How to Remain an IBD Nurse, Selfcare and Celebrating the Role

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Ferring Pharmaceuticals have reviewed these slides for technical content

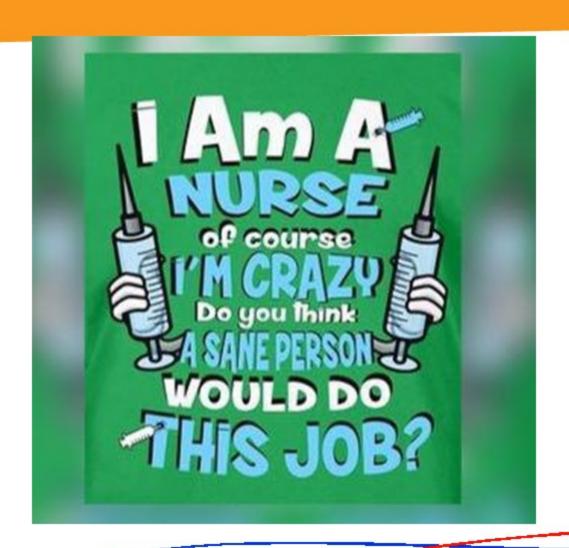


Disclosures

Speaker Fees: Ferring Pharmaceuticals

Nurse Advisory Boards: Dr Falk, Takeda, Tillotts





Providing the **Best Possible Care**

Objectives

- Why should I remain an IBD Nurse specialist?
- How to evolve the role
- How to raise your profile
- How to address current pressures
- What support is currently available?
- Self-care
- Celebrating the role



Specialist Nurse Roles

- Limited clinical career pathway
- Evolved for chronic conditions
- IBD often in addition to another role
- Unstructured solo service
- Now a conscious choice of career pathway



QUESTION: How did you get into your role?

- 1 Stumbled into it
- 2 Added to another role e.g. nurse endoscopist
- 3 Conscious career pathway decision
- 4 Other



QUESTION: How did you get into your role?

1 Stumbled into it

28.6%

2 Added to another role e.g. nurse endoscopist

8.8%

3 Conscious career pathway decision

46.2%

4 Other

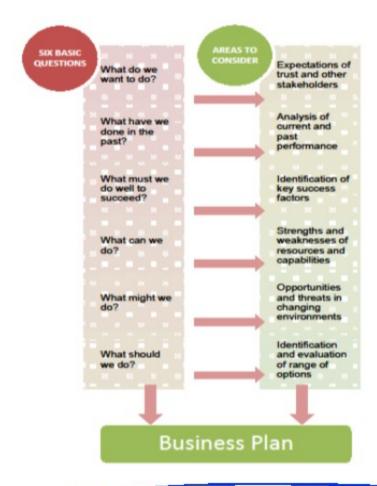
16.5%

Developing the IBD Nurse Role

- Business Case
- Job Plan
- Study Days
- Academic Courses
- Annual Report
- Service Review
- Regional Nurse Meetings



Business Case





Job Plan

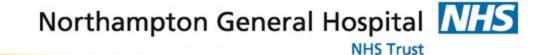
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	IBD NL Clinic: Caseload: Out patients; follow ups, new patients, rapid access patients. Physical assessment, psychological assessment, specialist assessment, anxiety assessment, specialist ymptom control, psycho sexual counseiling, anxiety rescue work, promoting self-management, supporting clinical choice and meeting information needs, social assessment, referrals, shared decision making, dealing with distress, communicating significant news, body image, biographical disruption, lifestyle changes and social adaptation, mediation of relationships, advice, social assessment Clinical Admin: letter dictation, referrals, ordering investigations, prescribing medication, brokering care	IBD NL Clinic: Caseload: Out patients; follow ups, new patients, rapid access patients. Physical assessment, psychological assessment, specialist assessment, anviety assessment, specialist symptom control, psycho sexual counseiling, anviety rescue work, promoting self-management, supporting clinical choice and meeting information needs, social assessment, referrals, shared decision making, dealing with distress, communicating significant news, body image, biographical disruption, lifestyle changes and social adaptation, mediation of relationships, advice, social assessment. Clinical Admin: letter dictation, referrals, ordering investigations, prescribing medication, brokering care	Professional Activity: Service Development/ management; meetings, protocol & guideline development, Leadership work: monitoring standards, vigilance & role: modelling Clinical & Non: Clinical Admin: letter dictation & authorisation, referrals, ordering investigations, prescribing medication, brokering care, including routine chasing up Email response: patients, MDT Case Management: follow-up from clinic/helpline consults, investigations, follow-up, liaison with HCPs.	Biologics monitoring: Safety monitoring, prescribing medication, ordering investigations Clinical & Non Clinical Admin: letter dictation & authorisation, referrals, ordering investigations, prescribing medication, brokering care, including routine chasing up	IBD NL Clinic: Caseload: Our patients; follow ups, new patients, rapid access patients. Physical assessment, psychological assessment, specialist assessment, anxiety assessment, specialist specialist yepicalist promoting self-management, supporting clinical choice and meeting information needs, social assessment, referrals, shared decision making, dealing with distress, communicating significant news, body image, biographical disruption, lifestyle changes and social adaptation, mediation of relationships, advice, social assessment Clinical Admin: letter dictation, referrals, ordering investigations, prescribing medication, brokering care
P	Telephone & Email response: Reacting to messages or follow up from clinic or helpline IBD Advice line: Caseload: Symptom relapse; education, psychological issues; Assessment, treatment, ordering investigations, prescribing medication, anviety rescue work, promoting self-management, prevention of unscheduled care/admission, review Clinical Admin: letter dictation & authorisation, referrals, ordering	Telephone & Email response: Reacting to messages or follow up from clinic or helpline IBD Advice line: Caseload: Symptom relapse; education, psychological issues; Assessment, treatment, ordering investigations, prescribing medication, anxiety rescue work, promoting self-management, prevention of unscheduled care/admission, review Clinical Admin: letter dictation & authorisation, referrals, ordering	Telephone & Email response: Reacting to messages or follow up from clinic or helpline IBD Advice line: Caseload: Symptom relapse; education, psychological issues; Assessment, treatment, ordering investigations, prescribing medication, anxiety rescue work, promoting self-management, prevention of unscheduled care/admission, review Clinical Admin: letter dictation & authorisation, referrals, ordering	Telephone & Email response: Reacting to messages or follow up from clinic or helpline: IBD Advice line: Caseload: Symptom relapse; education, psychological issues; Assessment, treatment, ordering investigations, prescribing medication, anxiety rescue work, promoting self-management, prevention of unscheduled care/admission, review Clinical Admin: letter dictation & authorisation, referrals, ordering	Telephone & Email response: Reacting to messages or follow up from clinic or helpline IBD Advice line: Caseload: Symptom relapse; education, psychological issues; Assessment, treatment, ordering investigations, prescribing medication, anxiety rescue work, promoting self-management, prevention of unscheduled care/admission, review Clinical Admin: letter dictation & authorisation, referrals, ordering
	investigations, prescribing medication, brokering care	investigations, prescribing medication, brokering care	investigations, prescribing medication, brokering care	investigations, prescribing medication, brokering care	investigations, prescribing medication, brokering care

Providing the **Best Possible Care**

Annual Report

- Executive Summary
- Introduction
- Aims of the service
- The Team
- Clinical Activity
- Service efficiency gains
- Evidence of impact of service
- Professional Activity
- Research & Audit
- Future Opportunities
- Summary
- Appendices

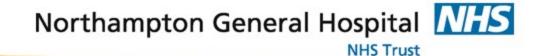




Service Review- 1

	Please enter your service title here			
1. WT E posts				
2. Service summary				
3. Patient experience				
4. Current SWOT analysis				
5. GAP analysis				

Providing the Best Possible Care



Service Review- 2

Please enter your service title here			
6. Caseload & Evidence of activity			
7. Trust wide Leadership Activities			
8. Nursing Service Key Performance			
9. Best practice guidance			



Training Opportunities

- University Modules
- Pharma Study Days
- Conferences: ECCO, BSG, UEGW, DDW
- CCUK ANP/ RCN Accreditation & Credentialing
- Patient Panels



Raise Your Profile- to your patients

- Business Cards
- Information sheet about your service
- Posters in visible areas
- CCUK local meetings
- Hospital Magazine
- Trust web page
- Email tag line



Raise Your Profile- locally and nationally

To Your Colleagues

- Posters with your contact details
- ICE referral to IBD Nurse
- Trust IT network screensaver

To Your Manager

- Weekly activity Dashboard
- Annual Report
- Annual Service Review

Nationally

- Speak at meetings
- Network with IBD colleagues
- CCUK magazine
- Get yourself published



QUESTION: What keeps you in the role?

- 1 Increased autonomous role
- 2 Wanted to manage a chronic condition
- 3 Enjoy problem-solving
- 4 Career progression
- 5 Salary
- 6 High level of job satisfaction
- 7 Other



QUESTION: What keeps you in the role?

- 1 Increased autonomous role
 - 10.4%
- 2 Wanted to manage a chronic condition
 - 11.9%
- 3 Enjoy problem- solving
 - 10.4%
- 4 Career progression
- 16.4%

- 5 Salary
 - 0.0%
- 6 High level of job satisfaction
- 7 Other

10.4%



40.3%

Current Pressures

- Increasing workload
- Advice line
- Biologics service
- Increasingly complex patients
- Seeing patients pre-diagnosis
- Funding for academic study and conferences



How to address pressures

- Weekly dashboard of activity
- Annual Report
- Service Review
- Clinical Supervision
- Networking with IBD nurse colleagues
- Use the IBD Standards
- Patient panel
- Talk to someone!
- Funding through grants, pharma, Trust



Support Networks

- RCN
- CCUK
- Pharma Meetings
- Networking with colleagues
- Advice line debates
- Peer support



QUESTION: What sort of supervision do you have?

- 1 Regular formal clinical supervision sessions
- 2 Informal de-brief with colleague(s) at work
- 3 Informal de-brief with colleague(s) out of work
- 4 None
- 5 Other



QUESTION: What sort of supervision do you have?

- 1 Regular formal clinical supervision sessions
 - 13%
- 2 Informal de-brief with colleague(s) at work

66%

- 3 Informal de-brief with colleague(s) out of work
 - 9%
- 4 None



- 5 Other
 - 5%



Self- Care

- Clinical supervision
- Network with colleagues
- Take your breaks
- Go home on time
- Recognise stress
- Build resilience
- Manage expectations



Celebrating the Role

- National Nursing Awards
- Hospital Awards
- CCUK Awareness Month
- International Nurses Day
- World IBD Day
- Recognition Boards
- Revalidation
- Appraisal

- Trust website blog
- Compliments
- Service Review
- Annual Report
- IBD Standards
- Get Published!



Who to send Annual Report to

- Chief Executive Officer
- Director of Nursing
- Matron
- Gastro Consultants
- Surgeons
- Service Managers



Why should I remain an IBD Nurse Specialist?

- Rewarding
- High level of job satisfaction
- Trail- Blazers
- Evolving specialist nurse career pathway
- IBD Standards and Benchmarking
- We're a great bunch of people!



Further Reading

- Apollo Nursing Resource: https://www.apollonursingresource.com/
- BSG IBD Guidelines (2019)- Accepted Manuscript.pdf: https://www.bsg.org.uk/resource/bsg-consensus-guidelines-ibd-in-adults.html
- CCUK: https://www.crohnsandcolitis.org.uk/
- ECCO Guidelines: https://www.ecco-ibd.eu/publications/ecco-guidelines-science/published-ecco-guidelines.html
- IBD Standards (2019): https://www.ibduk.org/ibd-standards
- Crohn's Management (May 2019): https://www.nice.org.uk/guidance/ng129
- Ulcerative Colitis Management (May 2019): https://www.nice.org.uk/guidance/ng130

{All internet links last accessed on 15/09/19}





KEEP CALM AND RING YOUR IBD NURSE

Providing the **Best Possible** Care