BRIDGING THE GAP

BETWEEN CLINICAL NURSE SPECIALISTS (CNSs) AND OPHTHALMOLOGY TRAINEES

DR. KYLE WILSON & MS. HIBBA QUHILL, DEPT. of OPHTH, SHEFFIELD TEACHING HOSPITALS

NHS Sheffield Teaching Hospitals NHS Foundation Trust

BACKGROUND

ROOT Clinical incident causing significant delay to patient care in a sub-specialist area of practice

CAUSE New doctor unaware of CNS teams and how to access them for help with complex patients

ANALYSIS No readily available information about CNS teams on shared drive or in induction

METHODS

1. Trainees invited to survey
2. Results of survey collated
3. CNS Directory created and disseminated
4. Trainees resurveyed
5. Results collated and compared



THE SURVEY & THE DIRECTORY

Q1: What grade of trainee are you?
Q2: Are you aware that there are CNS teams that can help you manage patient?

SUBJECTIVE ASSESSMENT (5-point scale)
Q3: How confident are you that you know how to contact the CNS teams?
Q4: How confident are you that you know where to find the CNS teams?

OBJECTIVE ASSESSMENT (6-point mini-quiz)
Q5: Which of the following are anterior segment CNSs
(select three)?
Q6: Which number should you use to contact the VR nurses?
Q7: Where would you go to find a uveitis CNS?
Q8: Which specialties are unavailable on Friday afternoon?

Q9: Do you think it would be useful to be introduced to the CNS teams as part of induction?
Q10: Do you think it would be useful for this information to be available in the ophthalmology shared drive?

MAKING THE DIRECTORY:

1. Face-to-face discussion with each subspecialty
2. Explanation of their role and what they can help with
3. Location, contact numbers and working hours for each team member
4. Cheat sheet with quick access information: name, specialty, location, contact number, working hours (see below)

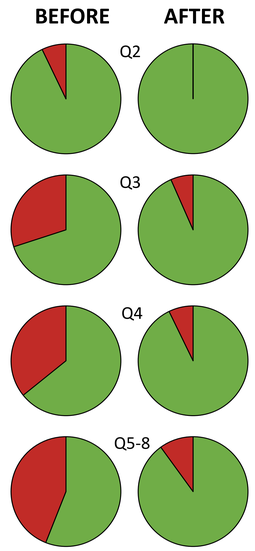
Clinical Nurse Specialists

Name	Specialty	Location	Contact No.	Email		Availability				
						Mon	Tue	Wed	Thu	Fri
JC	Ant. Segment	Surgical Assessment Suite A121	13828 #2224	JC@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
CR	Ant. Segment	Surgical Assessment Suite	#2224	CR@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
VK	Ant. Segment	Surgical Assessment Suite Sheffield Vision Centre	#2224	VK@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✗	✓
RJ	Oncology	Oncology Office, I1	12379 #2026	RJ@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
TF	Oncology	Oncology Office, I1	11962 #2736	TF@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
HW	Orbital	Oncology Office, I1	11660 #7053	HW@nhs.net	AM	✓	✓	✓	✓	✗
					PM	✓	✓	✓	✓	✓
SC	Uveitis	Ophthalmology OPD	12947 #2646	SC@nhs.net	AM	✓	✓	✓	✓	✗
					PM	✓	✓	✓	✓	✓
BH	Uveitis	Ophthalmology OPD	12947 #2646	BH@nhs.net	AM	✓	✓	✓	✓	✗
					PM	✓	✓	✓	✓	✓
SF	VR	Surgical Assessment Suite	#2609	SF@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
JC2	VR	Surgical Assessment Suite	#2609	JC2@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
AB	VR	Surgical Assessment Suite	#2609	AB@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓
LT	VR	Surgical Assessment Suite	#2609	LT@nhs.net	AM	✓	✓	✓	✓	✓
					PM	✓	✓	✓	✓	✓

RESULTS

Following the intervention:

1. All trainees were aware of CNS teams
2. Subjective assessment of confidence improved for both contacting (3.5/5 → 4.7/5) and finding (3.2/5 → 4.6/5) CNSs
3. The average score during objective testing improved from 56% to 90%.
4. All trainees thought the CNS Directory should be made available and CNS introductions should be part of induction



CONCLUSIONS

A 'CNS Directory' is a **simple and effective tool** which provides trainees with the information needed **to access** support from **experts in specialist areas** of ophthalmic practice.

Improved channels of communication between trainees and CNSs are likely to **positively impact patient care**.