments or dealing or treating those patients requesting same-day appointments. This includes any walking and wounded, rashes and requests for general health advice on pyrexia and tummy upsets. The surgery aims to meet the DH targets for seeing a health care professional within 24 hours and the GP in 48 hours.

On completing my BSc in Practice Nursing, the natural progression was to use the knowledge and increase my role within the practice. My previous employer was not keen for this, so when I saw this job advertised, I took the opportunity and applied. My present employer was looking for a nurse to expand her role and to share his workload. To perform the extended role, I had to undertake the PG Cert at Derby University. The course was an in-depth study of the pathophysiology of disease, assessment and management of the condition. It also formed a framework for developing knowledge and understanding of the extended nurse role in the context of an independent practitioner.

It's the variety of the job I enjoy, and you know that you can make a difference at the time of the crisis in the patient's mind. For example, recently a young boy attended with a flare of his eczema. I assessed him and commenced treatment and asked him to return a week later for a review/reassessment. The transformation was excellent. The first time he came in, he was wearing a long sleeved top with collars pulled up and a cap to cover his face. On his second visit, he was wearing a T-shirt and no cap, and you could see the confidence return. With the teenagers, self-image is important and commencing treatment at the time of presentation is very important.

My advice to anyone thinking about extending their role is go for it. It gives you job satisfaction, and allows you to complete the episode of care. After all, in many cases, it is the nurse assessing and initiating treatment. You do need a good range of nursing experience, the support of your work colleagues and the most important of all, is the support of your GP employer. I have found that now that I work in my extended role, my GP and I work more closely together, he supports me well. Links with other nurses from the course, and working in the extended role are also very supportive.

"My advice to anyone thinking about extending their role is go for it. It gives you job satisfaction, and allows you to complete the episode of care. After all, in many cases, it is the nurse assessing and initiating treatment."

Name:	Dorlinda Pooley
Job title:	Clinical Nurse Specialist
Field of practice:	Cystic fibrosis and nutrition
Setting:	NHS hospital unit, community and POPD
Employer:	Singleton Hospital
Country/county:	Wales
Date came into post:	July 1998
Previous job:	Ward manager
Qualifications:	RGN, RSCN

Dorinda Pooley

I qualified from general nursing in 1966, then as a children's nurse in 1985. I'd been working with children all through my career but wanted to have the appropriate training to take it further. I had a sister post at Morriston Hospital, and then at Singleton Hospital I was senior sister. About five or six years ago I thought I was ready to retire. But the senior nurses heard about it and didn't want me to go! I was invited to take up a new specialist post for children with cystic fibrosis (CF).

Being a specialist nurse you're giving back a lot to your children and their parents – you almost become an extended part of the family. I've never had so many Christmas presents as I have since I've been doing this job! Parents really value you. You're there to support them through the good and bad days. I like working on a one-to-one basis and having close contact with families. I know that I'm valued and I value my patients.

I work within a team. We all work together but each of us has a different role and one person couldn't do another's role. You have to pull together to give good service to patients.

I'm learning new things about children with CF and about gastroenterology (GE) all the time. But I also have the opportunity to pass on the skills and experience that I have by teaching newly qualified staff. They are keen to be able to learn from people with experience – not just from books.

I get a lot of study time – to go to CF conferences and GE conferences. It's important to network. It helps to build confidence in the service you are delivering when you can see similar developments happening elsewhere.

As a specialist nurse you have to really enjoy your work, and then you can give 100%. As well as my work in the hospital I visit the children at home, and also visit schools to liaise with teachers and explain to them about children's conditions. I get asked to talk about the conditions – raising public awareness. I have good contacts with charities and have managed to get quite a lot of children to have their wish, such as a trip to Euro Disney, or meeting the Liverpool football team. It enriches the quality of life.

I've also got a good understanding of the disability living allowance – to make sure that I can help parents. It's not just the clinical side I love but I feel I'm here to fight their corner. I'm at the end of telephone if they need me, and if they feel desperate, they know they can ring me at home. That's what's really important – making sure there's a named nurse there that the children, and their parents, feel they can trust.

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