

Transition to the School Nursing Service

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Introduction

Strong leadership and management are key to the success of the NHS and integrated working is an important aspect of the school nursing service. You will be involved in a number of different ways: as a member of a team; managing yourself, perhaps leading a team, managing individuals and groups of children young people and supporting health promotion activities. We have seen in previous chapters that you will be working with others to safeguard children and young people and also working with different agencies to support children, young people and their families with additional health and social needs. Good health and social outcomes for all children, young people and young adults cannot be achieved unless all agencies work together effectively. This means thinking about where this works well and what barriers there may be to effective working.

The aim of this Chapter is to explore how teams work together and what your role is within those teams it will:

- Explore the benefits of working as a team member
- Recognise the importance of working with other professionals in the community
- Understand the need for the right staff, with the right skills in the right place at the right time



Discussion point: You may belong to a number of different teams in your personal life as well as your professional one. Are they successful teams? What makes them successful and what qualities or skills do you bring to them?

Exercise:

What makes a good team?	Reflect on these in relation to the school nurse team that you are working in
Having a clear goal, aim and direction	
Appropriate leadership	
Recognising and utilising the relevant skills within the team	
Developing mutual trust and respect between members of the team	
A unified commitment	
Good communication	
Flexibility	
Having a supportive climate	
Any others?	

‘Without a written record of events there is no evidence to support a decision made.’

Team roles

Your role within any professional team will vary depending on the model of school nursing practice that is in your area. Developing an awareness of your qualities as a team member is important as well as thinking about the other members of your team or teams. It will also help you to think about what leadership skills you have and where they are appropriately applied. It is argued that for a team to be successful, you will need a mix of people: those who create the ideas, those who move things forward, those who organise and co-ordinate work and those who get on and do the work. Belbin’s team role theory is perhaps the most famous and you can have a look at the chart to see if you can identify yourself and others within your team.

You can also explore this further on the following website: www.belbin.com










- School Nurse/community staff nurses/nursery nurses/health care assistant
- Social Worker
- Speech and Language Therapist
- TaMHS worker Targeted mental health in schools
- Teachers/learning support workers/SENCO’s/classroom assistants

Can you look at the team that you are working with and identify who you collaborate with on a regular basis?

What impact does this collaboration have on you as part of the team?

Spend a few moments to think of the various ways that you collaborate/communicate with others in the workplace:

- Verbal communication
- Telephone
- Written records
- Emails
- Texts
- Letters
- Agile (flexible) working

			Team Role Contribution	Allowable Weakness
Thinking	Plant	PL 	<i>Creative, Original, Unorthodox Solves difficult problems</i>	<i>Absent-minded Ignores details</i>
	Monitor Evaluator	ME 	<i>Objective, Strategic, Discerning Judges all options</i>	<i>Uninspiring, Critical</i>
	Specialist	SP 	<i>Deep Knowledge, Single-minded, Self-starting</i>	<i>Limited contribution</i>
Action	Shaper	SH 	<i>Hard Driving, Influencer, Dynamic Challenges, Puts on the Pressure</i>	<i>Abrasive, Insensitive Easily provoked</i>
	Implementer	IMP 	<i>Organizing, Disciplined, Reliable Turns ideas into practical actions</i>	<i>Inflexible Reluctant to change</i>
	Completer Finisher	CF 	<i>Meticulous, Conscientious, On time Searches out errors and omissions</i>	<i>Worrier, Nit-Picks Reluctant to delegate</i>
People	Team Worker	TW 	<i>Diplomatic, Cooperative, Perceptive Listens, Averts friction</i>	<i>Indecisive</i>
	Resource Investigator	RI 	<i>Outgoing, Enthusiastic, Networker Recognizes Opportunities</i>	<i>Over-optimistic Easily Bored</i>
	Coordinator	CO 	<i>Motivator, Orchestrator, Facilitator Clarifies goals & decision-making.</i>	<i>Manipulative Over-delegates</i>

New technology has also opened up new ways of communicating both with colleagues and others, for example ‘social media’. Here is the NMC’s guidance for nurses on social media:

Use of digital technology guidance for nursing staff working with children and young people www.rcn.org.uk/__data/assets/pdf_file/0008/586988/004_534_web.pdf

Sharing information


Working within the School Nurse Team and the collaborations that you have identified will require good sharing of appropriate information across disciplines and different agencies. You will need to have a look at the local policies and procedures about what information is shared and with whom. Accurate record keeping and documentation is important in professional practice and is a means of communicating with all those involved in the welfare of children or young people being seen by the school nurse. Once something is written down, it is a permanent account of what has happened and also what has been said. Remember, if it is not written down there is a sense that somehow ‘it didn’t happen’. Without a written record of events there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It



Exercise: How does it feel to be a member of your team? Do you feel valued? Apart from your team who else do you collaborate with to benefit the children, young people and families that you work with?

Here are some of the professionals that you may work with:

- Clinical Psychologist
- Dietician
- Educational Psychologist
- General Practitioners
- Health and Wellbeing Manager in school
- Health Visitors
- Other community nurses such as Learning Disability Nurses or Community Children’s Nurses.



is therefore crucial that accurate consistent and contemporaneous records are kept at all times. Ensure you are familiar with records that may be kept on a child or young person and where those records are stored. The Guidelines for Records and Record Keeping (NMC, 2009 p2), state clearly that:

'The quality of your record keeping is also a reflection of the standard of your professional practice. Good record keeping is a mark of the skilled and safe practitioner, whilst careless or incomplete record keeping often highlights wider problems with the individual's practice.'

The above statement makes it clear that professionally, nurses are accountable for keeping accurate and consistent records. When it comes to making good quality records they should be:

- Clear and accurate
- Factual, consistent, and relevant
- Comprehensive and useful
- Contemporaneous (made at the time).

The other element of accurate record keeping relates closely to investigations and serious untoward incidents (SUI) (DH, 2006b). The principle definition of an SUI is:

'.. something out of the ordinary or unexpected, with the potential to cause serious harm, that is likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service. SUIs are not exclusively clinical issues, for example, an electrical failure may have consequences that make it an SUI.' (NHS, 2009).

There is also the issue of 'never events' which are inexcusable actions in a health care setting. More information can be found at: www.idsc-uk.co.uk/docs-2012/never-events-policy-framework-update-to-policy.pdf

This reinforces the importance of accurate record keeping by all health professionals.

Case scenario - Jennifer

Jennifer is a 14 year old girl who has spoken to you as she is worried about her mother (Joyce). Her mother has been falling over a lot at home and has also had difficulty holding onto objects. She dropped a saucepan of boiling water yesterday but fortunately no one was injured. Jennifer lives with her mother and 10 year old brother James. Jennifer is frightened that if they involve the doctor he might put mum in hospital and she and her brother might be taken into care.

- What would you envisage your role to be in this situation?
- What immediate action would you take?
- Who will need to be involved in this case?
- What areas of care can be provided by other members of the multi-disciplinary team?
- Is there the potential for overlap of services?
- What can be done to prevent this happening?
- How could Jennifer's concerns be dealt with?

'The NHS continues to evolve and change and this can cause conflict within teams and between professionals.'

Possible action

- Jennifer to be informed that her mother's welfare is of great importance
- The GP to be contacted
- Are there any other relatives that could support the family in the short term
- Identify who the key coordinator would be
- The welfare of Jennifer and James to be high priority

Barriers to multi-disciplinary working

Working together in a seamless way is the most effective way of providing effective services. However, there may be barriers to this, particularly when working across different professional boundaries. In the above scenario, health, education and social care will need to co-operate to ensure that Jennifer, James and their mother are safe and supported. Communication can be a barrier to this, as well as clear understanding of each other's roles in the process.

There may be other barriers such as:

- **Separate or different paperwork within the different agencies** - One set of documentation is helpful using a 'key worker' or 'lead professional' model. This means identifying the right lead person to co-ordinate the process. This will avoid overlapping of roles and duplication of services.

- **Language/terminology differences between professionals** - the use of acronyms can also cause confusion here.

- **Reluctance to share information** - this might be a lack of understanding about the principles of confidentiality, for example the GP might be worried about sharing information about Joyce. This may be related to poor information sharing protocols.

- **Poor working relationships** - there might be a historical problem where communication has broken down between professionals which has not been resolved

- **Lack of awareness**, appreciation or trust of the roles and responsibilities of others

- **Limited time and resources**, increased workloads or constant re-organisation

- **Lack of appropriately trained staff**



Reflection point: Consider these barriers and think about any examples of this in your work or are there good examples of collaboration that you can identify.

Managing change within teams

The NHS continues to evolve and change and this can cause conflict within teams and between professionals. There is frequent re-structuring of services and employing organisations and you may experience frustrations yourself about this or you may see that frustration in others. Often, the resistance to change relates to poor communication strategies and you may need to be aware of this if you progress in the school nursing profession, as you may be leading changes.

An example of where you might become involved is if there is a change to a local protocol/procedure or guideline. Most areas will have consultations or committees that look at updating documents and it is a useful group to become involved in if you can. There are also local applications of broader political drivers that you could be involved in such as developing school nurse pathways of care: epilepsy, diabetes or asthma for example. Find out from your mentor what there is locally. You will then experience how changes are implemented and consider communication strategies.

These are some considerations that you may want to think about if you are experiencing or implementing change in your environment.

- Why are there good reasons for the change that you can see?
- Who is involved and needs to be consulted about the change?
- How will the change affect the workforce and what/who are the anticipated challenges/limitations and restrictions?
- How soon is the change likely to happen?
- What will the communication strategy be?
- Who will lead the change?
- How will the change be implemented?
- Will there be a pilot phase?
- How will the change be evaluated?



Reflection trigger point – what would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching



session. We are aware that the solutions to these triggers may vary from Trust to Trust/Local Authority according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

Reflection

- You are working with another school nurse who always seems to be offloading her work onto you, saying she is too busy and she doesn't really know how to deal with some of the issues that have arisen. What would you do?
- You are working with a colleague who communicates with the children on face book and offers to see them informally to discuss any problems they may have. She seems to get very heavily involved with the children and young people that she cares for and does not appear to appreciate any professional boundaries. What would you do?
- A parent has spoken to you about some anger issues that his son Peter is having. He asks you to keep this confidential and let him know if you hear of any problems at school. What action would you take?

Consider you are a staff nurse new to working in the school nursing team and you notice one of the team is not documenting the records as she is seeing children in a clinic

- Would you question her?
- Would you inform your mentor?
- Would you take no action because you think she might write the notes up later?

Possible action

- You could challenge your colleague
- You could say that you are new to the school nursing team and part of your role is to work with your mentor, so you must inform your mentor of what you have been witnessing
- You could ignore the situation

Think of the impact your decision will have on the children being seen in the clinic. Have you collaborated effectively with the correct person in the team? Have you compromised the children's care on any of the above statements?



Chapter Summary

This chapter has looked at the importance of team work and collaborative ways of working within a multi-disciplinary team. It stresses that all members of the multi-disciplinary team have a responsibility and all members of the team should be invited to participate in discussions regarding the children they see.

If a multi-disciplinary team is going to be effective there must be respect across all of the disciplines which will foster a positive environment. The overall aim of collaboration is to encourage health professionals to work together in the most effective and efficient way to produce the best health outcomes for children, young people and their families. This chapter has also highlighted the importance of accurate record keeping;

‘There might be no ‘right or wrong’ answers to how certain situations might be tackled.’

verbal statements unsupported by documentary evidence carry less weight in a court of law.

References

Nursing & Midwifery Council, (2009), Record Keeping: Guidance for nurses and midwives, NMC, London

Web-links

- www.nmc.uk.org
- www.gov.uk
- www.comfirst.org.uk
- www.charity-commission.gov.uk
- www.eicp.ca/en
- www.cochrane.org
- www.eoecph.nhs.uk
- www.england.nhs.uk
- <http://www.idsc-uk.co.uk/docs-2012/never-events-policy-framework-update-to-policy.pdf>
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