



## **Foreword**

### By Theresa Fyffe, RCN Scotland Director

n a visit to a local hospital in Edinburgh in 2015, I met a number of nurses and health care support staff working with older people. I was bowled over by their enthusiasm and their passion - as well as their skill and expertise caring for their patients. But equally, I was saddened by their descriptions of how their role is sometimes perceived by other health care professionals (including some nurses) and members of the public: 'menial' work and 'unable to get a "better" job' are words they hear too often about their role, nursing and caring for older people.

Yet the reality could not be more different. I know the expertise, technical knowledge and compassion nurses need today to care for patients, whatever their age or illness. And I know the huge difference nurses can make to patients. What I saw that day, however, reaffirmed all that and more – the dedication and the satisfaction each of the nurses I met gain from what they do each day was very obvious. Yes, there are difficulties, and yes, there are times when it's very challenging, but all of the nursing staff I met that day see nursing older people as one of the most rewarding careers they could have.

These stories from nursing staff across Scotland working with older people have come about as a result of that meeting in Edinburgh. I hope you are as inspired by their stories as I am. Our aim is to showcase – using nurses' own words – what is involved in nursing older people and the skills, experience and dedication required. We also want to debunk the myths, counter the negative perceptions and show that nursing older people is a positive and fulfilling career choice, with many opportunities. Our stories are varied and come from those working in hospitals and out in the community, at all levels. But whatever their job is in nursing older people, there is a common thread running through all their stories: a passion for what they do, an unswerving commitment to their patients and a dedication to making a difference for older people.

I hope you enjoy reading their stories.

Theresa Fyffe, RCN Scotland Director





he stories you will read here give a voice to the nurses and health care support workers (HCSWs) working in older people's care in the NHS and in the independent and voluntary sectors. Their compassion, passion and dedication is more than matched by the level of their knowledge, skills and commitment. From their stories, it's clear that all of them find working with older people an extremely rewarding and satisfying career and have made a positive choice to work in the specialty. But often, they are demoralised by others' negative perceptions of their role. And it's long overdue that their voices are heard at a time when negative stories about older people's care and nursing are common currency.

We all know that our health and social care services are facing significant pressures. Stories abound in the news and on social media about increased demand on services from our growing population of older people, many of whom are living longer and often with multiple

and complex health conditions; about older people being moved from bed to bed in hospital and not being cared for or treated on the right ward; and about older people being stuck in hospital, not being able to be discharged because of a lack of social care or support out in the community, and so taking up desperatelyneeded beds. Staff are feeling the pressure, too, with many saying they are just too busy to provide the level of care they would like to in our hospitals (RCN Employment Survey for Scotland 2013) and not enough nurses and social care staff and resources out in the community to care for or treat older people at home.

All these pressures are likely to continue to increase in the future as the older population increases. By 2039 the number of people over 75 is projected to expand by 84% and the number of people who have dementia is expected to double over the next 25 years.

These facts paint a challenging picture and yet, despite all the negative stories about staff shortages, delays and missed "Day in, day out, nurses and HCSWs are working together with their medical and other health and social care colleagues across Scotland, getting it right for our older people"

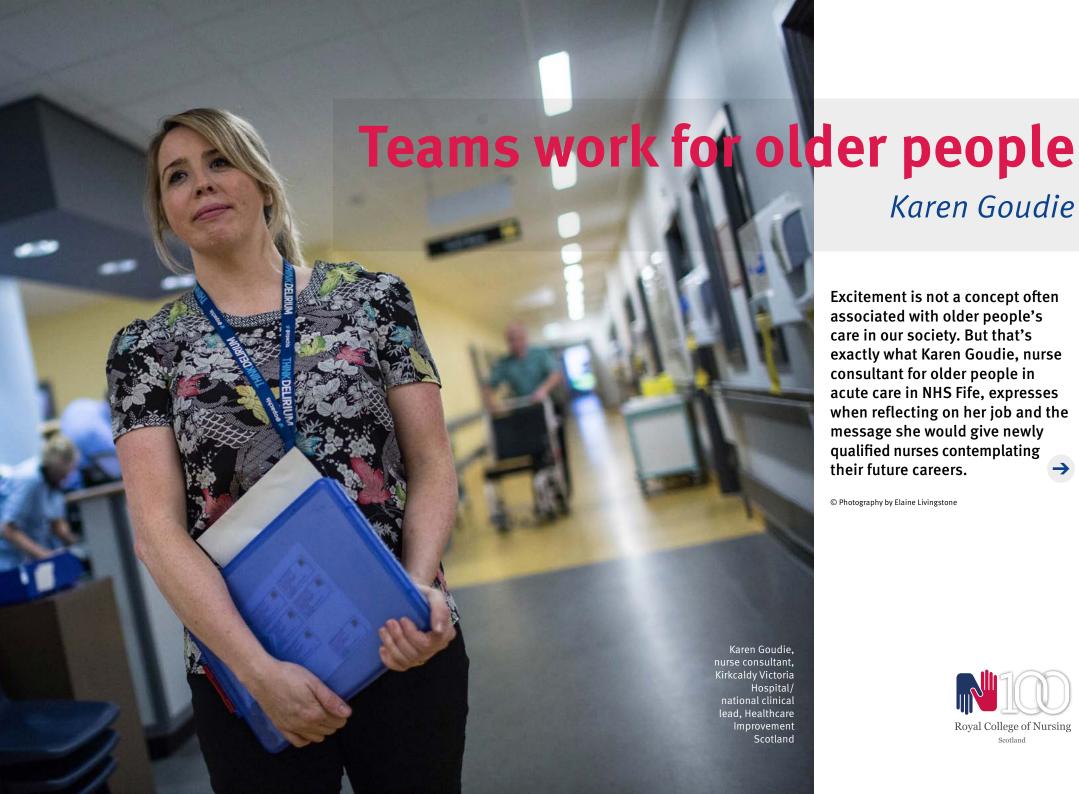
targets, day in, day out, nurses and HCSWs are working together with their medical and other health and social care colleagues in hospitals and out in our communities across Scotland, getting it right for our older people. These eight case studies are testament to that fact.

The defining question facing all our health and care providers is how to deliver the services Scotland's population needs at a time when the money available is just not keeping pace with the increasing demand for services.

If we are to deliver safe, high-quality and effective care for everyone into the future, whatever their age or situation, we need a whole system approach and a genuine public debate on the current pressures on the health service and the options available to put the NHS on a more sustainable footing.

These case studies provide hope for the future that, with the right staff, in the right place, with the right knowledge and skills, passion and compassion, older people and the public can have confidence in the care being provided. There is no discussion of the complex wider policy context surrounding older people's care. This is a deliberate choice. These are the personal reflections of individuals about their careers, as sometimes it's the stories we read about individuals that create the longest-lasting impression.

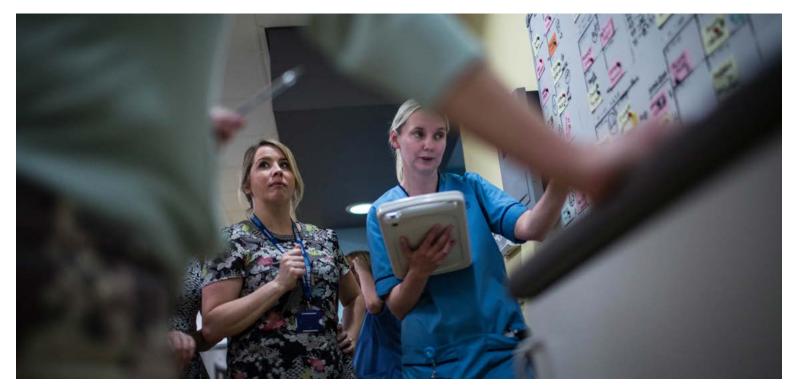




Karen Goudie

Excitement is not a concept often associated with older people's care in our society. But that's exactly what Karen Goudie, nurse consultant for older people in acute care in NHS Fife, expresses when reflecting on her job and the message she would give newly qualified nurses contemplating their future careers.





what's happening with their family. You have to take into account their cognition, their capacity, their nutrition, their mobility, thinking about how all of that interconnects. I won't lie, it can be tough at times, but I find it intellectually challenging as well as rewarding."

It therefore takes a certain kind of person equipped with certain skills to become a nurse in older people's care. "You have to be fairly resilient, and not afraid to stand up for your profession and the specialty," says Karen. "You need to be confident about what you're doing which, to a certain extent, comes with experience, and also be passionate about the subject. Finally, you have to be curious, willing to develop yourself and invest in your career, and be confident that you can do that."

During her career Karen's come to realise the importance of all of these



uffice it to say, Karen's something of an advocate for her specialty. "Newly qualified nurses shouldn't listen to the idea that older people's nursing is a specialty in which there's no hope and no real excitement around the work they're doing," she says. "The opposite is true."

The best way to realise this, Karen believes, is to experience the specialty first-hand – to actually see what nurses do, and how rewarding it can be. "The fact is, you can be the person who actually makes the difference so that someone gets back into their own house. You can be the person who ensures the acute confusion and delirium that a patient

has, is resolved, and not just written off as dementia. You can really change the trajectory of somebody's life. And that's the most rewarding thing."

Few careers come with such rewards, but also such responsibility. Karen would know: her own career spanned medical intensive and coronary care before she became a liaison cardiac nurse, and then an advanced nurse practitioner in a Hospital at Night and acute care team working with older patients, the majority of whom had complex needs.

But this is what attracts her to the role. "When you meet an older person you're not just looking after a medical condition," she says. "You're thinking about their social circumstances and

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factors, but also the value of good mentorship. "I've worked with some fantastic nurses I've looked up to and aspired to be like," she says. Like many nurses, habits – both good and bad – can be ingrained early on. Her experience in the medical intensive and coronary care unit proved pivotal. "It was there I learned that good nursing care should be enhanced with specialist nursing expertise, an ability to assess your patient fully while carrying out fundamental care," she explains. "It's not that fundamental nursing care isn't important, because it is – but it's learning what you need to look for at the same time that you're providing that fundamental nursing care."

As well as her role at the Victoria Hospital, Karen is a national clinical lead, Improving Care for Older People in Acute Care for Healthcare Improvement Scotland (HIS). This involves working on the HIS improvement programme and working with the HIS inspection teams which monitor how older people are being cared for in hospitals. She's helping to shape how services for older people are improved.

"The programme's been running for three and a half years," she says, "and we've had a great deal of success in raising awareness of topics such as delirium and frailty. We've also been able to really promote comprehensive geriatric assessment for an older person coming into hospital, rather than just being seen as the person who has fallen or is confused. Older people can be found in nearly every specialty. Caring for them is so much a part of our core business, and that's where I believe a lot of investment needs to be made."





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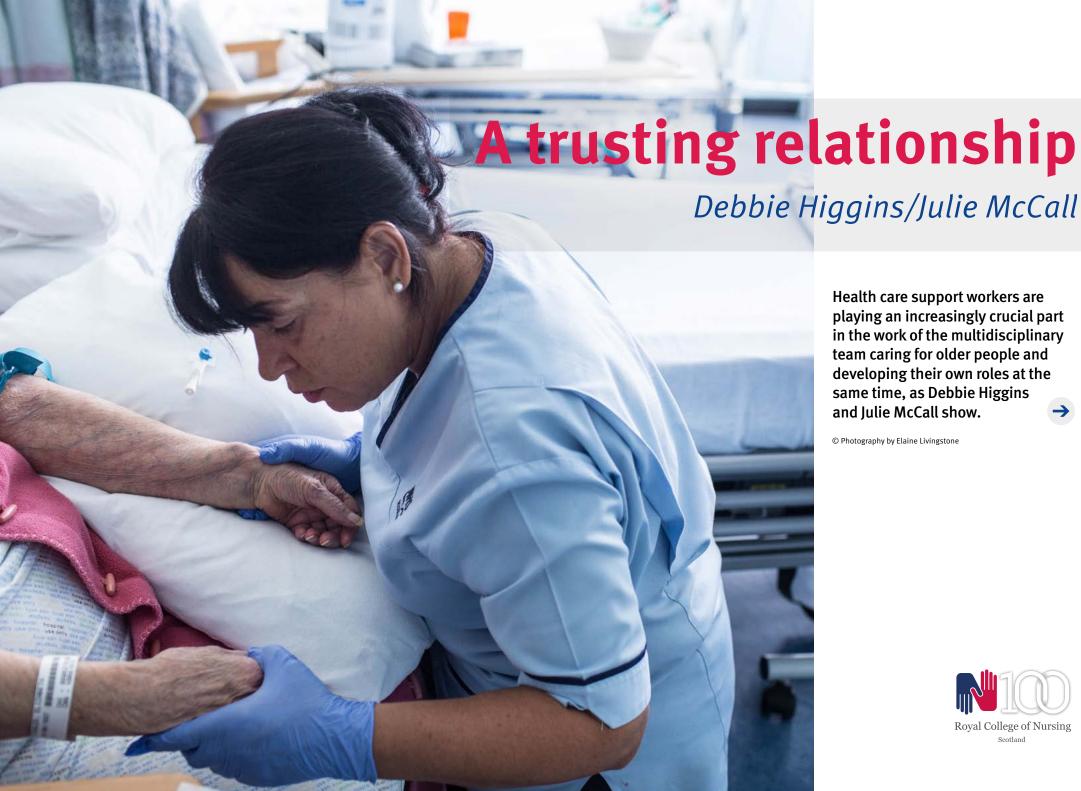
One of the challenges is to improve services for older people now, as well as prepare for the increased demand for services that a burgeoning older population is inevitably bringing. "I think we're in the early days of the process but we are beginning to get there," says Karen. "We're trying to become more efficient at dealing with the complex needs – such as diabetes, heart disease and a diagnosis of dementia – that an older patient may have. And we need to do that throughout the system in the community and in hospital."

The acute admissions unit on which Karen is based receives patients from a wide range of routes, including the hospital's A&E department and from local GPs. What the unit's team offer is expert and speedy assessment and care planning. Communication is a vital aspect of the process, so the team has a daily 'huddle' each morning, which brings together ANPs, elderly care assessment nurses, nurses from the medicine of the elderly ward, a pharmacist, a social worker, someone from the discharge team and a member of the medical team. "This means that by 11 am we usually have a plan for our patients", says Karen.

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And when the team achieves the best results, the communal sense of satisfaction is considerable. "On a Friday afternoon, helping someone to get home is one of the most satisfying aspects of the job," she says. "Sometimes it's no mean feat to achieve that. It's not just about getting a discharge and prescription done, or the ambulance coming on time. It's really about making sure that that person is safe, and that I've done what is important for them and their family. You can't bottle that feeling, and I think I speak for the entire team when I say that. We get excited when we get someone home."





Health care support workers are playing an increasingly crucial part in the work of the multidisciplinary team caring for older people and developing their own roles at the same time, as Debbie Higgins and Julie McCall show.



ebbie Higgins works from a small office in Kirkcaldy's Victoria Hospital. Although it may be an unassuming setting, her work is anything but. She's based on ward 12, a medical ward within the hospital for patients with dementia. Many of them are elderly and require considerable care around the clock. Debbie is well accustomed to their needs, though. She began her career working in domestic services with older people and has never ventured from the specialty.

Now, as a health care support worker, she is responsible for providing assistance to the ward's staff on a daily basis. She supports doctors, charge nurses, nurses, occupational therapists, physiotherapists and the discharge hub team by picking up an array of routine but critical tasks: performing cannulisation, taking bloods and catheterisations, bladder scanning and performing ECGs, among others.

Needless to say, Debbie's role is an especially skilled one and one that is constantly expanding. "When I first started I mainly carried out fundamental nursing

care, but over time my role expanded to include venepuncture and measuring and recording patients' temperatures, pulses and respirations," says Debbie. And having attained Scottish Vocational Qualifications (SVQs), health care support workers like Debbie are taking on ever more responsibilities in their roles.

"There is a hospital training programme run by the Learning and Development team and supervised by nurses on the ward," says Debbie. "You learn new skills on the basis of supervised practice until you feel confident and are deemed competent; then you can do it on your own."

But being able to care for older patients is a call of duty that goes beyond the practical for Debbie. "I think I feel more comfortable with older people," she admits. "I'm better able to connect with them than with younger patients." In her work, this is perhaps Debbie's greatest asset. Just as the practical skills she learns are always developed with the patient and the team in mind, so too she is committed to ensuring her patients are looked after to the best of her and the team's ability. And for this she needs to be able to make that connection.

There's no doubt it's a challenging role, but Debbie relishes the fact. "You absolutely need to have a strong backbone because there can be a lot of demands on you from many people in the ward, so it helps that I'm quite an independent person. But you also need that one person at the top who is the leader, who sets the tone and the standards, and that's the senior charge nurse. She helps us to develop in our own roles, so I can make



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DEBBIE HIGGINS







suggestions to her, talk it through with her and agree what we're going to do."

It's this kind of environment that fosters success for both patients and staff. Two floors up from ward 12, health care support worker Julie McCall knows all about the kind of environment that fosters success. She works on a medicine for the elderly unit, coordinating discharge planning for patients ready to leave, and she's been inspired by Debbie's experience.

"She really understands what my role involves, so if I have any problems I can speak to her," says Julie. "It's great to know that there's somebody else around who understands what you need if you're facing a complicated discharge and you just need some guidance."

Plans to get someone out of hospital and back into the community are not as simple as ordering medicines and booking an ambulance: it involves a great deal of preparation. "I need to keep patients and families up to date with plans and liaise with the discharge hub and the staff who have been involved with the patient's care," says Julie. "After all, the most important aspect of discharge

planning is trying to stop people bouncing straight back into hospital."

Julie's real passion is caring for people with dementia. "I've had a lot of experience looking after people with dementia, including my own father," she explains. "You really want to make people's lives as settled as possible because it can be scary coming into hospital when you're older and not certain about what is happening to you."

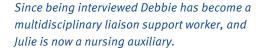
Julie's been given a lot of responsibility in her role which has built her skills and her confidence. Where previously she wouldn't need to maintain regular contact with doctors and other multidisciplinary staff, now they come to her for updates on the discharge plan.

To further her passion in the field, Julie's also been given further training at the hospital to augment her skills and experience. Like Debbie, she knows that caring for older patients takes more than practical ability, so by completing the best practice dementia learning units available to staff, Julie's really developed her communication and interpersonal skills. "These can make such a big difference when trying to build

that vital relationship with a patient and their family," she says, "and we can hit problems if there's not that bond between you, the patient and the family."

Ultimately for both Debbie and Julie, communication and trust are the cornerstones of success in their roles. "I'd like to think that relatives feel like the care we're giving is excellent because it's founded on trust, on that relationship between us all," says Julie.

"It's so rewarding when you think there might be problems that prevent a patient getting home but you get the chance to sit down and talk through everything with the patient and the family, discuss solutions and find a way to resolve the problem," says Debbie. "It's a simple thing, but at the end of the day you can say, 'Well, I've done a good thing today."

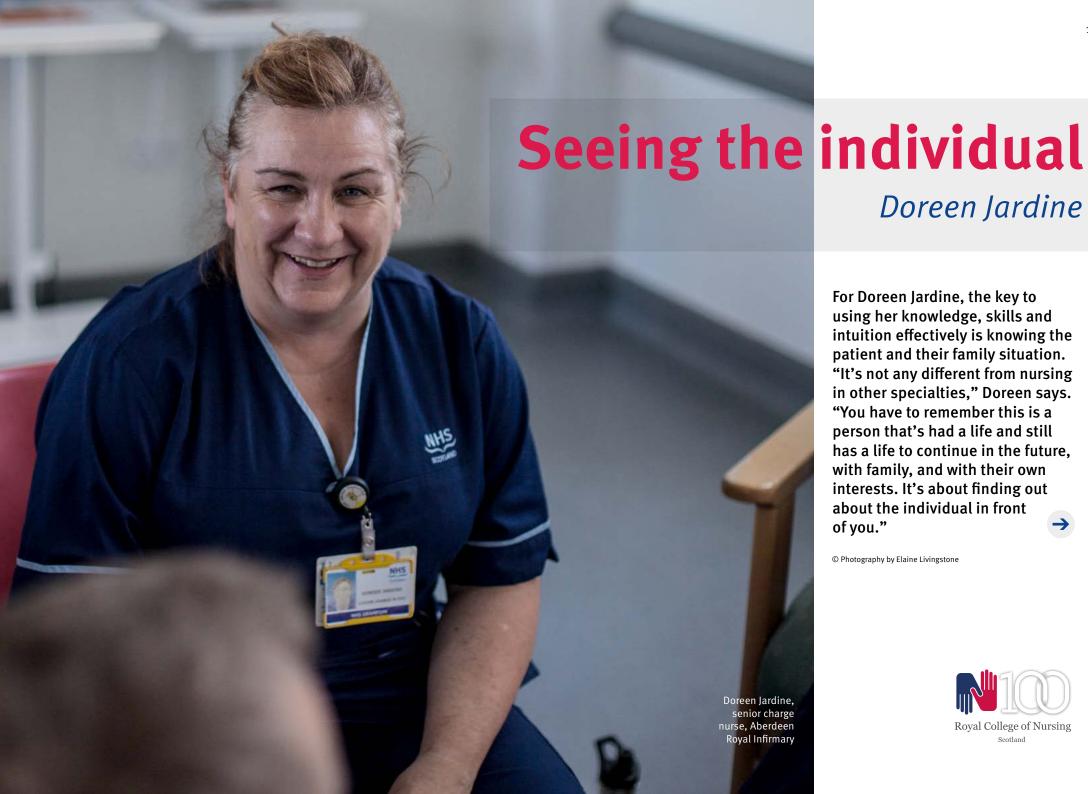




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### Doreen Jardine

For Doreen Jardine, the key to using her knowledge, skills and intuition effectively is knowing the patient and their family situation. "It's not any different from nursing in other specialties," Doreen says. "You have to remember this is a person that's had a life and still has a life to continue in the future, with family, and with their own interests. It's about finding out about the individual in front of you."



er enthusiasm is palpable in the words she uses to describe what she does – and is all the more inspiring when you realise she specialises in older people's nursing.

As a senior charge nurse at Aberdeen Royal Infirmary, Doreen heads a 16-bed medicine of the elderly ward for female patients. Her job is to ensure that the ward is run effectively, her patients are well cared for and that all of her staff are trained to the highest possible standards.

It's no small feat; it involves a rigorous degree of technical skill and knowledge, and collaborating with a wide range of professionals from as many different disciplines. The patients in her care have multiple and often complex health and social needs, and she's regularly confronted with seriously unwell admissions.

Doreen has worked in the specialty for more than two years now. Her prior experience was in intensive and critical care, in outpatients, and even a stint in social work many years ago. This combination makes her a highly skilled and experienced nurse. In her job, Doreen makes use of all the skills she's developed, with the added intuition that experience brings. "Every condition, from head to toe, comes our way," she says. "The knowledge and skills that you've got to use are wide-ranging – nursing and medical, knowing about patients being unwell, observing them and making sure that you're giving the right treatment."

Communication can prove difficult on the ward, not least because many of the patients have dementia and/or



delirium, conditions which interfere with a person's ability to remember things, to pay attention and to solve problems. It creates situations which, on top of existing medical conditions, can be especially challenging. "If a patient has dementia and maybe delirium as well, they can become agitated or aggressive because they don't know where they are or what's happening to them," says Doreen.

Needless to say, it takes the combined effort of many different staff to care for patients and to meet their needs. "It's a big team that works in and with the unit," says Doreen "Obviously we have medical consultants, registrars and junior doctors, nurses and health care support workers. Specialist GPs come in to see our patients as well. We work very closely with physiotherapists and occupational therapists, dieticians, tissue viability



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nurses, and infection control nurses," says Doreen, "and we also liaise closely with rehabilitation services and community hospitals. And most important of all is communicating with patients and their families."

But there's much more to Doreen's specialty than textbook skill and collaboration. "You also have to have a kind of gut feeling in the role," she says. "You know, spotting when someone is a bit more confused than they were the day before." And it's on this level that Doreen fully respects the importance of treating her patients as individuals.

A 'one size fits all' approach, she explains, doesn't work. "Here, it's got to be about the individual and what you do with one person. The services they require may be entirely different to someone else. It all ultimately depends on what support they have from families, carers and friends and who can maybe pop in and see them."

What's more, hospital is not always the best place to provide care for such patients; circumstances other than a person's medical condition may be more important and become the primary driver for how care is organised. Sometimes, Doreen explains, you have to work around the policies to achieve what's best for patients in complex situations.

Doreen acknowledges that working in older people's nursing requires particular qualities. She's got to be patient, diplomatic, and crucially aware of whom she's nursing. "If you're with a patient who is cognitively impaired, you need to explain everything to them, avoid talking down to them, and talk to them on a one-

"It's got to be about the individual and what you do with one person. The services they require may be entirely different to someone else." to-one basis so that there aren't too many people talking at the same time."

Every day for Doreen at the Infirmary is different. She may only have entered the specialty relatively recently, but she's already convinced it's the best job she's ever done. She's also convinced, however, that there are preconceptions about older people in our society and that all staff have to leave any preconceived ideas about older people at the front door and make no assumptions.

"We had a patient who would only listen to Radio 1," says Doreen. "One of our

consultants switched the radio off when he saw the patient and asked the nurses if we could make sure it was tuned into something more suitable, maybe Radio 3 or Radio 4. The patient shouted the consultant back and said, 'I like the beat on Radio 1.'

"We're all always learning and our perceptions change," says Doreen. "A lot of people think that older people should be staying at home, sitting in a chair not going out, but why should that be?" she asks. "I hope that when I get to that age I'll still be going out, not condemned to the safety of my house."











Lynsey Corbett

Twelve years ago, Lynsey Corbett was undertaking a placement in a medicine of the elderly unit as part of her training at Glasgow Caledonian University. She remembers it distinctly - and was far from encouraged by the experience. Needless to say, when she qualified and found herself on a four-month rotation on a medicine of the elderly ward, she was apprehensive at best.



• welve years on and not only is Lynsey content in her work as a staff nurse at Glasgow Royal Infirmary, she's a passionate advocate for it.

"When I finished my placement I didn't think I could do anything like this," she says. "I found myself sharing some of the preconceptions that many people have about caring for older people. Ultimately, though, I realised I was working with nurses who were on the same wavelength as me, who were very skilled people and who were genuinely passionate about providing the highest possible quality of care."

It was a turning point for Lynsey. Realising she had gained considerably more than she initially expected to, her rotation turned into a permanent job at the Infirmary and she's been there ever since.

Based on ward 33, she works as part of a close-knit team caring for elderly people going through medical crises.

The patients are acutely unwell with, for example, cardiac or respiratory failure or urinary problems, who are experiencing difficulty coping at home because of social issues, or who require end-of-life care. Depending on their needs and how they respond to care, patients may be on the ward for anything from 24 hours to three months.

The acute nature of these conditions means that the ward's nurses have to be proactive and be prepared to utilise a vast range of clinical skills. "If somebody takes unwell you absolutely have to act on that," says Lynsey. "As a team we have to have that range of skills and be empowered to use them in the best interests of our patients."

It can be an especially challenging environment, and Lynsey knows it. Patients with dementia and delirium can present issues for ward staff and other patients. "When someone wants to leave hospital but you know they can't for their own safety, or who doesn't realise they're in hospital, it can be really difficult," says Lynsey.

But if Lynsey knows the difficulties of such situations, she also knows that, as a member of the nursing team on the ward, having a shared vision of how they want to care for their patients is the measure of the ward's success. "We've all worked together for a long time," says Lynsey. "Something keeps us here, and I think it's sharing a passion for the care of older people, sharing the same ethics about it."

Lynsey's passion is evident. Of course, her job requires key qualities familiar to all nurses, but they're particularly important in the care of older people.



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"Above all, you have to be patient, compassionate and a good listener," she says. "Older people want to talk, and they want you to hear their stories. They've got so much experience that you're not going to get from anybody else."

The same can be said of Lynsey's colleagues. She's grateful for the fact that she's surrounded by like-minded nurses from whom she is constantly learning, even after more than a decade in the job. Invaluable, too, is the leadership she's surrounded by. Her senior charge nurse and senior staff nurses are also passionate about their work and they provide the support system to make sure she can keep doing what she does every day with confidence.

The nursing team is only one cog in the wider group of staff caring for patients on ward 33, though. Doctors, physiotherapists, occupational therapists, dieticians, speech and language therapists, health care support workers – all contribute to its success. So good communication and effective working relationships are absolutely essential if patients are to get the care that they need.

"You build up a rapport with the nursing

home staff, the district nurses and GPs, because we are in regular contact with them about the same patients," says Lynsey. "We also have systems in place to make communication easier. For example, we have an outreach service for palliative care called 'Fastrack' which allows us to get people home quickly. Many people who are nearing the end of their life want to get home quickly, so it's really important to them and their families."

Staff nurses like Lynsey are defying a common perception. "There is a very stereotypical view that we just do bed baths and sit people up," she says. The reality couldn't be more different. With people living longer, with multiple conditions and complex needs as a result, it is now a given that nurses working in medicine of the elderly are providing critical care for acutely ill people. "We care for older people with acute medical problems and it's easy to underestimate the nursing skills required to meet their needs. Many nurses think that you'll stagnate here but you don't." The opposite is true and Lynsey's proof of that fact.











**Yvonne Cairns** 

Yvonne Cairns' grandparents were both nurses. Her own mum was as well and she's now married to a nurse. You could say she was destined to become one; nursing runs in her blood. But it was her grandparents' experience of living with dementia that inspired her to make the commitment.



ou see, when Yvonne was growing up her grandfather was diagnosed with dementia. She watched as her grandmother looked after him, going to day centres to pick him up. She got an impression of what life was like for people with dementia and for those caring for them, and it was an impression that stuck.

Yvonne's a Dementia Champion at Forth Valley Royal Hospital in Larbert. Working with all of the hospital's different teams – from domestic services through to students, doctors, nurses and the ambulance service – she's committed to providing education and raising awareness of dementia.

Her devotion to the role is plain to see. "Wherever you are, my aim is to give insight into caring for people with dementia – how you interact with them and how you can make the environment less threatening for them," says Yvonne. "To me it's a big thing if you help one person have a better experience of care. I know myself how big an impact a diagnosis can have on a family, and

so every positive experience can help to make a difference."

It can be an especially difficult time when leaving a loved one in hospital, and a family's anxieties can be compounded if that person is confused by what is happening to them or because it is the first time that the family has noticed there is an issue. "Maybe a husband and wife have been compensating for each other at home and it isn't until one of them has been admitted to hospital that concerns arise," says Yvonne.

The fact, then, that the help and support families need early on is available is something Yvonne's striving to promote. But it's not just a case of improving the care experience for patients and families: hospital staff are being offered dementia training, too, to give them the tools to make their jobs easier and increase their job satisfaction.

The reality is, dementia presents massive challenges for health care. What's more, the number of elderly patients being cared for in general surgical, medical and critical care units is on the rise, as is the







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number of younger patients being diagnosed with dementia. "That's why education on dementia is crucial for all of the teams across the hospital," says Yvonne. And given her experience, it's why she's so passionate about delivering it.

She believes a large part of her success as a nurse working with older patients comes down to the role models and mentors who have supported her since she stepped into the field. Her first placement saw her under the exacting guidance of a senior charge nurse in a community hospital. "I can still remember my first day and how strict she seemed," says Yvonne. "She made absolutely sure

that we knew how to approach patients when we were going to carry out personal care, make beds, and carry out eye care and mouth care. With hindsight I can see why she was strict, because the things she taught me in the first few months of being a new student nurse at the age of 17 have stuck with me right the way through."

The impact of having a good role model, demonstrating how to

behave and setting standards, are wideranging, as Yvonne knows well. "I've been lucky in my career to work with several inspiring senior nurses who have taught me things that have stayed with me," she explains. "You can see not only the positive effect of their interactions with patients, but also how staff have responded to that good role modelling as well."

In addition to the core nursing skills that Yvonne has developed and the mentorship she's received since she started out, she's convinced that nursing older people demands extra focus in other areas: "You probably need a bit more patience and understanding than

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you would with a younger population. Somebody in their 30s or 40s may be able to take in information from a ward round or the result of an investigation, but older patients may not be able to fully understand what consultants are saying." To this end, Yvonne values her responsibility as an advocate for her patients. She is, in essence, their champion, their voice, their support.

Four years ago, Yvonne was among the first participants to graduate from Scotland's first ever Dementia Champions Programme, and since then she's noticed a marked change in people's attitude towards older people and dementia. Nursing older people, she believes, is now being seen in a more positive light.

Her own attitude is as clear as it ever was: "Older people are heroes of society, really. They have amazing stories to tell about the lives they've led, the jobs they've done, the families they've raised, and the places they've been. We have to see past the medical and nursing needs a person may have so that we can see the whole person. It's a huge responsibility to be caring for somebody's parent or grandparent."

And that's a responsibility which Yvonne says is everybody's business now – to be mindful of people who might have cognitive impairment or dementia, at work, in hospital or at home in your own community.





Anne Scott

Advanced nurse practitioners. They are in the vanguard of nursing practice development. They undergo rigorous education and training to develop the skills and confidence to work autonomously and make complex clinical decisions. They are highly valued members of a multi-professional team.



nne Scott is one of five such nurses in Medicine of the Elderly at Edinburgh Royal Infirmary. From admission to discharge, Anne is involved in making critical decisions about patients who have been admitted to the hospital's general wards and critical care areas, advising on their next moves, clinical issues and discharge planning, depending on their conditions and their needs.

"I, or one of my team, normally go and see patients when they're first referred," says Anne. "Following assessment the patient can then be transferred to rehabilitation, or it might be that, on speaking with the therapists, we'll try to get them home direct from the acute hospital."

Sometimes the patient's condition may be more complex or they may be extremely frail, in which case Anne requests a senior geriatrician comes to review them so appropriate care can be arranged and agreed.

Every patient, then, presents a new challenge for Anne, and it's her job to rise to these challenges. She sees her specialty today as the acute medicine of two decades ago. "I like the challenge in acute medicine of the elderly," she explains. "The patients we're assessing are often quite sick medically and that may be complicated by frailty and high levels of dependency. We can be involved in reviews right through from admission to discharge. Really, we get to see the whole gamut."

Of course, the breadth and scope of Anne's role involves a great deal of collaboration, not least with her colleagues



consultants, we wouldn't be able to provide the care the patients need," says Anne.

The role also requires strong links into the community, and part of Anne's role is liaising with those contacts. "I work closely with COMPASS, a local forum set up between the health board, third sector and local council, which is about comprehensive assessment of the older person," says Anne. "The idea was to get existing services to work more closely together, to join the dots for each patient. For example, if someone has recurrent episodes of illness we can offer specialised community services to support and hopefully reduce exacerbations that may require hospitalisation and promote self-help strategies and patient and carer knowledge."

The scope of Anne's work also extends to supporting patients and families when a life is coming to the end. This is an aspect of care that Anne believes we



at the hospital. "It's about being a champion for medicine of the elderly, spreading the word about comprehensive geriatric assessment," she says. "I think it also helps that I'm not afraid to ask questions because, as our consultants will freely admit, they're not always the experts in all things."

Anne's focused on getting others involved in the treatment, assessment and care of her patients and liaising with occupational and physiotherapy, speech and language therapy, dieticians, pharmacists and, if necessary, other medical specialties. "The assessment of frail, older people is demanding and rewarding but without the support of the multidisciplinary teams and

"We can be involved in reviews right through from admission to discharge. Really, we get to see the whole gamut."







need to improve. "We have to get better at starting the conversation with people, asking the question, 'What if things were to deteriorate?' And we need to continue that conversation, coming back to the question, because people might change their wishes. They might say, 'If I deteriorate I want to go into hospital', but then change their mind when the time comes. So we have to keep in communication about the subject."



### "I don't want to be a junior doctor, I'm a nurse and I want to give the patient as much help and expertise as I possibly can."

Amongst the most rewarding aspects of her role is sharing her knowledge and skills in older people's care with staff in other specialties. "I like being able to share education with people, things about elderly physiology that they perhaps don't know," Anne says. "For instance, when you grow older you should really consider only taking one tablet of Paracetamol four times a day rather than two tablets, because as we get older we don't necessarily need two."

Anne also realises the importance of her own continuing development. Her mentorship comes from consultants and she's very appreciative of the time and the effort they put in. "The advanced nurse practitioner is a fairly new role and we've been trying to consolidate it and help colleagues to understand the purpose of the role. I don't want to be a junior doctor, I'm a nurse and I want to give the patient as much help and expertise as I possibly can."

Peer support is equally important. Within her own department she attends regular meetings with peers to look at the ongoing educational needs and development of all the staff in the team.

Anne has also been involved in ACAP (Acute Care Advanced Practice) Scotland, an organization that brings together ANPs

to share knowledge, experience and practice. "ACAP is a national charity that we set up for advanced nurse practitioners in Scotland who felt that there was a need for peer support because we were 'new out the box'," says Anne.

Most importantly, though, Anne considers her role in medicine of the elderly hugely rewarding, and she's keen to prove this to others looking to start careers in the specialty in general. "I think that for a first year or second year registered nurse, medicine of the elderly is a really good grounding. It allows you to see a multidisciplinary team working together with patients. It allows you to see really acutely ill patients and how they are managed and cared for. It's an incredible way to consolidate the new skills and knowledge they have gained in their training."

It allows, ultimately, skilled and committed individuals to join Anne as members of a crucial and respected team within our hospitals and communities.





Iona McKay

Walking through Greenlaw Grove in Glasgow, you notice the wide corridors and generous ensuite rooms. Its open design gives the building a very welcoming feel. But in amongst the curtains and the family photographs, there are clues that this is so much more than a home. It's a cutting-edge facility in which the tribulations of old age can be managed with absolute skill and compassion.



reenlaw Grove is purpose-built for its 113 residents.
It boasts a 20-bed dementia unit, incorporating specialist dementia-friendly design, providing a safe, supportive home for people living with dementia. But as much as the environment is purpose-built for the people it serves, its clinical services manager, Iona McKay, believes the overall success of Greenlaw Grove is ultimately

"We have a fantastic opportunity here to provide the best care we can," she says. "We've got a fabulous new building and we've been able to build up the team from scratch. We have a real say here in how it all works, so ultimately the buck stops with us. And we've got very skilled, qualified nurses here 24 hours a day, seven days a week."

down to the team that works there.

In a sense, the balance between a homely environment and advanced older people's care represented by Greenlaw Grove is likewise struck by its staff. A strong emphasis is placed on education and training for nurses which lona sees as essential to ensuring residents feel at home, but also safe in the knowledge that any problems they have can be properly managed.

"We've got an excellent team of charge nurses and staff nurses here and we want them to keep their clinical skills at a high level," says Iona. "I could see my own mum living here. She would enjoy the company, and that's got to be the first impression for a relative or a resident arriving at a care home. But it's also critical that behind the scenes the nurses are picking up on the things that might not be going so well."



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Training is also a good way of maintaining staff morale and motivation, according to Iona. The job can be intense at times, caring for people with often complex conditions, ranging from diabetes and arthritis to urinary problems and dementia, and everything in between. This can lead to a build up of frustration when care does not go to plan or when patients are showing behavioural problems with no apparent cause. "I think for the nurses that can be really hard," Iona says. "We try and even that out with opportunities for training and do regular supervisions with staff to find out what their training needs are."

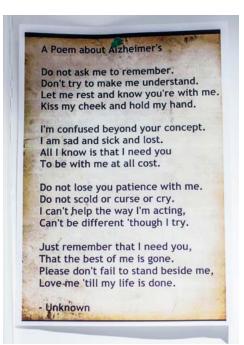
Iona knows the importance of this. She describes her own career as 'a game of two halves', the first of which was focused on critical care, nursing in intensive and coronary care units. She went on to become a heart failure specialist and found herself gradually drawn to older people's nursing.

"Maybe it's a personality thing," she says, "but even in my early career I preferred coronary care to intensive therapy because I wanted to speak with people, and people in coronary care are more likely to be able to talk to you. In older people's care, talking to people

- residents, relatives, carers, staff from many other disciplines – is at the heart of what we do." And she also found the opportunities older people's nursing offered were much more appealing to her.

That's not to say that Iona's abandoned the clinical skills she honed earlier in her career in acute settings, though.





"I've been very lucky and have developed skills and had experiences that I would never have had the opportunity to explore in an acute care setting."



Indeed, as with all the nurses in Greenlaw Grove, she's worked hard to maintain and improve them, precisely because her residents need her to be able to exercise those skills as much as she did for acutely unwell patients. "I did my Master's degree to become an advanced nurse practitioner (ANP) in older people's nursing in care homes," she says. "It helped me to keep having that clinical input, that proper nursing element of the job. If you know, for example, that someone has got underlying cardiac failure or has had unstable diabetes in the past, you know what to look out for."

Iona clearly values education. Before coming to Greenlaw Grove she was Lead Nurse for Dementia at the Golden Jubilee Hospital, where her role revolved around the National Dementia Strategy for Scotland and the 10-point National Action Plan. "I worked closely with the clinical education lead in the hospital to educate all staff, not just clinical staff, in what we needed to do to make sure that when a patient with dementia comes into the hospital, they and their families experience care that is appropriate for them in their situation," she says. On top of that, the role also expanded to include considerable public involvement. "We even managed to get an Alzheimer Scotland café up and running on the site which is for people with dementia and their carers in the local community, run as a reminiscence group as a community engagement initiative," she adds.

All her experience has kept her firmly grounded, Iona says. "I've been very lucky and have developed skills and had experiences that I would never have had

the opportunity to explore in an acute care setting. But not everyone is suited to it. You have to have the patience to take the time to really get to know the residents, to begin to anticipate what their future care needs may be, have conversations with them and their relatives about the future, and plan accordingly."

Ultimately, this is what helps lona derive the job satisfaction that so palpably drives her motivation. "It's not always easy," she says. And given her extensive career in health care, lona would know this better than most. Yet she remains committed to her specialty, her passion. "We can never promise that everything will go to plan, but we always promise that we'll do our absolute best to get things right. And when we get it right for our residents, that's incredibly rewarding, because it's so important."







Jacqueline Thompson takes a simple, straightforward philosophy with her to work each day: as a nurse consultant for older people in the community, she wants to give older people the same care and respect she wishes for her own family. "I always have to remember that the person in front of me is loved by somebody, and it's my role to do the best that I can for them, to be an advocate for them and to go the extra mile."



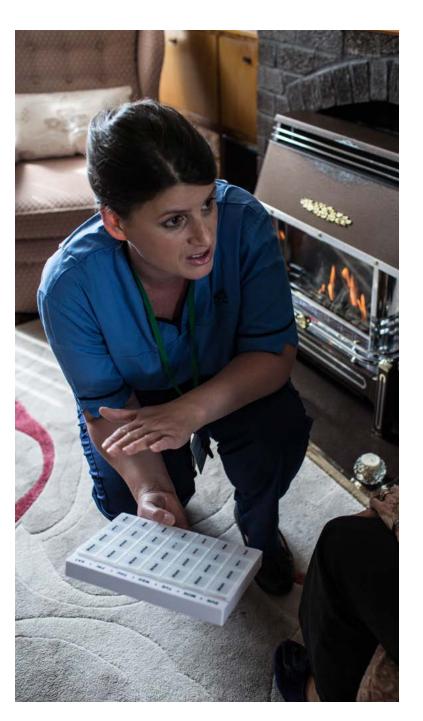
acqueline's based in Dundee, working with the Dundee Health and Social Care Partnership, and she's convinced there's never been a better time to work as a nurse caring for older people.

"There's simply so much focus, attention and resource going into older people's services that's helping us to reimagine how we care for older people," she explains. "Yes, more people are living longer, and that creates increased demand for services, but it should really also be a cause for celebration. Too often old age is portrayed in a negative light, particularly in the media."

Jacqueline's role is a relatively new one, but she believes it's a signpost to the future. "My focus is very much in the community and a reflection of the shift of services for older people into the community," she says.

Her career began in Yorkshire, 20 years ago, where she specialised in critical care. Even then, times were changing for older people and after moving to Manchester to work in cardiothoracic surgery, she was seeing an increasing number of older patients being treated by the service. "From being unthinkable in the past, we were operating on people aged 80 years and above."

Jacqueline's experience there served her well when she made the move to working in older people's nursing. "I got an incredible grounding in working with older people, talking to families, talking to older people, all the time about their care, so it really developed my communication skills.



"I'm a consistent person," continues Jacqueline, "so wherever possible my patients will see me repeatedly. That offers a thread of continuity to older people which I believe is important. I'm also creating that relationship with a family, not just a single person. I feel that's the added value I bring."

Close family ties provide at least some of her strong motivation. 'Getting it right' for older people is what gets Jacqueline out of bed in the morning and that stems from long-established personal values.

"I want to give to older people what I would wish for my family. I have a very close relationship with my grandparents, who are now in their nineties," Jacqueline says. "My family uses NHS services and I always have to remember that that person in front of me is loved by somebody.

"I'm a firm believer in having your affairs in order as you get older," she continues,



"There's simply so much focus, attention and resource going into older people's services that's helping us to reimagine how we care for older people."







"so I try to encourage discussions about Power of Attorney, advanced care planning, wills etc – and that isn't necessarily just for somebody that we know is at the end of their life. It's about fostering communication in a family and having an older person think about putting these things in place. And often nobody's opened up that conversation."

But Jacqueline has, and she's not stopping any time soon. She's a passionate advocate for her specialty which is immediately apparent when you talk to her. "You can have very emotionally sensitive issues to discuss, such as end of life treatment or when a patient has to move into 24-hour care," says Jacqueline. "You find you're supporting a family through a very emotional time, helping them to discover





what that means and accepting it." These are big topics, and Jacqueline talks about them with both passion and compassion.

To this end, Jacqueline is a welcome asset to the Dundee community. Much of her work there is focused on preventing older people being admitted to hospital if they don't need to be or if it can be avoided. "Part of the remodel of services in NHS Tayside has been early intervention work with older people to put in as much assessment and resource as we can to stop what might have been an unplanned admission to hospital," she explains. "It involves working with a wide range of professionals because the types of complex problems older people tend to develop can't be solved by one single person; it takes all of us working together."

It's a challenging role, but Jacqueline embraces everything that comes her way. Arguably the biggest challenge is the future workforce. "We have an ageing nursing workforce ready to retire," she says, "so are we going to have the number of skilled nurses that we're going

to need for our ageing population with increasingly complex needs?"

Discussions about how to address this question have already begun, involving the University of Dundee and NHS Tayside. "The idea is to create a clinical academic hub for older people," says Jacqueline. "We want to attract newly qualified nurses early on and give them clinical career pathways through, for example, Master's programmes and research opportunities. It's so important to harness enthusiasm for older people's services, and to develop gateways for meaningful careers. That's what'll attract the older people's nurses of the future."



