The tACP in Difficulty

WHEN/HOW TO SAY NO MORE- HOW TO SUPPORT ALTERNATIVE CAREERS

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A process of evolution, A to F

- finding the solutions together
Domains

Clinical  Academic  Pastoral/personal  Operational
How to start with a win?

- "I am a trainee acp and have to work nursing shifts as part of my training. I’m not getting proper supernumerary time to train."

- A= advanced preparation
How to keep the pace?

- I’m a tACP I’m struggling with the intensity of some of the modules and the portfolio.
- A= academic component
  - Training needs analysis
  - Use existing ACPs
  - Ask the question “what would you have liked to know at the start?”
  - goals
  - Link with university supervisors
Recognising diversity

- I’ve been an ENP for 10 years now a tACP
- why do i have to be observed managing a wound/knee assessment?
- “it’s humiliating and i know more about this than my consultant trainer”

B= build a therapeutic environment/relationship
How do we make it better?

"I used to be a senior nurse - band 7, I was well respected, knew my role well.

I enjoyed my job, and am now a paediatric ACP for 3 years.

Recently I am feeling very down because I have had so many negative interactions with patients and doctors outside of my immediate team"
Turning Muddy waters into clear?

- What strategies have you got in place to prevent tACPs having to navigate *their own way* through clinical training and the academic arena?

C= communicate well

- Role orienteering? “changing roles”
- Peer- peer mentorship/ role modelling?
Equality of opportunities

- I have been a paramedic for numerous years and was really good at it. I am now working as an ACP.
- I know I have my weaknesses; however, I am mainly rostered into central/majors area and am not given the variety I need.
- Also when in resus, and a patient "goes off" or in cardiac arrest, the doctors gather around, and I get ignored/feel like a spare part.
- I know I could manage the case myself, but I need to be given the chance and I really want to gather info. for credentialing.

D= Deal with the issues/reactions before they arise
Impacts on service

- I’m an ACP and not able to organise radiology for things that are obvious, such as CT scans on patients with HI and on anticoagulation.

- D= Deal with issues = “use credentialing as a buy in”
Identifying the difficulty - summary

- Master’s level practice / Academic weakness
- Different MSc pathways (some frontloading with evidence and research modules)
- Having 2 different roles in same department / Different competence levels
- Role change/loss of confidence
- Independence to dependence/competent to doubting
- Familiarity and respect in one role can obscure underperformance
- Different backgrounds / Loss of confidence / Underestimating the support needed
Difficulties - summary

- Difficulty in detaching from previous role
- Moving from tacit knowledge / inductive reasoning
- Lack of structure / supervision / under the radar
- Mentorship / pressures on clinical supervisors
- Crossing boundaries / lack of understanding
- Too a Steep Learning curve
- Cost to the NHS and the trainee / remuneration
- Personal / Domestic
- Financial expectations and disparity of opportunity
- Training, Studying, Working, Surviving
Addressing the difficulty

- E = evaluate (every opportunity for improvement)
- F = faculty (use them)

- I’m a tACP, I’m struggling to get academic and work components completed, my portfolio is lacking, I’m finding decision making hard, I’m not really feeling supported.
- I’m not managing this and nights
tACP

- A = advance preparation
- B = build a therapeutic environment
- C = communicate
- D = deal with the issues before/as they arise
- E = evaluate, ensure every opportunity for improvement
- F = faculty use them to assist