

Revalidation: view from the frontline

Three colorectal nurses reflect on the challenges of collecting evidence and completing the requirements of the new system for re-registration

Elaine Swan

Colorectal nurse consultant

REVALIDATION does seem like additional work but in reality it is the next logical step to ensure nurses are updating their practice throughout their careers.

The process should improve the quality of interaction with the manager during the annual IPR and this process should become more effective as a tool to demonstrate our role and effectiveness and identify areas for improvement or gaps in knowledge.

The revalidation process should enable individuals to get a better focus on practice working through reflections with another registrant and discussing how the reflection relates to the four domains of the NMC Code and also third party feedback.

Getting feedback

My line manager is a nurse so this will aid the process of revalidation. I work in an acute hospital alongside a consultant who supervises the advanced aspects of my role and in a team of CNSs, ward nurses, psychologists and many other health care professionals who can provide feedback regarding my practice and I can gain feedback following teaching and/or education sessions I provide.

I run nurse-led clinics and also see ward patients and envisage that I can ask patients for direct feedback via questionnaire, collect thank you cards/letters or use patient survey material gathered from other sources and/ information from patient focus groups.

Evidence

I intend to gather my required continuing professional development hours from study days, conferences, advisory group participation, as a member on committees/forums and peer review participation. Also, they could come from preparing abstracts and presentations, writing for publication and producing guidelines/standards, report writing, developing changes in practice and preparing/delivering teaching sessions, as well as participation in clinical supervision.

I have had a lot of experience with reflection on my practice and supervision during my degree courses, which will help with revalidation activity. The process of gathering evidence and organising prior learning activity and reflecting on practice is challenging.

Training

The participatory learning needs to be well thought out and evidenced by a third party. It is quite a daunting task but utilising some of the tools available via the NMC or RCN and gathering evidence systematically as part of practice on a regular basis will make the process easier.

There is no system or training in place locally as yet but I did attend a revalidation study day organised by HealthCare conferences UK and there were some interesting presentations from NMC and RCN and updates from pilot sites.

The problem with revalidation being signed off by my manager will be that there is little understanding of the specialist role and what the role entails or what training and updates are required.

Over the years I have always led my IPR preparing most of the discussion points myself and gathering data and information that I felt were important.

Minimal new information or questioning of practice or ideas for service change comes from my manager apart from agreement. This new revalidation process should highlight problems with practice more readily as it is dependent on third party feedback.

Toni Johnson

Coloplast care nurse manager

COLLECTING patient-related feedback will be a challenge for nurses if they do not meet regularly with their line manager to discuss and prepare for the implementation of revalidation.

Revalidation can be linked with appraisals to ensure registrants are fit for practice and avoid the frantic 'last minute' approach to finding the evidence for revalidation. Using the template tools available to write the five reflective feedback pieces on the Code, CPD and practice-related feedback is achievable

Continuing professional development

Activities that will contribute towards my CPD requirement include my role with Coloplast and mandatory training, attendance at study days and conferences relevant to the speciality of stoma care nursing.

The expectation for each nurse to document the learning outcomes for CPD is an effective way to ensure they are fit for practice and provide a working force to meet the NHS Five Year Forward Plan.

Revalidation is a valuable exercise to allow nurses to pause and reflect on where they are and how they wish to proceed in their profession development.

My only concern is whether nurses will perceive this new process as daunting and requiring a great deal of work. However understanding the new requirements and breaking them down into manageable tasks is the key to successful implementation.

For me revalidation is about adapting our current working practices. We all have a responsibility to understand and provide guidance in supporting the implementation the new system.

Appraisal

At Coloplast we have a variety of structured processes to ensure effective leadership and management.

As a nurse manager at Coloplast I have bi-annual Personnel Development Plan (PDP) meetings with my line manager (Director of Nursing Services), who is registered with the NMC.

In my role as a Nurse Manager (registered with the NMC) responsible for a team of Coloplast Care Nurses, I undertake bi-annual PDPs so the new requirements will integrate well into our appraisal process.

Currently we do not have a online portfolio, however we are looking to add the required documents for revalidation to our electronic PDP system to demonstrate the registration requirements.

Jane Cadogan

Lead colorectal nurse

AS ALL NURSES, clinical nurse specialists (CNSs) need to be able to defend their services, prove their worth and confidently promote their own practice. Revalidation is a way of doing this.

This is not only nurses' opportunity to reflect their achievements to their management team but also to help other nurses do the same. This can only create motivation and inevitably improve patient care.

Continuing professional development

Colorectal CNSs at Cardiff and Vale UHB are in a very privileged position to complete CPD requirements.

The Colorectal/Stoma Care Department is sponsored by a commercial company and the sponsorship includes an educational package. This enables CNSs to attend study days, master classes and conferences, when the service allows. They can then write a reflection and keep in their portfolio.

In addition CNSs are able to attend educational sessions within the trust. These sessions are delivered by many specialities relevant to their practice – for example, research meetings arranged by consultants where junior doctors and

specialist nurses present new research and audit results to their peers and colleagues.

The colorectal nursing department also has its own educational programme (led by one of the CNS') and works in conjunction with Cardiff University in the education of all nursing students – one to one, formally and with the use of an online accredited stoma care course.

The programme also includes the education of all colorectal diseases for all other healthcare professionals.

Challenges of stoma care

As part of their role, CNS' are educators, therefore revalidation is an ideal opportunity to motivate nurses to be involved in the challenging aspects of colorectal/stoma care patients and participating more in the patient's care to enable independence.

Presently the CNS' work closely with ward nurses and are well placed in helping nurses to complete their CPD requirements. This will avoid deskilling and without doubt enhance patient care especially out of normal working hours as well as improving motivation throughout the work place.

Feedback

Colorectal nurses work across many domains and with a diverse range of staff. I feel that collecting five pieces of feedback should be potentially easy if those professionals being asked for the feedback are given enough warning and time to do so.

CNSs will need to identify reliable practitioners to ask for the feedback but also need to be reliable themselves. 'Reliable' CNSs may be continually asked for feedback, which in itself is good but may create time pressures. This could cause a strain on the service.

Any discussion with peers that encourages dialogue and constructive feedback is productive and I think revalidation will be infectious and will really promote motivation. All CNSs have an annual appraisal with a practitioner on the NMC register.

General nurses have said they may not feel confident at first in writing reflections – it may not come natural to them and they will see this as a challenge. I feel that this will turn into a positive outcome as it will keep writing skills fresh and inevitably improve their practice and patient care as writing enables a true reflection.