Welcome to *Clinical Skills: The Essence of Caring*. This is a new, exciting and innovative evidence-based nursing skills textbook that will provide you with the essential information you need to develop your clinical skills. Not only that, but the Media Tool DVD provides extra resources such as videos and self-test material designed to enhance your learning and skills development. The book and DVD together will take you on an interactive journey which will help you provide nursing care for patients in different care settings and with different care needs.

In this chapter we will explain what’s at the heart of clinical skills and how this book is designed to help you become proficient as you develop those skills. However, before we do that, we thought it would be useful to examine the idea of ‘caring’, which is a theme that runs throughout the book. We will also give some history and context to *The Essence of Care* and show how this relates to the book and Media Tool DVD.

### Introduction to evidence

According to Traynor (1999), any professional group seeks to establish a unique body of knowledge. Traynor emphasizes the importance of nurses being able to identify evidence to justify their practice, in order for that practice to be credible. Early surveys of nursing concerning whether research was used in clinical practice indicated that it was not utilized to any great extent (Bircumshaw 1990). This may have been due to the requirements of nursing as a profession (Mackay et al. 1987; Witz 1992), or the result of a more altruistic notion of providing the most appropriate and humane care. It is also evident that nurses encounter barriers in practice in terms of locating, appraising and implementing research findings (Retsas 2000).

Although there are many definitions of evidence-based practice, evidence-based care and evidence-based medicine, Sackett *et al.* (1997: 2) have defined the term ‘evidence-based practice’ as ‘the conscientious, explicit and judicious use of current best evidence about the care of individual patients’. It is noticeable that the emphasis here is on ‘current best evidence’, not ‘research evidence’, and this has implications for nursing.

A study by Appleby *et al.* (1995) recognized a clear lack of nursing evidence to inform practice. This study
acknowledged that in respect of information for nurses working in the community, out of the evidence base for 79 per cent of activities relating to the medical profession, only 15 per cent related to an evidence base within nursing. The conclusion was that the evidence base for nurses in the community was very limited. Work by French (2002) suggests that there is little evidence to support the existence of evidence-based nursing as a distinct construct or process. French concludes that evidence-based practice is commonly a euphemism for information management, clinical judgement, professional practice development or managed care, and that the term adds little more to the existing long-standing tradition of quality assessment and research-based practice. He further argues that nurses must avoid the inefficiency brought about by the intense, followed by sad disenchantment, that has been associated with attempts to introduce innovation into healthcare.

Nevertheless, the development of evidence-based healthcare and the availability of information and advances in technology have clearly widened the portals for providing an evidence base for practice, together with learning opportunities for both the organization concerned and its staff. To this end, many national service frameworks and guidelines have been developed which set standards for all healthcare professionals. The Essence of Care initiative (DoH 2003) related to the commitment made in Making a Difference, the national nursing, midwifery and health visiting strategy (DoH 1999). The document proposed a process known as ‘benchmarking’, through which healthcare professionals could identify best practice and improve existing practice via a structured comparison and sharing of information about patient care within a set framework. The result of such comparisons produced the final set of benchmarks for good nursing practice that are identified and utilized in this book.

The Essence of Care

The Essence of Care initiative (DoH 2003) related to the commitment made in Making a Difference, the national nursing, midwifery and health visiting strategy (DoH 1999). The document proposed a process known as ‘benchmarking’, through which healthcare professionals could identify best practice and improve existing practice via a structured comparison and sharing of information about patient care within a set framework. The result of such comparisons produced the final set of benchmarks for good nursing practice that are identified and utilized in this book.

The Essence of Care is a long document (175 pages), and takes what is described as a ‘qualitative’ approach. Various types of evidence were used to establish the benchmark standards, including national guidelines, policies, systematic reviews and large-scale studies. It is stated that ‘Patients, carers and professionals worked together to agree and describe good quality care and best practice’ (DoH 2003: 7). While The Essence of Care document is essentially a toolkit for practitioners, it is the final agreed benchmarks that are at the heart of this book and the Media Tool DVD. The benchmarks are relevant to all healthcare professionals involved in providing direct care, but The Essence of Care is primarily nursing-led. The toolkit considers an evidence base for practice, in the attempt to measure the quality of care, using a hierarchy of evidence. The anticipation was that by explicitly stating each benchmark, practice quality in those designated areas would improve. The final benchmarks were derived from consideration of what patients wanted from care: ‘The elements were identified by patients and professionals as crucial to the quality of a patient’s care experience’ (Ellis 2001: 1202).

In the context of nursing, benchmarking is a method of identifying the best nursing provision within a ward or department, measured along a qualitative continuum. The Essence of Care arose from a commitment to help improve the quality of what are described as fundamental and essential aspects of patient care. Eight aspects of care were originally identified:

- continence, bladder and bowel care;
- personal and oral hygiene;
- food and nutrition;
- pressure ulcers;
- privacy and dignity;
- record keeping;
- safety of clients with mental health needs in acute mental health and general hospital settings;
- principles of self-care.

Since its inception, there have been additions to the original eight aspects of care: communication in 2003, promoting health in 2006 and environment in 2007. You will find a chapter on each of these topics within the book, apart from health promotion, as this is a theme that relates to all aspects of care and is referred to throughout the chapters.

The Essence of Care was about supporting practitioners to achieve the standards that patients want in fundamental aspects of care, recognizing that clinical governance is concerned with the quality of the whole healthcare experience for the patient (Ellis 2001), and
advancing the clinical governance agenda (Castledine 2001). There is still a requirement to develop an ‘evidence-based culture’ in selecting a strategic direction for evidence-based practice, and then to apply and evaluate the appropriate use of the subsequently developed skills.

Clinical skills and evidence-based practice
Currently, evidence-based practice and evidence-based nursing have a very strong emphasis in the clinical governance agenda of quality improvement (Elcoat 2000). The Nursing and Midwifery Council (NMC) code of conduct (2008: 7) states that ‘you must deliver care based on the best available evidence or best practice’.

The Essence of Care benchmarks provide a suitable basis for clinical skills using observable standards of good practice on the wards.

Everything that you do as a nurse revolves around clinical skills, whether it is communicating with a patient, changing a wound dressing or administering medication. Carrying out these clinical skills proficiently and using the best available evidence to inform your practice, is vital to ensure a high quality experience for the patient. In this book, you may see a clinical skill described in a different way to that which you were taught at university or on clinical placement. This doesn't mean that what you learned was wrong. There are times when there is more than one way to carry out a clinical skill correctly and safely using the best available evidence. It is vital as students that you question practice and keep your knowledge and clinical skills up to date using the best available evidence (NMC 2008).

All clinical skills are interlinked. This is evident in something as simple as the skill of oral hygiene. For example, when undertaking any oral hygiene activity with a patient you need to wash your hands prior to and following the procedure, communicate with your patient throughout and then record the care given to the patient. This one skill incorporates communication, hand washing, oral hygiene and record keeping.

Gaining competence in clinical skills is complex, and this book will help you to focus on individual skills and then link them together to provide holistic nursing care to your patients in any care setting. The Media Tool DVD is designed to help you make those links and put them into practice throughout your nurse education, on placement and later when you are a qualified nurse.

The idea behind this book and the accompanying Media Tool DVD is that it links The Essence of Care theory to real nursing practice. By using the DVD you will have access to patient case studies, video clips of clinical skills, online and text-based activities, and a whole lot more. The book and the DVD can be used independently, but the real value of this resource package comes when both elements are used together.

See page XX for a guide to the Media Tool DVD, the textbook features and how to get the most out of them. By the time you have worked through this book, completed all the activities and used the Media Tool DVD, you will indeed be equipped with the clinical skills you need to enable you to deliver high quality patient care.

Skills clusters
It is important to note that the NMC, which has a duty under the Nursing and Midwifery Order 2001 to set standards for education programmes, has recently produced what are known as ‘skills clusters’. These are identified as the Standards of Proficiency for Pre-registration Training (NMC 2004) (otherwise known as ‘Nursing Standards’). The NMC introduced ‘essential skills clusters’ into pre-registration training in September 2008 to complement the achievement of the existing NMC outcomes and to produce a safe and effective practitioner. This book and Media Tool DVD will help you to both identify the basic skills under the existing Essence of Care benchmarks and put them into the context of the local essential skills cluster requirements of your programme. These requirements will vary depending on your education provider.

This is a UK-wide textbook, and you will encounter different transcultural caring practices relating to clinical skills depending on where you work, who you nurse and in relation to different sources of evidence. For example, in Scotland, The Scottish Intercollegiate Guidelines Network (SIGN) develops Scottish national clinical guidelines, whereas in England the National Institute for Health and Clinical Excellence (NICE) has this responsibility. The important thing to remember is to use the best evidence available to you and to ensure that it is from a reliable source.
Clinical skills and the student nurse

There are currently a number of major changes taking place within the National Health Service (NHS). For example, the shift away from acute hospital-based services and towards care based in the community (Scottish Executive 2007). Such changes have necessitated a shift in the role of nurses. Role development is welcomed, but it must be emphasized that skills previously in the domain of other professionals, for example doctors, are complementary and do not replace the traditional skills of caring that are the cornerstone of nursing (Scottish Executive 2007). This book is an important one as it allows you to develop your clinical skills with an emphasis on caring, while at the same time meeting the needs of a changing NHS.

According to Benner’s ‘Stages of Clinical Competence’, as a first-year student nurse you will be considered a ‘novice’, developing your repertoire of clinical skills under direct supervision (Benner 1984). As you progress through your course you will move to ‘advanced beginner’, aiming for ‘competence’ by the end of your undergraduate programme. As you move towards competence in clinical skills, the supervision from your mentor will become increasingly indirect (NMC 2007). It is however very important that you always work within the limits of your competence and do not undertake any aspect of care that you are not qualified to carry out.

Developing your clinical skills is an exciting part of your nursing education, and this book and the accompanying Media Tool DVD is an essential resource to help you. We hope you enjoy it!

References