

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

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| **Reflective account: Four** |
| **What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?** |
| I watched Seven songs for a long life. Educational DVD and material provided in conjunction with the Scottish Documentary institute and Edinburgh University. |
| **What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?** |
| The DVD was an incredibly powerful and moving piece of film based mainly around Strathcarron Hospice and the services it provided to people within their own homes and at day services. As a District nurse educator I felt that it would be a very useful educational tool, particularly in relation to having difficult conversations, person-centred care, patient choice, listening, self-management and promoting living and resilience as opposed to caring for the dying and the concept of therapeutic humour and music.  The individual clips within the education material could be easily used within tutorials as there were short and meaningful. They came with questions that can be used as prompts for discussion which is useful, particularly when HEI are using blended learning within programmes and therefore students could participate whether in class or online.  The film reminded me of the importance of basic person-centred approaches that are so essential when caring for people at end of life. I think we often get consumed by the advanced practice assessment, prescribing and complex symptoms when educating District Nurses where it is often the simple things that really make a difference. Taking the time to sit with the person and really listen, find out what matters and what is important to them and allowing them to consider the future are examples of these |
| **How did you change or improve your practice as a result?** |
| I am part of the teaching team for the PGC Advanced Practice District Nursing programme. Within this programme there are two modules that are titled Leading advanced practice in District Nursing 1 & 2. Material within these modules include leading and managing teams to provide palliative care at home. Following the DVD, I was able to reflect on the material we currently provide and it became apparent that we strongly focused on the complexity of caring for people at end of life at home, the symptoms like cachexia, breathlessness and pain and the associated challenges. There is a strong emphasis on the theory underpinning the assessment of these and decision making. I strongly support this material and would advocate that these are required for the new Advanced Practice District Nurse (APDN). However, I also now realise that we are missing the person-centred approaches, opportunities to practice having difficult conversations, truly establishing what matters to the patient and their families. We could introduce the film clips and encourage discussion and relate it to students own experiences within practice. We could look at other concepts such as humour and music and explore and critically analyse these alternative approaches. Think out of the academic box.  Perhaps through simulation and case studies we could ensure these areas were more visible within our programme.  Gaining insight into hospice services and encouraging the APDN student to gain opportunities in practice will also enhance knowledge within this area. |
| **How is this relevant to the Code?**  Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust |
| Prioritise people: Within this type of programme perhaps we assume that the community staff nurses coming on to the programme already use person-centred strategies when providing end of life care. However, I have been a DN for 21 years and watching this DVD reminded me that we sometimes forget the simplest things in life can be the most important. The DVD really does prioritise people in what can become an extremely complex episode in people’s lives with clinics, the involvement of many healthcare professionals, lots of medication, paperwork and equipment often taking precedence.  Practice Effectively: These person-centred approaches which include alternative evidence based concepts such as humour, alternative therapies and music absolutely need to be part of the overall care. It meets the current policy driving Community nursing at home by both palliative care influences and the Scottish government.  Communication is central to all of the above and as the future leaders of District nursing teams sharing of their knowledge and skills will ensure person-centred practices will be sustained.  Preserve safety: APDN will have the advanced assessment and prescribing skills to accurately assess and manage people at end of life at home. Having knowledge of services hospices can offer and through collaborating with other healthcare professionals will ensure the patients has optimal care at all times.  Promote Professionalism and trust: Highlighting the values that the APDN students have in relation to caring at end of life will become evident within their practice contributing to being professional at all times. Patients and families will have APDN who really listen to what matters to them therefore promoting therapeutic relationships and trust in the service. |