WORK BASED LEARNING ONE: DEVELOPING ADVANCED CLINICAL WORK BASED LEARNING

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ABSTRACT

Advancement in clinical practice is measured by a person's master's degree in clinical practice and their ability to use their expert clinical knowledge and abilities in clinical practice. "They are able to operate independently in terms of evaluating patients, diagnosing them, and treating them," the article states. By 2020, there will be a million more people over 65, 7,000 people over 100, and two-thirds of new-borns born today will live to be 100. There is a demand for ACPs in the healthcare globe market. Having a long and illustrious history, nurses have an important role to play in serving the different requirements of the general population.

Keywords: *work, based, learning, advanced, clinical work, based learning*

I. INTRODUCTION

A registered nurse at this level will have a master's degree and will play an important role in each of the four pillars of advanced clinical practice, leadership, education facilitation, and evidence research and development. In the first pillar, I was able to provide a quick overview of the urinary tract infection, including its definition, incidence, epidemiology, kinds, pathophysiology, symptoms, and therapy, via the presentation. My examiner and the people in the audience encouraged me to perform well in my presentation. They were able to learn about UTI, and for some of them, it was a useful addition to their existing knowledge. In the second pillar, I conducted an audit to determine how many there are and how many there should be. The judicial system stressed the need of a safe environment for both employees and inmates, but there is still more work to be done at Belmarsh with

respect to this. In the leadership pillar, While 3 out of 5 inmates had a general understanding of defibrillators, these 5 inmates were known to have cardiac issues, so I made it my job to know where all of the defibrillators in the prison were located and where they were located in relation to the inmates' general knowledge of defibrillators. While 3 out of 5 inmates had a general understanding of defibrillators, these 5 inmates were known to have cardiac issues, so I made it my job to know where all of the defibrillators in the prison were located and where they were located in relation to the inmates' general knowledge of defibrillators. In the last pillar, I enlisted the help of my mentor, an experienced resuscitations who listened and supported me as I organized a quick session for myself before passing the information on to a colleague. It worked out well, as I received positive feedback from both my coworkers and my line manager, who said it helped them recall some of the information. This involve a critical reflection on your expanded degree of responsibility and autonomy, as well as the boundaries of your own competence and professional scope of practice, in the context of partnership and inter-professional working.

II. CLINICAL PILLAR

Based on the case study of a 49-year-old guy with UTI symptoms, he had frequent in urination for several days, discomfort when passing pee, and dribbling. There were no discharges, and no flank pain. A bladder scan revealed 300mls of residue, and a urinalysis revealed that it was positive for nitrate and leucocyte; I submitted it to the pathology lab for sensitivity testing and culture, and I explained to the doctor doing the PR exam why an abdominal and urological evaluation was necessary. The initial stage was to check, auscultate, percuss, and palpate the abdomen with the help of the doctor, who was also there at the time. All of this will be explained in greater detail in my reflective essay about my observations of the patient's overall appearance and abdominal appearance, which included looking for any signs of bleeding as well as pallor, bruising, and jaundice (a sign of liver disease or biliary tract obstruction), as well as clubbing and hernia protrusion.

III. RESEARCH PILLAR

To ensure that there are enough defibrillators in the jail, I conducted an audit to determine how many there are and how many there should be. The judicial system stressed the need

of a safe environment for both employees and inmates, but there is still more work to be done at Belmarsh with respect to this (PPO, 2016). Only 15 functional defibrillators in Belmarsh are provided by the Oxleas team, although eight of these defibrillators have just been replaced in September 2021..

IV. LEADERSHIP PILLAR

While 3 out of 5 inmates had a general understanding of defibrillators, these 5 inmates were known to have cardiac issues, so I made it my job to know where all of the defibrillators in the prison were located and where they were located in relation to the inmates' general knowledge of defibrillators. 4 out of the 5 inmates who were polled said having AEDs in the prison would make them feel more secure. However, the ILS team leader advised that the prison does not need an AED because it is close to the nearest hospital, and she emphasized the importance of calling an ambulance as soon as a code blue is initiated. This is correct, but what if we can do better, faster and more effectively if we have AEDs? It is still my opinion that at least one AED should be maintained in the jail, and I proposed that it be housed at our clinic where all nurses qualified to use it would have access to it. During their discussion, the lead resuscitation officer assured me she'd bring it up.

Management and Leadership within Advanced Practice

As healthcare systems adjust to new trends and regulations, nurses in particular are being required to lead, organize, and provide care in an ever-changing and complicated environment.

It was only in 2004 that the European Working Time Directive decreased the number of hours that residents and fellows in medicine may work before they were required to become advanced practice registered nurses (Adams, et al. 2018). As a consequence, other professionals, such as nurses, must assume more sophisticated jobs.

Wales' Framework for Advanced Practice includes education, advanced clinical practice, research, and management and leadership (Rowe, & Zegwaard, 2017). Advanced practice is defined by these four pillars rather than by a job title or position.

With the AED Leadership Qualities Framework (LQF) and the Healthcare Leadership Model (HLM), these four pillars operate in combination with a wide range of management and leadership frameworks.

Advanced nurse practitioners must be cognizant of the ageing population and new therapy options in order to stay up with the AED's ever-increasing needs. In order to understand the necessity of reacting and influencing changes in health care policy and practice, advanced nurse practitioners need to be aware of this (Morris, 2018). Strategic and clinical leadership are among the responsibilities of advanced nurse practitioners. It is NJ's belief that a person's attitude and behavior go hand in hand with their talents and expertise.

Management Theories

People are compelled to obey regulations because of the threat or use of force, according to (Morris, 2018), who invented the bureaucratic management concept. There was a focus on clear division of labor and hierarchical organization, as well as formal and impersonal interactions,

Leadership Theories

Several diverse leadership styles have been discovered via studies on nurse leadership. Relative or task-focused is the most common classification for the majority of leadership styles, according to (Morris, 2018). Relational leadership focuses on people and relationships, while task-focused leadership emphasizes deadlines, tasks, and directions.

When it comes to leading people effectively, leaders must behave in accordance with their ideas and values, according to an emerging concept known as Authentic Leadership (a sort of relational leadership) (Villarroel, et al. 2018). A genuine leader's credibility and reputation may be severely damaged or even destroyed, as with many other generally desirable leadership traits.

V. EDUCATION

While working in the emergency department, I needed to brush up on my ALS skills, so I enlisted the help of my mentor, an experienced resuscitations who listened and supported me as I organized a quick session for myself before passing the information on to a

colleague. It worked out well, as I received positive feedback from both my coworkers and my line manager, who said it helped them recall some of the information. Code blue and code red were the primary focus of my presentation, as were the A-E assessments using the DRSABC algorithm in accordance with the resuscitation guidelines that will be revised in 2021. I also discussed how to use defibrillators in a methodical manner by pressing the green button and adhering the sticky pads to each patient's skin one at a time. Defibrillators nowadays are automated and will shock the patient automatically after analyzing the patient's cardiac rhythm and determining if a shock is necessary. Patients do not have to click a button to be shocked. The patient should not be touched while they are being shocked, and I stressed this point. When the shock has been administered, the defibrillator will let them know whether they need to continue CPR. My instructions also included a reminder that they need to keep going until the patient displays signs of life or the defibrillator tells them to stop so it can analyses the heartbeat again.

VI. CONCLUSION

This group is well-suited and prepared to act as clinical and professional leaders both inside the healthcare organization itself and outside its four walls as well Use of various holistic assessment methodologies to launch and evaluate different treatments while maintaining the safety of persons and their families via better professional judgement skills in managing risk. This should involve a critical reflection on your expanded degree of responsibility and autonomy, as well as the boundaries of your own competence and professional scope of practice, in the context of partnership and inter-professional working. In order to demonstrate your capacity to enhance health literacy through empowering people, becoming a role model, educator, supervisor, coach and mentor, you must demonstrate critical reflection on your own learning needs and those of others. If you've been successful, you'll also need to explain how you plan on enhancing this skill in the future. Team leadership and the capacity to adapt in a changing, unfamiliar work environment based on critical judgement derived from the evidence-based understanding of local populations' health needs are essential for this.

VII. REFERENCES

Adams, V., Burger, S., Crawford, K., & Setter, R. (2018). Can you escape? Creating an escape room to facilitate active learning. *Journal for Nurses in Professional Development*, *34*(2), E1-E5. https://journals.lww.com/jnsdonline/fulltext/2018/03000/can_you_escape__creating_an_escape_room_to.15.aspx [Accessed on 15-11-2021]

Aebersold, M. (2018). Simulation-based learning: No longer a novelty in undergraduate education. *OJIN: The Online Journal of Issues in Nursing*, *23*(2), 1-1. https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No2-May-2018/Articles-Previous-Topics/Simulation-Based-Learning-Undergraduate-Education.html [Accessed on 15-11-2021]

Chang, C. Y., Lai, C. L., & Hwang, G. J. (2018). Trends and research issues of mobile learning studies in nursing education: A review of academic publications from 1971 to 2016. *Computers & Education*, *116*, 28-48. https://www.sciencedirect.com/science/article/pii/S0360131517301999 [Accessed on 15-11-2021]

Ferrel, M. N., & Ryan, J. J. (2020). The impact of COVID-19 on medical education. *Cureus*, *12*(3). https://www.ncbi.nlm.nih.gov/pmc/articles/pmc7193226/ [Accessed on 15-11-2021]

Hardiman, M., & Dewing, J. (2019). Using two models of workplace facilitation to create conditions for development of a person-centred culture: A participatory action research study. *Journal of clinical nursing*, *28*(15-16), 2769-2781. https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.14897 [Accessed on 15-11-2021]

Henri, M., Johnson, M. D., & Nepal, B. (2017). A review of competency-based learning: Tools, assessments, and recommendations. *Journal of engineering education*, *106*(4), 607-638.

https://onlinelibrary.wiley.com/doi/abs/10.1002/jee.20180 [Accessed on 15-11-2021]

Hsu, T. C., Chang, S. C., & Hung, Y. T. (2018). How to learn and how to teach computational thinking: Suggestions based on a review of the literature. *Computers & Education*, *126*, 296-310. https://www.sciencedirect.com/science/article/pii/S0360131518301799 [Accessed on 15-11-2021]

Kogan, M., Klein, S. E., Hannon, C. P., & Nolte, M. T. (2020). Orthopaedic education during the COVID-19 pandemic. *The Journal of the American Academy of Orthopaedic Surgeons*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7195844/ [Accessed on 15-11-2021]

Manoharan, P. S., Sethuraman, K. R., Adkoli, B. V., & Saravanakumar, R. (2019). Perception of students and faculty toward a new curriculum based on SPICES model for dental interns. *Journal of Advanced Clinical & Research Insights*, *6*, 134-137. https://www.researchgate.net/profile/Manoharan-P-S/publication/349310503_spices/links/602a0c5392851c4ed571898c/spices.pdf [Accessed on 15-11-2021]

Merritt, J., Lee, M. Y., Rillero, P., & Kinach, B. M. (2017). Problem-based learning in K–8 mathematics and science education: A literature review. *Interdisciplinary Journal of Problem-Based Learning*, *11*(2), 3. https://docs.lib.purdue.edu/ijpbl/vol11/iss2/3/ [Accessed on 15-11-2021]

Morris, C. (2018). 12 Work-based Learning. *Understanding medical education: evidence, theory, and practice*, 163. Morris, C. (2018). 12 Work-based Learning. *Understanding medical education: evidence, theory, and practice*, 163. [Accessed on 15-11-2021]

Mukhtar, K., Javed, K., Arooj, M., & Sethi, A. (2020). Advantages, Limitations and Recommendations for online learning during COVID-19 pandemic era. *Pakistan journal of medical sciences*, *36*(COVID19-S4), S27.

https://www.ncbi.nlm.nih.gov/pmc/articles/pmc7306967/ [Accessed on 15-11-2021]

Reimschisel, T., Herring, A. L., Huang, J., & Minor, T. J. (2017). A systematic review of the published literature on team-based learning in health professions education. *Medical teacher*, *39*(12), 1227-1237. https://www.tandfonline.com/doi/abs/10.1080/0142159X.2017.1340636 [Accessed on 15-11-2021]

Rose, S. (2020). Medical student education in the time of COVID-19. *Jama*, *323*(21), 2131-2132. https://jamanetwork.com/journals/jama/article-abstract/2764138 [Accessed on 15-11-2021]

Rowe, A. D., & Zegwaard, K. E. (2017). Developing graduate employability skills and attributes: Curriculum enhancement through work-integrated learning. https://researchcommons.waikato.ac.nz/handle/10289/11267 [Accessed on 15-11-2021]

Subhash, S., & Cudney, E. A. (2018). Gamified learning in higher education: A systematic review of the literature. *Computers in human behavior*, *87*, 192-206. https://www.sciencedirect.com/science/article/pii/S0747563218302541 [Accessed on 15-11-2021]

Surr, C. A., Gates, C., Irving, D., Oyebode, J., Smith, S. J., Parveen, S., ... & Dennison, A. (2017). Effective dementia education and training for the health and social care workforce: a systematic review of the literature. *Review of educational research*, *87*(5), 966-1002. https://journals.sagepub.com/doi/abs/10.3102/0034654317723305 [Accessed on 15-11-2021]

Swanson, E., McCulley, L. V., Osman, D. J., Scammacca Lewis, N., & Solis, M. (2019). The effect of team-based learning on content knowledge: A meta-analysis. *Active learning in higher education*, *20*(1), 39-50.

https://journals.sagepub.com/doi/abs/10.1177/1469787417731201 [Accessed on 15-11-2021]

Varghese, S. S., Ramesh, A., & Veeraiyan, D. N. (2019). Blended Module-Based Teaching in Biostatistics and Research Methodology: A Retrospective Study with Postgraduate Dental Students. *Journal of dental education*, *83*(4), 445-450. https://onlinelibrary.wiley.com/doi/abs/10.21815/JDE.019.054 [Accessed on 15-11-2021]

Villarroel, V., Bloxham, S., Bruna, D., Bruna, C., & Herrera-Seda, C. (2018). Authentic assessment: Creating a blueprint for course design. *Assessment & Evaluation in Higher Education*, *43*(5), 840-854. https://www.tandfonline.com/doi/abs/10.1080/02602938.2017.1412396 [Accessed on 15-11-2021]