

Case Study – Cardiac Nurse Practitioner role profiles and development plans

Broomfield Hospital, Chelmsford



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Cardiac nurse practitioners at Broomfield Hospital used the CHD Competence Framework to review roles and responsibilities within the nursing team and to develop competence-based job descriptions. In turn, this led to the drafting of personal development plans which were used as part of the appraisal process.

The situation

Broomfield Hospital is a large district general hospital situated in Chelmsford, Mid-Essex. The hospital has a seven-bed coronary care unit, with a 20-bed cardiac step-down ward. A new cardiac centre was opened in 2003 where a wide range of procedures are carried out including angiography, pacing and cardioversions. The cardiac centre also houses all cardiology clinics and testing such as Echo, ECG, pacemaker checks and lung function tests.

A cardiac rehabilitation team specialises in Phases 1 to 3 of rehabilitation (with some input into Phase 4 rehabilitation) including a specialist revascularisation sister who visits patients at home after surgery. There are 1.8 full time equivalent thrombolysis nurses dealing with all AMIs that enter the Trust. The PCT has just appointed a specialist heart failure nurse.

The aims

The aim was to use the competences for drafting job descriptions and person specifications, and to re-design roles and patient pathways. It was also hoped to use the competences to appraise and develop the performance of individual practitioners and to demonstrate the delivery of services to quality standards..

The action

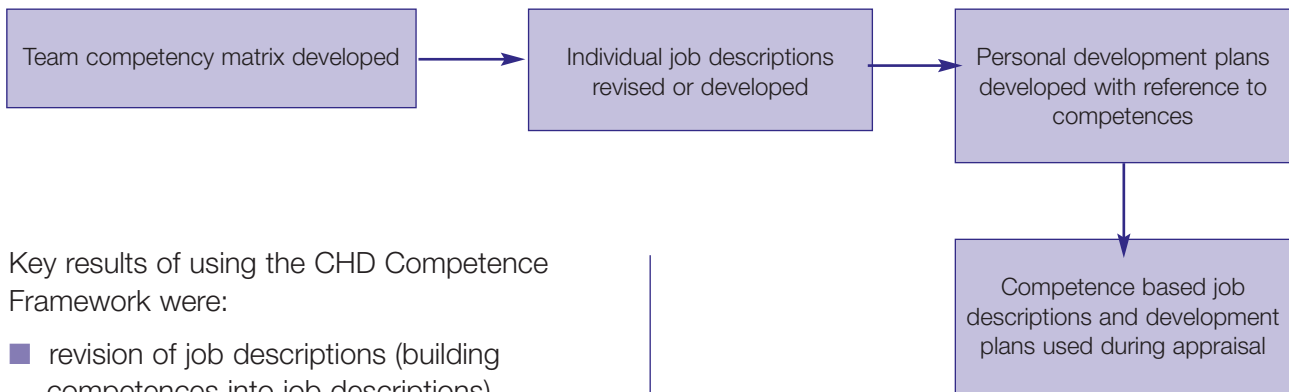
Angela Richardson (cardiac nurse practitioner) and Julie Harris (catheter lab sister) worked together to look at each of the competences and allocate them to one of three categories for the each of the roles in the nursing team:

- red - not expected to do
- yellow - expected to do with supervision
- green - expected to do.

This was presented on a matrix of the different nursing grades.

Angela, together with her peer, Fiona Robinson, rewrote the job description for the cardiac nurse practitioners using the competences in line with the requirements of Agenda for Change. Angela then looked at CHD competences in her job description and used them to develop her own personal development plan.

The results



Key results of using the CHD Competence Framework were:

- revision of job descriptions (building competences into job descriptions)
- identifying development needs of staff members (e.g. if a thrombolysis nurse wanted to be a heart failure nurse, he/she could use the competences to plan the development activities required for this role)
- supporting the appraisal process.

Angela Richardson reported *'I was able to look at my own personal development needs. This was drafted into my personal development plan which was agreed by my Line Manager at my appraisal.'*

I have also been given the time out to spend in specialist areas of cardiology no longer in my remit to improve and update my knowledge.'

The future

In the future, it is intended to continue using the CHD Competence Framework to

- re-design roles
- develop job descriptions
- support staff development and appraisal.

Contact details

For further information on this case study, please contact:

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