“Practice Development is essentially about questioning practice in the context of evidence to support what it is we as practitioners do, why we do it so and how it can be done differently.”

(Hynes 2004: 2)
Foreword

The Nursing and Midwifery Planning and Development Unit HSE South (Carlow, Kilkenny, South Tipperary, Waterford and Wexford) is pleased to present this practice development strategy for 2006 and beyond. The strategy was developed by key stakeholders engaged in practice development in the five counties of the South East. Working across all disciplines the Practice Development Team reviewed a comprehensive body of knowledge and evidence at national and international level. The result is this focused work that supports optimum patient care and professional decision making in nursing and midwifery.

Healthcare is changing at an overwhelming pace fuelled by innovations in science, technology, communications, health service reforms and societal expectations of excellence, involvement and ownership. The present healthcare reform requires nurses and midwives provide collaborative, comprehensive, evidence based quality care within finite resources to meet service user needs and expectations.

To keep pace with emerging trends and to cope with constant change and complexity, new ideas, innovations and fresh ways of approaching practice and the organisation of healthcare are required. The development, sustainability and evaluation of those changes and innovations necessitates processes, systems and structures involving all stakeholders, that are effectively communicated to both service provider and user. This strategy provides a structure to support and guide nurses and midwives in developing systems and processes to develop practices, that are dynamic and sustainable.

I wish to thank the practice development team for the comprehensive work undertaken in developing this strategy. The time invested in this process has provided the HSE South (Carlow, Kilkenny, South Tipperary, Waterford and Wexford) with a clear vision and understanding for practice development. The strength of this strategy lies in enabling practitioners develop their own professional practice at local level.

Joan Phelan
Director, Nursing and Midwifery Planning and Development Unit, Kilkenny, HSE South.
Acknowledgements

The practice development team HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford,) wish to acknowledge the contributions made to the development of this strategy by Geralyn Hynes and Mary Harris. The advice and guidance has been greatly appreciated. Gratitude is extended to the Professional Development Officers, NMPDU and the Directors of Nursing and Midwifery, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford) who have supported this project.
Executive Summary

“Practice development is a continuous, systematic, rigorous review, development and evaluation of practice conducted within an interdisciplinary team context to ensure positive outcomes for service users”

(Practice Development Strategy Team, HSE-South (Carlow, Kilkenny, South Tipperary, Waterford and Wexford), 2006)

The Report of the Commission on Nursing: A blueprint for the future (Government of Ireland, 1998) identified the need for the development of nursing and midwifery practice to become more formalised. Practice development co-ordinator posts developed in hospitals from the mid-to-late nineties. The Commission recommended that nurse practice development units be established in all service areas with the responsibility of “evaluating, developing, implementing and monitoring nursing practice” (1998:92).

By 2002, nurse practice development personnel were in existence for acute, mental health, intellectual disability and care of the older person services in the then South Eastern Health Board (SEHB) area. In addition, professional development officers in the Nursing and Midwifery Planning and Development Unit (NMPDU) had a practice development remit. In all, there was a total of 10 personnel in the region with a specific practice development role. It was recognised that, in order for practice development to be managed strategically within the region, practice development personnel needed to work together as a team and adopt a collaborative standardised approach to practice development.

In 2002, a proposal was submitted to the National Council for the Professional Development of Nursing and Midwifery (National Council) requesting funding support for a project designed to facilitate the development, dissemination, implementation and evaluation of a practice development strategy. It was intended that this project would lead to a common approach to practice development across all services. Funding was granted in 2003 and further support was approved by the NMPDU to support and develop the strategy.

The strategy document is presented in four sections:

Section 1 addresses the background to the strategy, defines practice development and states the aims of the strategy.

Section 2 gives account of the evolution of the Practice Development Team and its Mission Statement, purpose and strategic aims.

Section 3 describes the strategic aims of the team,
- Leadership, guidance and support,
- Practitioner development,
- Development of a framework guide,
- Translating strategic policies, documents and reports to local use

This section outlines the key objectives of each aim providing a great deal of background information. This includes detailing the framework guide to undertaking a practice development initiative.

Section 4 concludes the strategy, outlining the dissemination, implementation and evaluation plan for the strategy and framework guide. This includes a detailed action plan listing actions with targets and timeframes. The section outlines an example of a practice development initiative.

Practice development is an integral part of each service provider’s day-to-day practice. This strategy promotes practice development which continues to question practice in the context of evidence to support what it is we as service providers do, why we do it and how it can be done differently. This strategy provides guidance and support for questioning, developing and evaluating practice in a structured, systematic and collaborative manner through the use of the framework guide at local level.
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Section One

SETTING THE SCENE
Chapter 1 Introduction

1.0 Introduction
In 2002, a proposal was submitted to the National Council for the Professional Development of Nursing and Midwifery requesting funding support for a project designed to facilitate the development, dissemination, implementation and evaluation of a Practice Development Strategy. The project was undertaken by the Practice Development Team in the then South Eastern Health Board region. It was intended that this project would lead to a common approach to practice development across all services. Funding from the National Council for Professional Development of Nursing and Midwifery was granted in 2003. Further funding has been granted by the Nursing and Midwifery Planning and Development Unit to support and develop the strategy.

This strategy document is presented in four sections:
Section 1 addresses the background to the strategy, states the aims of the strategy and defines practice development.

Section 2 gives account of the evolution of the Practice Development Team and its Mission Statement, purpose and strategic aims.

Section 3 describes the strategic aims of the team, outlining the key objectives of each aim. This includes detailing the framework guide to undertaking a practice development initiative.

Section 4 concludes the strategy, outlining the dissemination, implementation and evaluation plan for the strategy and framework guide. This includes a detailed action plan listing actions with targets and timeframes. This section outlines an example of a practice development initiative.

1.1 Background to the Strategy
Nursing and Midwifery are undergoing unprecedented changes in Ireland. The Report of The Commission on Nursing: A Blueprint for the Future (Government of Ireland, 1998) has led this fundamental change process. The Commission provides a framework outlining strategies to advance the future of the profession enabling the nurse/midwife to shape the future of clinical practice. The Commission states “the continuous development of practice in all areas of nursing (midwifery) would have substantial benefits to the quality of patient care” P 92. To achieve this, the Commission recommended the development of the role of the Practice Development Co-ordinator.

The Review of the Scope of Practice for Nursing and Midwifery Final Report, published in 2000 provides professional guidance and support to nurses and midwives when developing practice (An Bord Altranais, 2000). Intrinsic to this report is the concept of practice development with emphasis being placed on responsibility, authority, accountability and autonomy. The Nurse/Midwife Scope of Practice Decision-Making Framework emphasises that practice is developed with the service users best interest foremost and in the interest of promoting and maintaining a quality health service.

The National Council for the Professional Development of Nursing and Midwifery (National Council) is a statutory body set up by ministerial order on foot of recommendations contained in the Report of the Commission on Nursing. The function of the National Council is to promote the professional development of nursing and midwifery, taking into account changes in the practice and service need (National Council, 2004). It plays an essential role in providing the supports for developing practice locally, regionally and nationally. The National Council views the role of Nursing/Midwifery Practice Development personnel as key within service development and in the provision of leadership to develop practice.

Quality and Fairness: A Health System for You (Department of Health and Children, 2001) has focused policy on the need to provide a health service that promotes equity, people-centeredness, quality and accountability, all of which are fundamental principles of practice development. The Health Strategy provides vision and strategic direction for development of the health, personal and social services. The Health Strategy provides the blueprint for the development of the Irish Health Service over the coming decade. The strategy’s main goal is to build a service, which meets the highest international standards of care and support. When the strategy was launched, it was evident that a detailed
A programme of reform was needed. For two years, the newly established Health Service Executive (HSE) has been engaged in the most ambitious and complex change programme in the country’s history. From the 15th of June 2005, the Health Services became operational as a single, unified and national structure. The work undertaken to date has of necessity focused on reorganisation to provide the platform in which to move forward. It is in this context of organisational change and reform that practice development must take place.

The objectives of the Health Service Executive are threefold and intricately connect with the philosophy and values that underpin practice development. These objectives-creating an environment for sustained patient care, a better working environment for staff with an increased focus on front line delivery and improved value for money-can be aligned with the purposes attributes and outcomes of practice development. The challenge for practice development is to extend this transforming culture of improvement into the service users experience of healthcare as they journey through the service. The requirement to implement and operationalise National Policy documents / reports and health service reforms into local practice highlighted the need for a systematic structured approach to developing practice.

Changes in healthcare are not happening in isolation, there are profound societal and economic changes too. Family structures, work expectations, technology, travel and experience of illness and health are changing. The effects and influences of those changes on the service user present new challenges and require new skills, new roles and differing practices for nurses and midwives. These changing demands within the health care service provision and beyond are identified as catalysts for the development of practice within the health service executive.

If nurses and midwives are to meet the challenges in Irish healthcare and culture they need guidance and support. This practice development strategy will provide the structure to support change, innovation and enhance practice development.

### 1.2 Aims of the Strategy

1. To have in place an active Practice Development Team.
2. To provide a document which informs nurses and midwives on the concept of practice development.
3. To enhance and support practice development initiatives.
4. To develop, disseminate, implement and evaluate a practice development framework guide for utilisation in the practice area.

Practice development initiatives undertaken may be large or small. Some may need more support than others, many will benefit from using the framework guide developed as part of this strategy. Others will run successfully without external supports or frameworks. This strategy is intended to provide a common approach to development of practice. The strategy is planned for use by nurses and midwives, clinical nurse and midwife managers, practice development personnel, practice development teams and managers at all levels.
Chapter 2 Definition of Practice Development

2.0 Practice Development Defined

The practice development team reviewed the literature to agree a working definition of practice development. The term practice development is commonly used to describe a variety of educational, research, quality and audit activities (Unsworth, 2000). Developing practice is one of the major components of organisational change, clinical governance, clinical effectiveness and person centered strategies for change that are currently widespread (McCormack et al, 2004). Hynes (2004:3) in the Irish context defines practice development as “the continual questioning of practice” and all that informs that practice at local, national and global level. She states “practice development is essentially about questioning practice in the context of evidence to support what it is we, as practitioners do, why we do it so and how it can be done differently” P2. Hynes says that questioning of practice as such can not be done in isolation and all key stakeholders must be involved in the process.

Clarke and Wilcockson (2001) define practice development as the ways in which practitioners engage with and create knowledge with which they effect development in their understanding and practice of patient care.

Garbett and Mc McCormack (2002) describe practice development as a process of increased effectiveness in person centered care. They view practice development as promoting the development of skills and knowledge and transforming the culture and context of care.

Mc Mahon and O’ Carroll (2000) identify that the purpose of practice development is to improve health care for individuals, communities and populations. Mc Sherry (2004: 139) states “the primary role of practice development is about encouraging and motivating staff to innovate or evaluate practices, regardless of size, in the quest for improved quality”.

Mc Sherry suggests that practice development and healthcare governance are concerned with promoting, implementing and evaluating standards and quality of practice and / or services. For practice development to be successful, facilitation and empowerment of individuals, teams and organisations should be based upon “promoting teamwork and multiprofessional collaboration via effective communication” (Mc Sherry, 2004:142). This approach to practice development involves listening, empowering, valuing and involving respective colleagues and service users within the innovation. This approach will enhance changes in practice by addressing the culture and the context within which care is given.

Manley and McCormack (2004:40) from the above definitions describe two approaches to practice development ‘technical practice development’ and ‘emancipatory practice development’. The ‘technical approach’ to practice development usually focuses on outcomes of specific initiatives introduced to improve patient care, not so much on the processes involved. This approach is valuable and has benefit for the organisation. This approach is usually task based and project specific. The “goal is known and the focus is on achieving the outcome rather than being concerned with the means of achieving it” (Manley and McCormack, 2004: 38). The technical approach is associated with having little chance of achieving sustainable change in the culture of practice.

An alternative approach put forward by Manley and McCormack (2004) is that of ‘emancipatory practice development’. This approach focuses on processes, people and outcomes and increased effectiveness person centered care through the development of the context and the cultures of practice. The focus is on the transformation of health care environments to ensure the needs of the individual are met.

Technical and emancipatory practice development approaches share some similarities even though they differ. They both focus on achieving best service for the user. In the emancipatory approach the development and empowerment of staff is deliberate and has this as its goal from the onset (Manley and McCormack, 2003). In technical practice development empowerment and development of staff may occur as a consequence of practice development rather than a deliberate intentional purpose of this approach.

In day to day practice, elements of both emancipatory and technical practice development approaches are regularly combined to deliver specific initiatives. The type of development work to be undertaken is the key determinant as to which approach is used, however, time frame and resources are also influencing factors. The complexity of organisations within which practice development takes place and the interdependence of so many factors means that relating processes to outcomes may be difficult.

Garbett and Mc Cormack (2001) caution that the lack of clarity on practice development can result in nurses and midwives who work in practice development roles, experiencing trouble defining their roles and focusing their efforts.

Following review of the literature the team agreed the following definition of practice development, which would inform this strategy:

Practice development is a continuous, systematic, rigorous review, development and evaluation of practice conducted within an interdisciplinary team context to ensure positive outcomes for service users.
3.0 Practice Development Team
The project commenced in September 2003 when key practice development personnel from the SE region were invited to come together to formally establish a regional practice development team. Developing effective professional teams from different disciplines can prove challenging. A team-based approach was used to promote team cohesiveness and effectiveness through workshops and team building exercises. This was achieved through a combination of facilitation of the group by a practice development consultant, a change management consultant, and a lecturer in practice development. The team developed a mission statement, agreed the definition for practice development and established key objectives and outcomes.

3.1 Mission Statement
The mission statement of the practice development team guides this practice development strategy:

The Practice Development Team aims to facilitate the service provider within the Health Service Executive South to acknowledge and integrate practice development as an integral part of health care delivery.

3.2 Purpose of the Team
The purpose of the team is to enable nurses and midwives within an interdisciplinary team context to continuously, systematically and rigorously review, develop and evaluate practice. This purpose will be achieved through the following strategic aims

3.3 The Strategic Aims of the Team are:
- To provide leadership, guidance and support for practice development initiatives through regional and local steering groups and networks and through fostering creativity and questioning of practice at local level.
- To facilitate practitioner development.
- To develop, disseminate, implement and evaluate a regional practice development strategy and framework guide suitable for utilisation at organisational and local level.
- To act as a resource for the Health Service Executive by advising and linking on the translation of relevant strategic international and national policies, documents and reports into local practice.

The team is committed to providing facilitation of practice development, to enable a systematic structured approach to integrating evidence into practice, which will produce practical, sustainable, achievable and measurable improvements in the health and social well being of the service user.
Chapter 4 Leadership, Guidance and Support

4.0 Strategic Aim:

To provide leadership, guidance and support for practice development initiatives through regional and local groups and networks.

The Practice Development Team will provide leadership and support for practice development through regional and local groups and networks. This will be done to achieve sustainable change. Cultural change is the major challenge of practice development. The single most visible factor that distinguishes successful cultural change is competent leadership (Kotter & Heskett, 1992). “When all is said and done, probably the one essential sine quanon of a culture of excellence is the quality of the leadership” (Kramer 1990: 43). Bate (1984) suggests that leadership is not an individual but a collective activity, with limitations on what any one person may achieve because culture is a social not an individual phenomenon. The Practice Development Team will provide leadership as a collective identity placing a high value on all key stakeholders contributions and participation. The team will lead using participative and facilitative methods within a context of shared values and beliefs. This will collectively achieve a sustained transformational culture that promotes effectiveness and efficiency in the care service users receive.

4.1 Key Objectives

The team will achieve this strategic aim of Leadership, Guidance and Support through the following key objectives:

- Development, dissemination and implementation of the practice development strategy. An action plan for the dissemination and implementation of the strategy throughout the organisation has been developed (refer to page 42 of this document).
- Integration of practice development within the organisation using the practice development pathway. This pathway (figure 1) will be developed and agreed locally through the implementation action plan (refer to page 42 of this document).
- Working with National Associations such as the Irish Nurses and Midwives Practice Development Association, and the National Council for Professional Development of Nursing and Midwifery.
- Dissemination of practice development initiatives undertaken and learning from same nationally and internationally.
- Consulting with human resource departments with regard to incorporating practice development and associated competency and skill requirements for each nurse/midwife post.
Individual Level

Nurse/Midwife initiative identified
- Named designated person with responsibility for practice development (possibly CMM1/ CNM 1)
- Working group developed locally

Practice Development Steering Group
- Designated ADON / M with responsibility for practice development
- Practice Development facilitator/co-ordinator
- Nurse / Midwife
- Risk Manager
- Interdisciplinary personnel
- Centre for Nurse/Midwife Education/NMPDU representation
- Allied Professional representation
- Education/Practice Development Committees
Membership will be dictated by individual projects / initiatives with a number of permanent roles in place

Regional Practice Development Team for the region
- Leadership, guidance and support for steering groups
- Representation on high level groups e.g. BoM’s, CNE subgroups
- Practitioner development through networks
- Implementation of framework guide

Nursing and Midwifery Planning and Development Unit
- Named strategic objective: Practice development
- Provide leadership, guidance and support to Practice Development team

HSE-Professional Development
- National Council for Professional Development of Nursing and Midwifery -Funding initiatives / resources
- Database available
- Third levels

* Not all Practice development initiative will go through all of the steps outlined in this pathway
Chapter 5 Practitioner Development

5.0 Strategic Aim:

To facilitate practitioner development.

Education, training and development of the practitioner are essential prerequisites for the development of nursing and midwifery practice. Continuing professional development is defined as the systematic maintenance and broadening of knowledge and skills and the development of personal qualities necessary to affect professional and technical duties throughout the individuals’ working life (Friedman et al, 2000). Investment in professional development is necessary to facilitate nurses and midwives to maintain present roles and to adapt to new roles and to encourage embracement of a more open culture. A system of lifelong learning for professional development establishes the infrastructure necessary for developing practice and professional knowledge. Creating, generating and applying practice based knowledge is a major function of all practice development initiatives. Practice knowledge evolves largely through the process of discovery learning (Dewey 1938). Professional development education programmes in nursing and midwifery have been criticised for failing to demonstrate an impact on practice and for relying on the technical rational model where education on its own will lead to changes in practice (Hynes, 2004). Continuing professional development is more likely to be effective if it is informed by and consistent with the direction of care delivery within the practice setting (NCNM, 2003). The terms professional development and practice development are distinct. The starting point for practice development is the service user whereas the starting point for professional development is the service provider.

5.1 Key Objectives

The team will achieve the strategic aim of practitioner development through the following key objectives:

- Co-ordination of the provision of continuing educational and development requirements through communication with relevant education providers.
- Working with key stakeholders to advance nursing and midwifery practice in specific sites.
- Supporting the practitioner in utilising various available resources.
- Contributing to and facilitating the development of various resources to guide and support the practitioner. These key objectives will be achieved through the implementation of the action plan (refer to page 42 of this document).

The following are some of the resources available to facilitate practitioner development and to enable the Practice Development Team to achieve these objectives:

- Personal Development Pack from the Office for Health Management available from www.tohm.ie
- Personal Development Pack link facilitator – identified through the Corporate Learning Department, HSE, Lacken, Kilkenny.
- Portfolio development – workshops organised through the Centre for Nurse Education South (Carlow, Kilkenny, South Tipperary, Waterford and Wexford) and guidelines for portfolio development for nurses and midwives available from the National Council website www.ncnm.ie and follow the link to publications.
- Evidence based practice workshops – organised by the Nursing and Midwifery Planning and Development Unit and Centre for Nurse Education South (Carlow, Kilkenny, South Tipperary, Waterford and Wexford).
- OHM competency packs – available from www.tohm.ie
- Clinical audit resource pack – available through the Nursing and Midwifery Planning and Development Unit
- This PD strategy and framework guide – developed by the Practice Development Co-ordinators.
- All Ireland Practice and Quality Database – www.ncnm.ie and or www.nipec.n-i.nhs.uk
- Scope of Nursing and Midwifery Practice Framework – An Bord Altranais, 2000
- An Bord Altranais www.nursing.bord.ie
- National Council for Professional Development of Nurses and Midwives www.ncnm.ie
- Nursing and Midwifery, Planning and Development Unit, Office Complex, Kilcreene Hospital, Kilkenny.

* All internet sites are correct at time of publication.
Chapter 6 Framework Guide to Undertaking a Practice Development Initiative

Figure 2:

Individual or group identify an area of practice for development

- Describe the current practice
- Describe the background
- Determine impetus for change
- Consider potential benefits
- Determine challenges involved
- Identify possible barriers
- Identify key stakeholders
- Recruit working group

Detail the Practice or lack of it

- Explore practice setting
  - Historical
  - Political
  - Belief and Values
  - Priorities
- Determine the demographics, context and culture
- Key personnel
- Literature
- Review the evidence
- National policy
- Documents

Role of working group

Agree and Circulate Proposal

- Detail aims and objectives
- Outline how each objective will be met
- Agree timeframe and person(s)
- Agree evaluation criteria
- Circulate consult and peer review

Develop and Agree Action Plan

Implementation Process

- Preparation
  - Education and development – guidelines, policies, protocols and supporting documents
  - Implementation checklist

Evaluation
6.0 Strategic Aim:

To develop, disseminate, implement and evaluate a regional practice development framework guide suitable for utilisation at local and organisational level.

The practice development framework guide in this strategy document was developed by the Practice Development Team following consideration of national and international research and developments in nursing and midwifery practice development. The framework guide aims to enhance and support nurses, midwives and managers as they work through a practice development initiative at local level. The framework guide will work best if used in a flexible, collaborative manner embracing all stakeholders in the development of any initiative. The framework guide consists of:

- The guide (Figure 2) which provides the principles for planning, developing, implementing and evaluating practice.
- A detailed description of each of those principles and why they are important.
- An example of planning, developing, implementing and evaluating a practice development initiative.

6.1 Individual or Group Identify an Area of Practice to be Developed

An individual or group working in a practice area identifies an area of practice which requires development. The individual or group will discuss this idea informally and then formally with their line manager before proceeding. In some cases it may be necessary to have a substantial amount of work completed before discussing the idea formally. The framework guide (Figure 2) will direct the individual or group in planning, developing, implementing and evaluating a practice development initiative.

6.2 Detail the Practice or Lack of it

Detailing the practice or lack of it involves describing the current practice, the background, the impetus for change, the potential benefits, challenges and barriers, identifying the key stakeholders and recruiting a working group.

6.2.1 Describe the Current Practice

Detailing the practice or lack of it requires describing the practice exactly as it is now, on a day-to-day basis. As much data as possible on the present practice should be gathered. This allows for a clear identification of what the problem is within the practice setting and provides the nurse/midwife with an opportunity to put forward a reason to change the current practice. The nurse or midwife will need to explore in detail with colleagues what exactly they do at present when they carry out the practice they wish to develop. Diversity in current practice should be included when describing the present practice setting. The diverse perspectives, which nurses and midwives bring to practice, need careful consideration. These diversities often inform the values and beliefs of the caregivers. The person driving this initiative (the change agent) will also need to reflect on their own values and beliefs at this time.

6.2.2. Describe the Background

Sanders (2004) emphasise the significance of the background of the people participating in the change of practice and the environment in which the change is to take place. The context of health care refers to the environment or setting in which people receive care. When describing the background to the initiative the nurse or midwife will interpret why the practice, or lack of it, is as it is. When describing the background consideration should be given to the client group, demographics within the service area, the demographics of the community setting, the environment, the professionals working in the practice area and identifying who are the decision makers and what are the organisational influences. The knowledge, skills and values of professionals and service users in the area need consideration.

6.2.3 Determine Impetus for Change

The collection of sufficient information about the situation (evidence for change) helps with recognising the need to alter or change the practice. It is necessary to determine the perceived need for change at the beginning of the planning phase. This will give clear objectives to enable the planned development progress. It is essential that professionals continually critically examine what they do in practice by asking themselves simple questions such as ‘what is my intention in this situation?’ ‘How might we do things differently?’ Or ‘what do I hope to achieve by doing ‘x’?’, and ‘what was the result of my action in that situation? or ‘did the
intervention work as intended?’ and if it didn’t work – ‘what needs to be done differently?’ Glaze (1998: 153) observes that “reflection has been found to be effective in changing practice”. It is only by practitioners asking themselves and indeed each other, questions such as those outlined above that they move away from the status quo and ensure that the service users in their care receive the very best, most up-to-date care available. The impetus for change will have to remain the driving force through many challenges as the initiative develops; therefore it must be clear and concise. Talk to all staff.

6.2.4 Consider Potential Benefits of the Proposed New Practice

The potential benefits of the change in practice need consideration in order to help inform the reason to change and develop new practices. The benefits may be put forward as short, medium and long term. The benefits must be presented as benefits to the service user, to the practitioner and to the service as a whole. These benefits may include improvement in quality of care/service, improved working environment and cost effectiveness. The desired outcome of the new way of practice should be explicit.

6.2.5 Determine Challenges Involved

The impact any change will have on the practice environment must be anticipated and managed effectively. To facilitate successful change, equal consideration must be given to both the process of change and the outcome. Any change in practice will involve challenge. Confronting challenge requires calculated risk-taking on the part of the practitioners involved in the change process. The prevailing ethos in nursing and midwifery however has been about safety and this can limit the way in which challenges are handled when encountered. Fulbrook (1998: 40) advocates that “nurses [and midwives] have to learn about the notion of risk and gain the skills to evaluate how they develop new ideas within a framework of acceptable risk”. In order to be effectively addressed, the potential risks involved in a practice development initiative must be recognised and articulated at a very early stage. If the change is process driven and builds on the success and challenges of the development, it is more likely to be successful and sustainable.

6.2.6 Identify Possible Barriers

The development of practice may be challenging to the people in that work setting. Organisations are housed in brick and mortar but their operations / systems are living organisms made up of many unique individuals, each contributing in some way to the culture of a given organisation. Possible barriers may include an unchallenged custom and practice approach to care, the timing of the practice development initiative or the availability of resources. The impact the change in practice will have for nurses and midwives, service users and the organisation must be clearly identified at an early stage. Tools that can be used to assist in identifying barriers and challenges are SWAT analysis and force field analysis.

6.2.7 Identify Key Stakeholders

Stakeholder management is critical to the success of every practice development initiative. Engaging the right people in the right way can make a big difference to the success of the initiative. Good stakeholder management helps manage the politics that can often come with major change. It helps win support and eliminates a major source of stress.

6.2.7.1 Benefits of using a stakeholder-based approach

The benefits of using a stakeholder-based approach are that:

- The opinions of the most powerful stakeholders are used to shape the practice development initiative at an early stage. This makes it more likely that support will be gained. Equally such input can also improve the quality of your practice development initiative.
- Gaining support from powerful stakeholders can help to secure more resources - this makes success more likely.
- By communicating with stakeholders early and frequently, one can ensure that they fully understand the benefits of the practice development initiative - this means they can support you actively when necessary.
6.2.7.2 Stakeholder Analysis

Stakeholder Analysis is the technique used to identify the key people who have to be won over. The first step in stakeholder analysis is to identify who the stakeholders are. The next step is to work out their power, influence and interest, so you know who to focus on. The final step in stakeholder planning is to develop a good understanding of the most important stakeholders so that you know how they are likely to respond. This way you can work out how to win their support and anticipate the problem. Record this analysis on a stakeholder map (see below).

When using stakeholder analysis techniques to secure support for the practice development initiative, it is important to go through the following steps:
1. Prioritise stakeholders by power / interest in the practice development initiative
2. Think through the approach to stakeholder management
3. Identify what is required from each stakeholder
4. Identify the messages the change agent needs to convey
5. Identify actions and communications

6.2.8 Recruit Working Group

Once the practice has been detailed, which will include a description of the current practice, the background, the impetus for change, potential benefits, challenges, barriers and key stakeholders; it is time to recruit the working group. This can be done by communicating directly with identified stakeholders or by advertising for interested participants to volunteer to become involved. This can happen in any practice setting. Working group numbers can vary from a minimum of two people to a maximum of eight people. Group members may include nursing and midwifery colleagues, practice development personnel, allied health professionals, medical colleagues, healthcare support staff, service user representative, nursing and general management. Recruiting the working group will have to be carried out with the agreement and support of the manager of the environment and key stakeholders in that environment. If the manager of the environment is the change agent, he/she may or may not need the agreement of his/her line manager. This will depend on the impact of the change outside of the immediate practice area and resources required.

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**Power/Interest Grid for Stakeholder Identification.**

- **High power, interested people:** these are the people you must fully engage and make the greatest efforts to manage them closely.
- **High power, less interested people:** put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.
- **Low power, interested people:** keep these people adequately informed, and talk to them to ensure that no major issues are arising. These people can often be very helpful with the detail of your practice development initiative
- **Low power, less interested people:** again, monitor these people, but do not bore them with excessive communication.
6.3 Role of the Working Group
The second guiding principle when undertaking a practice development initiative is to have in place a working group who have a clear defined role. The role of the working group is to co-ordinate and manage the practice development initiative. This includes a comprehensive exploration of the practice setting, determining the demographics, context and culture in the area, the resource implications and a detailed review of the evidence. The first outcome for the working group is to agree a proposal/project plan. The working group elects a leader/chair who may or may not be the change agent. The group clarifies and agrees the terms of reference, the objectives of the practice development initiative, the actions, who’s responsible and the timeframe for the group. This should be made explicit to avoid confusion or disagreements as the initiative develops. It should be noted here, the ability of the leader to develop and nurture the group members will ultimately determine the effectiveness of the working group in reaching its objectives.

Working groups go through stages of development. They typically form, organise, solve problems, implement solutions and disband.

The characteristics of successful working groups include:
- Decisions are made by consensus with all members heard and valued.
- Free expression is accompanied by listening.
- Conflict is effectively dealt with and feelings are expressed.
- People are open and truthful.
- Objectives are understood and accepted by members.
- The focus is placed on issues, behaviours, or problems, not on people.
- Self examination about group functioning is facilitated by the leader

(Mariner Tomney, 2000).

To help ensure the effectiveness of the working group individual roles within the group should be clarified and agreed at an early stage. At this time a chairperson/group leader should be elected and responsibilities assigned for the various jobs such as recording of minutes, communicating with stakeholders, maintaining a list of contact numbers/email addresses. It may also be appropriate to divide the group into smaller subgroups to manage various stages of the process. Agreeing the procedure for the co-opting of new members to the group or forming sub-groups should also be clarified.

6.3.1 Explore the Practice Setting
The working group will carry out a baseline audit of the current practice. Much of this work may have been carried out initially by the change agent in the initial development of the proposal. The working group needs to ensure all the data necessary to enable a successful change or the development of a practice is gathered and examined. Their role is to ensure a comprehensive review of the evidence to support and manage the change. Consideration must be given to all factors which impact on the practice under review. Exploring the practice area involves considering the people, systems, structures and internal and external influences. Questioning around the practice must take place in the context of policy development, changing values of both the service user and professionals and society and the numerous individuals involved in the decision making process in providing care (Hynes, 2004). Flood and Fennel (1995) suggest there is a theoretical invisibility of formal and informal networks, and processes within and between health care organisations, and that their impact on practice lacks consideration. These networks and processes need to be made explicit in order to enable them to facilitate professional and organisational learning in the development of practice (Clarke and Wilcockson, 2001). The diverse perspectives and the ‘knowledge creation potential’ of professionals will inform values and beliefs and will underpin the care practiced (Clarke and Wilcockson, 2001). If change is to be successful it needs to be practitioner owned, organisationally supported through systems, processes, and structures and leadership. A framework to help explore the practice setting which could be used is the Nurse / Midwife Scope of Practice Decision Making Framework (Appendix 2). The framework provides principles that may be used to review, outline and expand the parameters of practice for nurses and midwives when considering changing or developing practice. A values clarification exercise may be undertaken by the identified stakeholders and working group. This is a tool that enables the group to agree a shared vision for the development of the practice and to examine individual and common values and beliefs (Manley, 1992).
6.3.2 Determine the Demographics, Context and Culture of the Practice Setting

6.3.2.1 The Demographics
The demographics of the practice area must be examined in order that all data influencing the change is considered. The following demographics need to be considered:

- The details of the client group.
- Details regarding all the professionals working in or accessing the practice area to include qualifications, skills, and expertise.
- Systems, processes and structures in the area.
- The decision makers in the area.
- The physical environment.
- Resources available to the practice area.

6.3.2.2 The Context
Once the working group has been established and access and support have been negotiated to the practice area, the climate or context of the change environment must be examined. Context can be defined as “the circumstance in which an event occurs” (Oxford Dictionary, 2000: 172). In the health service, the context refers to the environment or setting in which people receive health care services. The physical environment or practice setting has boundaries and structures that together shape it. Context includes the forces at work that give the physical environment character and feel. Prevailing circumstances which are likely to impact on the proposed practice development initiative include staff shortages, skill mix, demands of the clinical area, activity levels with resultant overburdened workloads and organisational and national priorities. It should be made clear from the outset that the purpose of practice development is to develop a specific context and usually its outcomes are not generalisable (Fulbrook, P 2003). It is the clinical managers and staff who will sustain any change. If they are not ready for a particular change, and that change is imposed, it may not succeed.

6.3.2.3 The Culture
Culture can be defined as ‘the set of values, guiding beliefs, understandings and ways of thinking that are shared by members of an organisation and taught to new members as correct’ (Daft, 2001: 314). In other words ‘this is the way to behave in order to fit in here’. The culture of the individual, the team and the organisation creates the context for practice. Culture is not something an organisation has but rather something an organisation is. Often the culture remains hidden and only becomes apparent when change is attempted. Having an understanding of the culture and context of the health care area are central to the successful implementation of a practice development initiative. Understanding culture and context, together with the skilled co-ordination and facilitation by the change agent are the key components of the successful implementation of change (McCormack and Garbett, 2003).

The characteristics of an effective workplace culture include:

- The presence of strong, supportive and visible leadership
- A good interdisciplinary working relationship
- Staff that feel cared for, supported and enabled to develop
- An ethos of teamwork and learning from others
- An open exchange of views and opinions
- Staff being involved in change, fostering innovation, developing the research base to their practice and recognising the continuous nature of change (Manley, 2001).

Less effective workplace cultures are characterised by:

- Hierarchical management systems and approaches
- Inflexible, rigid work practices
- An over dependence on protocols and guidelines
- Poor interdisciplinary working relationships
- An ad hoc approach to the Continuing Professional Development needs of staff with the resultant decrease in motivation levels (National Council, 2004)

Awareness and understanding of cultural nuances and potential implications are essential throughout the practice development initiative.
6.3.3 Determine Resources

Resources in a practice area include the personnel, the equipment needed and the financial implications. The working group must provide the senior nurse/midwife management team with the evidence to support the need for the change, as their explicit support is essential. A brainstorming session to identify possible resource implications is useful at the planning stage of the practice development initiative, as these should be highlighted with senior management when putting forward the practice development initiative proposal. Examine the resources available at local level by identifying the skills and knowledge of the personnel that will be involved in the practice development initiative. Reflect on how these would be of benefit to the working group. Consider the roster for the staff in relation to being released for attendance at meetings and educational sessions. If for example new equipment or dressings are required, then the cost of these must be considered. If guidelines, policies and procedures or other documentation needs to be developed, consider the time cost and access needed.

6.3.4 Review the Evidence around this Practice

An extensive literature review will need to be carried out. The working group is responsible for ensuring that the proposed change is based on sound evidence and best practice. There are a number of steps involved when reviewing the evidence. These steps can be remembered as the 5 ‘A’s of evidence-based practice and include:

- Asking the right question
- Acquiring the relevant evidence
- Appraising the evidence
- Applying the evidence to practice and
- Assessing or evaluating the intended change in practice

(Centre for Evidence-Based Medicine, 2005).

Several different levels of evidence exist and range from systematic reviews of randomised controlled trials to expert opinion. The knowledge and evidence that informs practice must be drawn from many sources. In the practice setting decision making can be complex and requires a broad range of evidence and knowledge to inform the decisions made (Manias and Street, 2001). What is important is that the practitioner is able to articulate clearly the basis for decisions which underpin each aspect of care they deliver. The proposed change must be in line with the needs of the service and not just an arbitrary change. Departmental and organisational service/business plans may be useful as a guide at this stage in the process. If the proposed development in practice needs a guideline, policy or protocol or other document it should be developed by the working group or a subgroup as part of the action plan. Information sessions should be held during the planning and development stage for all staff that will be impacted upon by the development in the practice. During those information sessions all views should be heard and included in the development plan.

6.3.4.1 Key Personnel, Clinical Experts and Service Users

It is important to identify key personnel, clinical experts and service users who may assist the working group with advice on how to develop, implement and evaluate the practice development initiative. One should initially look within one’s own practice setting and organisation and determine what clinical and academic expertise is available. The potential advantages of sourcing local expertise may include their accessibility and intimate knowledge of the unique culture and context of the clinical practice setting. Their expertise and experience would enhance the process of change. Key personnel and clinical experts may include: Advanced Nurse Practitioners, Clinical Nurse Specialists, Practice Development personnel, staff with acknowledged clinical expertise, medical colleagues, Allied Health Professionals, staff from the NMPDU, Centre for Nurse Education, Third Level Institutions and Centres of Excellence, personnel from the IT department and librarians.

It may also beneficial to seek expertise from outside the organisation on a consultative basis. The benefit of networking with peers at regional and national level should not be underestimated when identifying clinical expertise. Indeed, it maybe possible to locate professionals who have undertaken a similar practice development initiative and are willing to share their knowledge and experiences of change. Accessing the National Council Practice Development Database is a valuable resource where one will find details of practice development initiatives undertaken throughout the country. www.ncnm.ie or www.nipec.n-i.nhs.uk
Where the practice development initiative involves service user care it is important to liaise with the appropriate service user group national representative body where one exists to ensure the service users views are taken into consideration. Service user groups have been developed in many clinical areas and are available and willing to participate in practice development initiatives to provide a service user perspective on the proposed change in practice.

**6.3.4.2 National Agenda and Policy**

Review and consideration should be given to current national agenda, political priorities and policies when considering a practice development initiative. Current agendas and priorities are often a determining factor in the allocation of funds and should be reviewed prior to any practice development initiative. It is important to ensure that the practice development initiatives proposed locally are supported by national, local and organisational policy.

**6.4 Agree and Circulate Proposal**

The third guiding principle when undertaking a practice development initiative is to agree and circulate a proposal to all key stakeholders. Consideration of all of the preceding factors will ensure that the proposed practice development initiative is evidenced based, practical and achievable. The knowledge gained from this comprehensive examination of the complex practice issue will provide a wide range of evidence to determine the best way forward (Fulbrook, 2003). The working group will draft the proposal for the practice development initiative and circulate to all key stakeholders. The purpose of the proposal is to make the case for the need for this particular change and obtain agreement to go forward with the change. Depending on the resource implications, the proposal may vary from a single sheet to a formal business plan. Agreement and commitment is then obtained and signed off by the relevant personnel (see Practice Development Pathway, Figure 1). The proposal will include the initiative aims, objectives, actions to be taken, timeframe and responsibilities that will now be addressed in action plan.

**6.5 Develop and Agree an Action Plan**

At this stage the working group has been through the planning, preparation and development stages for the proposed change. It has:

- agreed the practice development initiative and identified the benefits and challenges
- agreed key stakeholders
- agreed support and resources needed
- identified a means of putting the change into action,
- secured the explicit support of the senior nurse management team for the practice development initiative and
- agreed and signed off the proposal/development project plan

The working group now develops an action plan. The action plan sets out the aims and objectives of the practice development initiative, the actions to be taken who is responsible, the time frame and the method of evaluation.

**6.5.1 Detail the Aims and Objectives**

The aim must be a concrete statement describing what the practice development change will be. The objectives ‘broadly’ state what is to be done in order to realise the aim. In the case of a large change to practice the working group may need to tackle the practice development initiative in sections, as they will notice that to develop practice in one area, there may be immediate implications to other areas of practice. If a clinical guideline/policy/protocol is required, it is the responsibility of the working group to ensure its development.

**6.5.2 Outline How Each Objective Will Be Met**

Each objective must be supported with an action plan that will identify the steps or tasks required to achieve the outcome. The actions are written for specific objectives and should be SMART (specific, measurable, achievable, realistic and timely). Objectives may change as the practice development initiative progresses and therefore all objectives will need to be reviewed and reprioritised on a regular basis. The responsibility for achieving each action is recorded on the action plan. Action may include developing documentation, preparing the practice area for the change in practice, preparing staff and developing guidelines to support practice.
6.5.3 Agree Timeframe

Colleagues need to be made aware of the sometimes prolonged nature of a practice development initiative and that sustained energy and motivation will be required by all involved. You can lose momentum by underestimating or overestimating the length of time needed to implement a practice development initiative. If you underestimate time, not only do you miss deadlines, you also put colleagues under unnecessary stress. If you overestimate time, commitment and resources may be compromised.

An essential concept behind time management is that some activities are dependent on other activities being completed first. Gantt Charts are one way of analysing and planning projects. When a project is under way, Gantt charts help to monitor whether the project is on schedule or not. If it is not, it allows you to pinpoint the remedial action necessary to put it back on schedule. A Gantt chart will:

- Help to plan out the tasks that need to be completed
- Give a basis for scheduling when these tasks will be carried out (timeframe)
- Facilitate the planning and allocation of resources needed to complete the project and
- Identify the critical path for a project where you must complete it by a particular date.

6.5.3.1 Developing a Gantt chart

First, prepare a detailed list of tasks/actions from your action plan that must be achieved. This list should include all the administrative tasks/actions and meetings as well as the work itself. For each task/action, show the earliest start date and estimated time for completion. Remember also that some tasks may be completed sequentially. You should allow time for all the unexpected disruptions and delays to work that will inevitably happen. Draw up a Gantt chart. Plotting each task on the chart, showing it starting on the earliest possible dates. This chart will show when you anticipate that jobs should start and finish.
### 6.5.4 Agree Evaluation Criteria

Once each objective has been agreed and written up, the working group must decide how the progress and outcomes will be evaluated. The evaluation tool will be incorporated into the action plan. See section 6.7 on page 30 for more information about the process of evaluation.

### 6.5.5 Circulate Action Plan for Review and Feedback

Once the working group are agreed on a first draft of an action plan it must be circulated to all key stakeholders for review and feedback. Agree a date by which all feedback should be received and set meeting to review all suggestions. Agree finalised action plan and date to begin actioning the actions/tasks to implement the practice development initiative.
6.6 Implementation of a Practice Development Initiative

Implementation is about the steps required to put each aspect of the practice development initiative into action. It is important to use a variety of implementation methods and to integrate them with the overall plan for the practice development initiative from the beginning of the development. A multifaceted approach is more likely to achieve change. The working group will be responsible for planning and managing the implementation phase. This section outlines a range of techniques that may be used to implement a practice development initiative into the practice area. The approach should be tailored to suit local needs.

Prepare the people and the environment for the practice development initiative.

6.6.1 Preparation for Implementation

This involves preparing the people, the environment (systems and structures) and internal and external influences for the practice development initiative. The implementation process is a local responsibility and local barriers to implementation must be identified and addressed prior to the implementation process beginning. Potential barriers may include lack of facilities or equipment, local standard of care not in line with desired practice, lack of knowledge, skills, attitudes, inappropriate skill mix, and problems with information processing. The working group must resolve problems with information processing, providing and making information on the practice development initiative widely available to all those involved in the practice area where the development is taking place from the beginning. The working group will communicate progress of the development in a planned manner regularly and take feedback.

Facilities, equipment and or new documentation must be made available and this will be actioned through the action plan and the local working group. Local standards of care not in line with desired practice will be corrected through education and development of appropriate skills, formation of guidelines, policies, protocols and supporting documentation. Awareness raising initiatives, (Appendix 5) planned from the start of the development, will identify lack of knowledge, judgements, skills and skill mix. All of these need to be addressed through a structured education and development programme working with key stakeholders. Learning should accommodate developing understanding about practice and the process of practice development. It may be that the working group will address one implementation action at a time and this will need to prioritised by the group.

6.6.2 Education, Training and Information Sessions

Consideration needs to be given to providing education sessions for colleagues to bring them up-to-date with all relevant information, documentation, guidelines, policies and protocols. The methods of achieving this include short unit-based workshops; one-to-one working on shifts where a member of staff who has been involved in the development of the practice development initiative works with a colleague who requires an update on its implementation; off-unit workshop sessions where staff rotate from the practice environment to attend sessions and where necessary, formal educational sessions or ‘away days’ where a maximum number of practice staff are released from the unit to attend. Facilitation in the practice area usually has the greatest impact.

6.6.3 Checklist for Implementation of the Practice Development Initiative

- Complete all guidelines and documentation pertaining to the initiative
- Circulate all guidelines and documentation prior to launch of the initiative
- Notify all staff well in advance of the launch date of the practice development initiative. The working group leader or someone delegated by him/her should take responsibility for ensuring this happens.
- The change agent who identified the need for change, as well as the CNM/CMM and the Practice Development Co-ordinator should be on hand during the first few weeks to assist and support staff. This will mean the working group leader being present in the practice area where the change is taking place. This is a critical stage, as staff may quickly become frustrated when trying to implement the change if help and support are not on hand when needed.
- The support and encouragement offered by the working group leader at the early stage may help to reduce any resistance that may be caused by the change in practice. While staff are attempting to break old habits they will need gentle probing and reassurance.
- The utilisation of a leadership style that is facilitative rather than directing will help to foster a culture of change (Senge, 1990) where clear roles and effective teamwork exist (Cunningham and Kitson, 2000).

One of the most important lessons to keep in mind when developing practice is to be aware of how much time and effort is required before a change is actually embedded into daily practice life.
6.7 Evaluation of a Practice Development Initiative

6.7.1 Background to Evaluation

Evaluation sets out to determine if something is of value. Evaluation can be defined as “a method of determining the degree to which a planned programme achieves the desired objective” (Suchman, 1967: 140). Evaluations can differ in scale from a simple audit to a comprehensive evaluation of all aspects of a particular practice. Effective evaluation rests on the assumption that all practice development initiatives have stated objectives, that the steps to achieving the objectives are clear and that the effectiveness of those steps can be measured (McCormack et al, 2004). Practice Development is messy by nature. Objectives and steps to achieve the aims of the practice development initiative may change as the initiative progresses or is tested through application in the practice setting.

Evaluation needs to embrace a range of questions that will give feedback on whether the change in practice is progressing or not. Suggested evaluation questions posed by McCormack et al (2004) could be as follows:

- Whether it works?
- Why it works?
- For whom it works?
- Under what circumstances it works?
- What has been learnt to make it work?

Owen and Rogers (1999) describe the object of evaluation as:

- Negotiating an evaluation plan.
- Collecting and analysing evidence to produce findings.
- Disseminating the findings to relevant persons.
- Disseminating findings with the intention of describing or understanding a practice development initiative.
- Disseminating findings which will allow judgements/decisions to be made about the practice development initiative.

The approach to practice development being used, technical or emancipatory, will decide which approach to take to the evaluation methodology and design. The focus of evaluation in technical practice development is measurement. Measurements used may be waiting times, length of stay, length of waiting lists, numbers of people cared for on trolleys in A&E, morbidity rates, clinical audits, clinical outcomes, evaluation tools and quantitative research methods. Audit, a commonly used method to evaluate technical practice development, involves setting standards, collecting data about care, providing feedback of audit results to care givers, agreeing further changes and doing another audit to see if the agreed change has taken place (Crombie et al, 1993).

Evaluation in emancipatory practice development may include technical evaluation approaches. In addition, emancipatory practice development will need to reflect its two other purposes when evaluating – practitioner development and impact on culture. Four commonly used evaluation approaches (Appendix 8) for emancipatory practice development initiatives are:

- i. Action Research
- ii. Emancipatory Action Research (EAR)
- iii. 4th Generation Evaluation
- iv. Realistic Evaluation

In essence whatever approach is taken the design needs to embrace a range of methods that can adequately answer the evaluation questions. McCormack and Manley (2004) have designed an evaluation checklist (page 31) to facilitate a systematic approach to evaluation. It is important to remember that evaluation can take place in a two-step process:

- Continuous evaluation of the practice development initiative whilst still in the design process.
- Evaluation of the practice development initiative following its implementation and roll out.

The following evaluation checklist should prove helpful in either process. The practice development team have adapted this checklist with permission for inclusion in this document.
6.7.2 Figure 3: Evaluation Checklist

| 1. Values, beliefs, purpose | - What are the beliefs and values about practice development held by the commissioners of the work?  
- As a practice developer what are your beliefs and values about practice development?  
- What is the purpose of the practice development?  
- What are the intended outcomes?  
- What are the anticipated outcomes? |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Stakeholders             | - Who are the stakeholders involved?  
- What do the commissioners of the work and other stakeholders want from an evaluation?  
- Whose agenda(s) dominates? |
| 3. Roles                    | - What is your role?  
- What is your role in the organisation?  
- What is your role in the practice development programme? |
| 4. Engagement and widening participation | - Can the potential enthusiasts and potential blockers be identified?  
- What needs to be done to gain participation? |
| 5. Support mechanisms       | - How will you balance your time in order to balance action and evaluation (and possibly your clinical workload)  
- Do you need to take time to negotiate issues of power in the programme and how will this be managed?  
- How will you build in time for reflection into the programme?  
- How will mechanisms for support for programme participants be built into the programme? |
| 6. Evaluation Design        | - What are your evaluation questions?  
- What is the most appropriate evaluation design? (Examples include pre/ post intervention measurements, patient satisfaction survey, interviews, questionnaires, audit of documentation etc). Evaluation design maybe simple or complex and will be determined by the practice development initiative  
- What skills are needed to undertake this evaluation and are these readily available?  
- What data will be collected? Do tools already exist i.e. Quasar, record keeping  
- What are the ethical implications of your evaluation approach? |
| 7. Time frame, monitoring and resources | - Are time lines planned realistically, taking account of time needed for planning and negotiation?  
- How will participation be continuously increased in the programme and how will this be accounted for in the evaluation?  
- How will evaluation data be used to help with maintaining momentum?  
- What resources are available to enable evaluation? |
| 8. Accountability mechanisms and management of conflict | - How will conflict be managed?  
- Given the available time what can realistically be achieved?  
- What ownership do you have over the evaluation findings?  
- To whom are you accountable for the evaluation strategy and its achievement?  
- What mechanisms will enable you to monitor progress? |

Adapted from McCormack and Manley (2004)
Chapter 7 Translate Strategic International and National Policies, Documents and Reports into Local Practice

7.0 Strategic Aim:

To act as a resource for the Health Service Executive by advising and linking on the translation of relevant strategic international and national policies, documents and reports into local practice

The health service is a huge complex organisation incorporating a large amount of diverse health and social care groups and personnel covering a whole range of settings/specialities across and between community, primary and acute sector. Many international and national policies, documents and reports influence the workings of the organisation and its personnel. It is almost impossible for nurses and midwives to keep abreast of the policies, documents and reports sent their way. Policies, documents and reports mean different things to different individuals working within the health services. It is important to ensure that the changes that occur because of strategic national interest and policies, documents and reports continue to maintain the efficiency and effectiveness of services locally.

7.1 Key Objectives

The team will achieve this strategic aim of translating strategic international and national policies, documents and reports into local practice through the following key objectives:

- To develop effective communication mechanisms which make policies, documents and reports available or provide links for nurses and midwives to obtain policies, documents and reports.

- Through providing information sessions on priority strategic international and national policies, documents and reports. The purpose of the sessions will be to enhance nurses and midwives understanding of developments taking place in the health service and its relevance to their local practice.

- By adapting a whole system approach to the development of practice ensuring all areas or departments affected by the policies, documents and reports are involved in all stages of the change in practice.

- Through providing strategic guidance to accommodate the population’s health and social care needs in the future by representation on national and local groups.
8.0 Conclusion to strategy

Practice development is an integral part of each service provider’s day to day practice. It is a continuous process focusing on the nursing and midwifery care given to service users. Its aim is to improve nursing and midwifery care, and thus the outcome for the service user. Practice development starts with a clinical or practice problem or issue. Initially, the problem, having been identified, is analysed in its fullest detail. This information is then processed in relation to the full range of evidence embracing all types of knowledge, in order to make sense of the situation. Having examined the evidence that relates to the issue, a change strategy is developed, which is then tested, through application in the practice setting. Both the process and the success and challenges of the intended outcomes are critically evaluated. If necessary, another circle of practice development is undertaken in the light of the evaluation. In this way, the process of practice development is a continuum of working, where there may be several simultaneous practice development “loops”.

This strategy promotes practice development which continues to question practice in the context of best evidence to support what it is we as service providers do, why we do it and how can it be done differently. This strategy provides guidance and support in questioning, developing and evaluating practice in a structured, systematic collaborative manner through use of the framework guide at local level. As with all practice development approaches, the framework guide will work best if used in a flexible inclusive manner, embracing all stakeholders in the planning and development of any initiative.

Implementation of this will require consistent effort and wide collaboration to be effective. The practice development team are committed to giving the implementation of this strategy the highest priority and in doing so will improve health outcomes for the service user.
References


Centre for Evidence-Based Medicine (2005) Teaching and Learning Evidence-Based Practice. Oxford: Centre for Evidence-Based Medicine.


APPENDIX 1
An example of the development, implementation and evaluation of a practice development initiative using the framework guide.

A small group of nurses/midwives working together in one practice area agree that the documentation they are using is not meeting their needs.

Detail the Practice or Lack of It.

1. Describe the current practice
   - Nursing / midwifery documentation not meeting needs of service or nurses / midwives.
   - Baseline audit of record keeping using best practice guidelines (An Bord Altranais, 2002).
   - Gaps identified in several documents including service user assessment record, core planning record, flow chart and the discharge record.

2. Describe the background.
   - Several different forms being used.
   - Several different approaches. Notable discrepancies in their completion also evident.
   - Pertinent service user information not recorded.
   - The effectiveness of the documentation has not been reviewed in a number of years.

3. Determine impetus for change
   - Group of nurses / midwives working in one practice area are dissatisfied with the current documentation. The gap was identified from the audit.
   - A desire to ensure nursing and midwifery documentation conforms to the ‘best practice’ in this area.

4. Consider potential benefits.
   - A safer, more accurate approach to assessment, planning, implementation and evaluation of care to contribute to a better quality of care for the service user.
   - Safer more accurate transfer of information, intra and inter disciplinary.

5. Determine challenges involved.
   - Moving from the tried (if not trusted).
   - Requires some risk taking.
   - Current practice may be meeting some of the needs of the service user/team but deficient in other areas.
   - Changes in practices required as the best practice in documentation may not reflect the current practice in the area.

6. Identify possible barriers.
   - The use of the current documentation is embedded in the practice area routine.
   - The change agent/agents may lack authority or influence.
   - There may not be consensus on the need for change.
   - Documentation is a very broad area to develop

7. Identify key stakeholders.

8. Recruit the Working Group
   - Place notice on the Communication board inviting participation
   - Invite some identified key stakeholders to join the working group
   - Remember 2-8 members are sufficient
Role of the Working Group

1. Explore the practice setting
   - Carry out a base line audit of the current practice (A staff questionnaire could be distributed to ascertain the opinion of the staff and to identify the gaps and problems with the current documentation. Suggestions could also be obtained at this stage through a discussion session).

2. Determine the demographics, culture, context and resources
   - A values clarification exercise (appendix 7) may be carried out with the staff.
   - It is important to explore any previous attempts at introducing change on the ward.
   - Remember to check that no other change is planned for your area at the same time.
   - There is an obvious resource implication in bringing in new documentation. Approval should be sought both from the supplies department and nursing administration. Rough estimates can easily be obtained.

3. Review the evidence
   - Source any documentation available from sister hospitals, units or community care in the area and nationally
   - Talk to those who are considered ‘experts’ in the field, if possible.
   - Seek support and guidance from Practice Development personnel.
   - Seek guidance from Risk Management
   - Carry out a literature search to determine what is considered to be best practice.
   - It is important to consider all relevant policy documents in particular the approved abbreviation list and National and Regional Record Keeping Guidelines.

Circulate and Agree Proposal

- A proposal should now be drafted and agreed. Remember this can be a simple document outlining the aim, objective, timescale and evaluation criteria. Expected costs should also be included.

Develop and Agree Action Plan

- Detail aims and objective
- Outline how each objective will be met
- Agree timeframe, be realistic as unforeseen issues may arise.
- Agree evaluation criteria
- Circulate, consult and peer review
## Action Plan

(Consider the context and culture of the practice area.)

<table>
<thead>
<tr>
<th>Aim</th>
<th>Objective</th>
<th>Action</th>
<th>Who’s responsible</th>
<th>Time frame</th>
<th>Evaluation</th>
</tr>
</thead>
</table>
| Documentation will meet the needs of staff and patients | Develop a Patient Assessment Record that is suitable for the needs of the patients and gathers the relevant information for the staff. | 1) Recruit working group  
2) Obtain baseline data  
3) Consult with key stakeholders  
4) Assign jobs within the group  
5) Review literature and relevant documents and results of staff questionnaire  
6) Develop draft document  
7) Circulate for review, comment, approval  
8) Finalise and agree plan | 1) Change agents  
2) Change agents  
3) Working Group  
4) Leader  
5) Sub group/Working Group  
6) Sub group/Working Group  
7) Sub group/Working Group  
8) Working Group | 1) Plan meeting for 2 weeks time  
Week 1 - 4  
Week 4 - 6  
Week 6- 8  
Week 6-10  
Week 9-10  
Week 10-12  
Week 12– 14 | Record keeping audit tool. Staff satisfaction questionnaire.  
Review. Evaluation by ‘experts’. Repeat staff questionnaire.  
Repeat record keeping audit and staff satisfaction questionnaire 6 months past implementation and compare with baseline. |
Implementation Process

- Decide on launch date.
- Sort out the off duty so that the change agents are available on the day.
- Make sure all staff are aware of the documentation.
- Organise in-service education for staff/records of staff attending should be maintained.
- Ensure adequate supply of the new document.
- Remove old document from circulation at the earliest possible time.
- Agree audit timeframe.

Evaluation

- Audit 10% of the charts in 3 months time.
- Check accuracy of information supplied and adherence with Record Keeping guidelines.
- Audit staff satisfaction and compare results with baseline data.
- If possible evaluate the impact on patient care.
- Make results available to all key stakeholders.
- Review and amend as indicated by the results.

Celebrate the success. Share innovation with other practice areas. Publish Initiative.
APPENDIX 2
Action plan for dissemination, implementation and evaluation of the strategy

Implementation is about the steps required to put each aim of this strategy into operation. The action plan sets out the aim, objectives, actions, timeframe, who's responsible, and evaluation.

<table>
<thead>
<tr>
<th>Strategic Aim of the Strategy</th>
<th>Objective</th>
<th>Actions</th>
<th>Who's responsible</th>
<th>Timeframe</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide leadership, guidance and support for practice development initiatives through regional and local groups and networks</td>
<td>Dissemination and implementation of the practice development strategy.</td>
<td>Wide dissemination paper and electronic publishing of strategy. Make copies available for each department through the NMPDU website. Launch strategy - agree date - ½ day seminar. Open launch to all practitioners/managers.</td>
<td>Team</td>
<td>December '06</td>
<td>Strategy available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promote strategy through awareness raising. Targeting stakeholders.</td>
<td></td>
<td></td>
<td>Evaluate launch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Local practice development personnel</td>
<td>January '07</td>
<td>Evaluate local implementation and feedback.</td>
</tr>
<tr>
<td>Integration of practice development within the organisation using the practice development pathway (figure1)</td>
<td>Disseminate practice development pathway at Senior Nurse Management Team meeting. Obtain agreement on implementation of pathway in each organisation. Request a named designated person in each organisation to link with the team to enable the process i.e. A.D.O.N.</td>
<td>Team/ Directors of Nursing/Assistant Directors of Nursing/</td>
<td>One month post launch</td>
<td>Record number of steering groups in place one year post strategy and progress report on their activities to date.</td>
<td></td>
</tr>
<tr>
<td>Working with National Associations such as Irish Nurses and Midwives Practice Development Association, the National Council for Professional Development for Nursing and Midwifery.</td>
<td>Nominate a representative on to different groups with defined functions</td>
<td>Team</td>
<td>First team meeting post launch</td>
<td>Record number groups on which representation is in place</td>
<td></td>
</tr>
<tr>
<td>Dissemination of practice development initiatives undertaking and learning from same nationally and internationally</td>
<td>Agree a number of submissions of practice development initiatives to put forward for publication and support authors</td>
<td>Team/ Local practice development personnel</td>
<td>First team meeting post launch</td>
<td>Copy of journal article</td>
<td></td>
</tr>
<tr>
<td>Strategic Aim of the Strategy</td>
<td>Objective</td>
<td>Actions</td>
<td>Who’s responsible</td>
<td>Timeframe</td>
<td>Evaluation</td>
</tr>
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<td>-------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>To facilitate practitioner development</td>
<td>Working in partnership with all key stakeholders to identify practitioner development need</td>
<td>Develop needs analysis template for region and complete a need analysis</td>
<td>Team/Local practice development personnel</td>
<td>3 months post launch</td>
<td>Develop Template and evaluate. Results of need analysis disseminated</td>
</tr>
<tr>
<td></td>
<td>By continuing to work in partnership with the Nursing and Midwifery Planning and Development Unit, the Centre for Nurse Education and forging relationships with the third level sector</td>
<td>Representation on different working groups, partnership groups and board of managements. Discharge the function of these roles. Develop new partnership as the need arises.</td>
<td>Team/Local practice development personnel</td>
<td>Two months post launch (February 07)</td>
<td>Record of groups and functions</td>
</tr>
<tr>
<td></td>
<td>By co-ordinating the provision of continuing education and development requirements through communication with relevant education providers</td>
<td>Developing the co-ordinating and evaluating continuing professional development programmes (as per Prospectus with CNE) in collaboration with relevant education providers.</td>
<td>Team/Local practice development personnel</td>
<td>Ongoing</td>
<td>Prospectus copy Record of co-ordination and changes in practice</td>
</tr>
<tr>
<td></td>
<td>By working with key stakeholders to advance nursing and midwifery practice in specific sites</td>
<td>Link with specific sites and act as a resource in the development process of sites using national Council framework</td>
<td>Team</td>
<td>Ongoing</td>
<td>Record of specific sites and developments</td>
</tr>
<tr>
<td></td>
<td>Supporting the practitioner in utilising various available resources By contributing to and facilitating the development of various resources to guide and support the practitioner</td>
<td>Direct practitioner to the relevant personnel. Provide workshops on various resources available. Accept request for team contributions to development. Act as resource and facilitator.</td>
<td>Team/Assistant Directors of Nursing/Local practice development personnel</td>
<td>Ongoing</td>
<td>Record of resources developed and used</td>
</tr>
<tr>
<td>Strategic Aim of the Strategy</td>
<td>Objective</td>
<td>Actions</td>
<td>Who's responsible</td>
<td>Timeframe</td>
<td>Evaluation</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>---------</td>
<td>-------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>To develop, disseminate, implement and evaluate a practice development framework suitable for utilisation at local and organisational level</td>
<td>Develop the framework guide as part of this strategy</td>
<td>Include framework guide with strategy document</td>
<td>Team</td>
<td>Available at Launch February 07</td>
<td></td>
</tr>
<tr>
<td>Translate International and National Policies, Documents and Reports into Local Practice</td>
<td>Disseminate the framework</td>
<td><strong>Wide dissemination paper and electronic publishing of the framework guide.</strong> Make copies of framework guide available for each department and through the NMPDU website</td>
<td>Team / Directors of Nursing and Assistant Directors of Nursing / midwifery</td>
<td>Begins week post Launch for 15 weeks</td>
<td>Audit results available one year post launch</td>
</tr>
<tr>
<td>Implement the framework</td>
<td><strong>Promote framework guide through awareness rising. Targeting stakeholders.</strong> Local implementation to be planned and developed with a number of the designated nurses and midwives for practice development and the specific Practice Development personnel for that practice area. Co-ordinated from NMPDU. Information sessions on the framework guide (see plan page46) <strong>No cost to practitioner</strong> Practice development co-ordinators select and work with different practice initiatives using the framework guide.</td>
<td>Team / Local practice development personnel / Assistant Directors of Nursing</td>
<td>Begins 6 weeks after launch</td>
<td>Six Months Post launch</td>
<td></td>
</tr>
<tr>
<td>Translate Strategic International and National Policies, Documents and Reports into Local Practice</td>
<td>Development effective communication mechanisms</td>
<td>Provide links Make policies, document and reports available Provide information sessions on priority policies documents and reports</td>
<td>Local practice development personnel</td>
<td>Communication mechanism in place 3 months from launch</td>
<td>Document communication plan locally End of year report on sessions and developments</td>
</tr>
</tbody>
</table>
**APPENDIX 3**  
**Information sessions plan for dissemination and implementation of the Strategy**

2 hour information session which will cover the following:
- What is practice development
- Aim and objectives of strategy
- Summary of strategy and practice development framework guide
- Questions and answers

**FIGURE 4 -  
Information sessions plan for dissemination and implementation of the Strategy**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Acute</th>
<th>Community</th>
<th>Mental Health services</th>
<th>Intellectual disability</th>
<th>Care of older persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Waterford</td>
<td>WRH</td>
<td>Community services Waterford</td>
<td>Waterford Mental Health Services</td>
<td>Brothers of Charity Sacred Heart Day Centre Sisters of Bons Savour Services</td>
<td>St. Vincent’s Hospital St. Joseph’s Hospital St. Patrick’s Hospital, Waterford</td>
</tr>
<tr>
<td>Week 2</td>
<td>Wexford</td>
<td>WGH</td>
<td>Community services Wexford</td>
<td>Wexford Mental Health Services</td>
<td>Wexford Intellectual Disability Services</td>
<td>St. John’s Hospital New Houghton District Hospital</td>
</tr>
<tr>
<td>Week 3</td>
<td>South Tipperary</td>
<td>STGH OLHC</td>
<td>Community services South Tipperary</td>
<td>South Tipperary Mental Health Services</td>
<td>Damien House Services</td>
<td>St. Patrick’s Cashel St. Bridget’s Hospital St. Teresa’s</td>
</tr>
<tr>
<td>Week 4</td>
<td>Carlow</td>
<td></td>
<td>Community services Carlow</td>
<td>Carlow Mental Health Services</td>
<td></td>
<td>Sacred Heart Hospital District Hospital</td>
</tr>
<tr>
<td>Week 5</td>
<td>Kilkenny</td>
<td>St. Luke’s</td>
<td>Community services Kilkenny</td>
<td>Kilkenny Mental Health Services</td>
<td>St. Patricks Centre SOS</td>
<td>St. Columba’s District Castlecomer</td>
</tr>
</tbody>
</table>
APPENDIX 4

Information sessions plan for dissemination of Framework Guide

2 hour information session which will cover the following:

- What is practice development
- Detailing principles of the framework guide
- Using the framework guide in practice
- Questions and answers on the framework guide and practice development initiatives locally

Figure 5 Information sessions plan for dissemination of Framework Guide

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Acute</th>
<th>Community</th>
<th>Mental Health services</th>
<th>Intellectual disability</th>
<th>Care of older persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 6&amp;7</td>
<td>Co. Waterford</td>
<td>WRH</td>
<td>Community</td>
<td>Waterford Mental Health Services</td>
<td>Brothers of Charity</td>
<td>St. Vincent’s Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>services Waterford</td>
<td></td>
<td>Sacred Heart Day Centre</td>
<td>St. Joseph’s Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sisters of Bons Saveur Services</td>
<td>St. Patrick’s Hospital, Waterford</td>
</tr>
<tr>
<td>Week 8&amp;9</td>
<td>Co. Wexford</td>
<td>WGH</td>
<td>Community</td>
<td>Wexford Mental Health Services</td>
<td>Wexford Intellectual Disability Services</td>
<td>St. John’s Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>services Wexford</td>
<td></td>
<td></td>
<td>New Houghton District Hospital</td>
</tr>
<tr>
<td>Week 10&amp;11</td>
<td>South Tipperary</td>
<td>STGH OLHC</td>
<td>Community</td>
<td>South Tipperary Mental Health Services</td>
<td>Damien House Services</td>
<td>St. Patrick’s Cashel District Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>services South Tipperary</td>
<td></td>
<td></td>
<td>St. Bridget’s Hospital, St. Teresa’s</td>
</tr>
<tr>
<td>Week 12&amp;13</td>
<td>Co. Carlow</td>
<td></td>
<td>Community</td>
<td>Carlow Mental Health Services</td>
<td></td>
<td>Sacred Heart Hospital District Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>services Carlow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 14&amp;15</td>
<td>Co. Kilkenny</td>
<td>St. Luke’s</td>
<td>Community</td>
<td>Kilkenny Mental Health Services</td>
<td>St. Patricks Centre SOS</td>
<td>St. Columba’s District Castlecomer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>services Kilkenny</td>
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</tbody>
</table>
APPENDIX 5
Support for Implementation

Opinion Leaders
Opinion leaders are influential, respected individuals who are experts in their chosen field (Loams et al, 1988; Rodgers, 1995). They may be useful to the change agent by encouraging others to implement a new initiative by using it themselves, thus setting an example and creating new implicit or explicit social norms. Opinion leaders are highly visible and accessible to others in the care setting.

Peer Support
People regularly learn and formulate new opinions through discussion with their peers (Mittman et al, 1992). The nurses and midwives involved in the practice development initiative may be encouraged to discuss the project informally (in the staff canteen for example), which can often have a great influence on their decision-making. It has been argued that this social influence may be the biggest factor in whether a new initiative is implemented successfully. Providing opportunities for discussion is likely to have a beneficial effect on the implementation of any practice development initiative.

Clinical Audit
Clinical audit seeks to improve client care and outcomes by systematic review of care against explicit criteria and the implementation of change. Marshall (2001) proposes that nurses are motivated by audit results, because they inform them how well they are doing. DeOreo and Eschbach (1999) suggest that audit results provide an incentive and act as drivers of the implementation process. The results from an audit of the practice development initiative should be fed back constructively to participants. Clinical audit is a continuous process and it is necessary to continue to measure practice to see whether change has taken place compared with previous results.

Feedback and Reward
Management theorists and psychologists describe how important it is for people to achieve and for others to recognise their achievements. There may be opportunities to celebrate these at routine team meetings, to tell others about the achievements through the organisation's internal communication system, or at one-off events. Recognising and rewarding success not only motivates those already involved in the practice development initiative, but it also acts a marketing device for those who remain sceptical.
Nurse/Midwife Scope of Practice Decision-Making Framework

CONSIDER THE NURSING/MIDWIFERY ROLE/FUNCTION

Is there any legislation, national or local guidelines prohibiting this role/function?

STOP

Will the practice maintain the best interests of the patients/client and promote and maintain best quality health services for the population?

YES

STOP

NO

Does this role/function fit with the definitions and the values that underpin nursing/midwifery?

YES

STOP

NO

Is there any legislation, national or local guidelines/policies relating to this role/function?

YES

STOP

NO

Do local policies/guidelines/protocols or supports need to be put in place?

YES

STOP

NO

Do you have the necessary competence to perform this role/function?

YES

STOP

NO

Are you willing to accept accountability for this role/function?

YES

STOP

NO

Proceed with role/function in accordance with local policies/guidelines.

STOP

UNSURE

Discuss with your manager/An Bord Altranais (ABA)
APPENDIX 7

Values Clarification Exercise (Adapted from Manley, 1992)

The purpose of a Values Clarification Exercise is to assist in developing a shared vision. The belief/value questions the team examined were as follows

- I believe my purpose as a nurse is
- I believe I can achieve this purpose by
- I believe nurses are valued by
- I can help to become more effective by
- I believe I can help other nurses become more effective by
- Other values and beliefs I hold about patient care

This is the values clarification exercise this Practice Development Team used during the early stages of the development of this strategy.
APPENDIX 8
Evaluation Approaches

i. Action Research
A systematic investigation that aims to contribute to knowledge as well as solve a practical problem. Action research is problem focused, context specific, participative, involves change and intervention geared to improvement. Nurse researchers (East & Robinson, 1993) recognise the advantages of using action research as part of a ‘bottom up’ approach to managing change, which may bring together the interests of general managers and nurses in a more positive way.

ii. Emancipatory Action Research (EAR):
EAR is one approach to action research and is associated with sustainable change by enabling the practitioner develop ownership of their own practice through becoming aware of the way they practice, the context influencing it, developing their own self knowledge, and acting on it (Grundy, 1982). The EAR process integrates evaluation through a “spiral of interrelated cycles involving planning, acting, observing and reflecting which are systematically and self critically implemented” (Grundy and Kemmins, 1981).

Evaluation during this continuous cycle of the practitioner’s actions, reflections on these actions, the consequences of those actions and the change made to practice needs to be transparent. This can be achieved through systematic documentation of each decision made and analysis of the data arising from each step of the practice development initiative.

EAR evaluation will involve those responsible for practice in each moment of the activity, widening participation as the project involves or affects others and maintaining collaborative control over the process.

iii. Fourth Generation Evaluation:
This is another approach suitable for evaluation in a practice development initiative. Similar to action research however education and empowerment are portrayed as consequences or benefits of stakeholder involvement rather than primary intention. Fourth generation evaluation involves a series of steps, which include the following:

1. Classify stakeholders using the headings: agents i.e. producers, users and implementers of the initiative being evaluated.
2. beneficiaries i.e. those who ‘profit’ from using the initiative and victims i.e. those negatively affected by the use of the initiative or its failure.

Identify stakeholders using the headings in step one, stakeholder contributions are defined as their ‘claims, concerns and issues’.

A claim is any favourable assertion about the initiative and its implementation.

A concern is any unfavourable assertion about the initiative and its implementation.

An issue is a question which reflects what any ‘reasonable person’ might be asking about the initiative and its implementation i.e. the concerns translated into questions.

3. These claims, concerns and issues can then be shared with other stakeholder groups enabling mutual understanding and agreement on the focus of the evaluation. Realism as to the extent of this process is required at this stage.

4. Develop evaluation questions based on the information learned in step three.

5. Agree/decide what skills/resources are needed to undertake the evaluation.

6. Identify if these skills/resources are readily available.

7. Identify what data is to be collected.

8. Identify the ethical implications, if any, of the evaluation approach.

iv. Realistic Evaluation
Pawson and Tilley (1997) developed the methodology of ‘realistic evaluation’.

Realistic evaluation tries to outline the relationship between mechanisms, the context within which the mechanisms exist and the resulting outcomes from the functioning of the mechanisms in a given context, i.e. the M,C,O relationship. The focus is on the way that participants see events and not those of the evaluator/researcher. Prolonged periods of data collection (observation and questioning) enables the evaluator to establish the concerns, claims and issues of all stakeholders and through a process of shared decision making arises at a shared reality.
Appendix 9
Practice Development Team Membership

HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford,)

MIRIAM BELL, CO-CHAIR
A/Course Leader,
Graduate Diploma in Nursing (Specialist Strands)
Waterford Regional Hospital, Waterford

EITHNA COEN, CO-CHAIR
Professional Development Officer for Midwifery,
Nursing and Midwifery Planning and Development Unit (SE)
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PATRICIA MCQUILLAN, SECRETARY
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