

Leading the way

*International Radiographer Advanced Practice Conference*



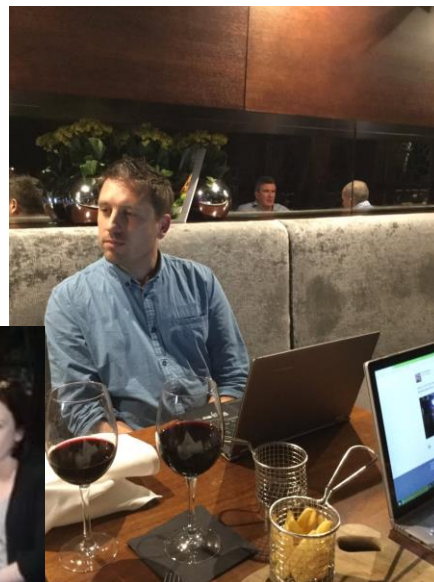
Advance Practice: lead, manage or  
enable –  
How do you do all 3?

# **hello** my name is...



Bev Snaith

# @MedRadJClub





# Advance practice

- Radiographer practice
- May include undertaking medical (and other) tasks
- Requires a broader skill set than just clinical

# Relevance

- For (aspiring) advanced practitioners
  - Knowing how to influence upwards
  - Presenting the solution not the demands
- For managers
  - Which role do you play, are they mutually exclusive
  - Which gets the job done
- For academics
  - Providing appropriate learning opportunities
  - Ensuring programmes are relevant to practice

# Level of practice

- Extended/Advanced / Consultant

- CPD/PG vs Masters vs PhD
- Operational vs Strategic
- Developing roles and practice
- Local protocol vs Corporate policy
- Audit vs Research
- Contributing to UG vs PG education

# Definitions

- Lead
  - To show the way, esp by going first;
  - To direct by influence.
- Manage
  - To control the behaviour of;
  - To have charge of.
- Enable
  - To give the authority or means to do something;
  - To make easy or possible.

The new choice English dictionary 1999

# Personal journey

- Qualified (DCR) 1987
- Reporting course 1995
- SCoR council member 1998-2001
- Complete MSc 1999
- Secondment as informatics project manager 2000-2
- First article published 2001
- Moved to Mid Yorkshire NHST 2002
- Consultant post 2004
- PgD US but exit DProf 2010
- Trainee Consultant radiographer project 2009
- PhD 2013
- Secondment to NHS Vanguard 2016

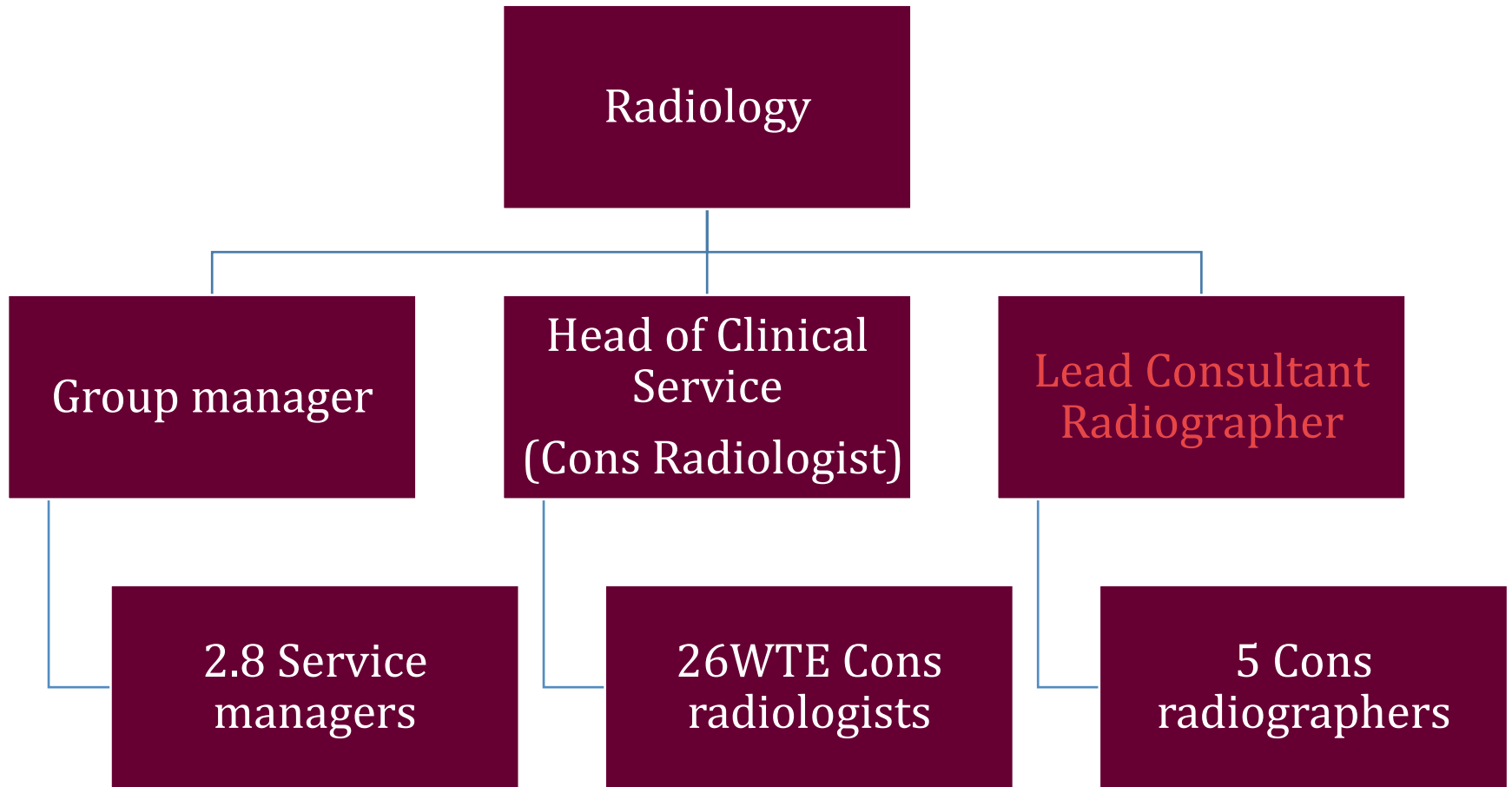
# MY Trust

- 3 hospital sites
- Tertiary burns and spinal injuries services
- 2011 - 2 new PFI hospitals
- Radiology referrals increasing
- 4 tiers (8AssP & 6Cons)
  - 26WTE cons radiologists





# MY management structure



# Influencing practice

## - Radiographer reporting

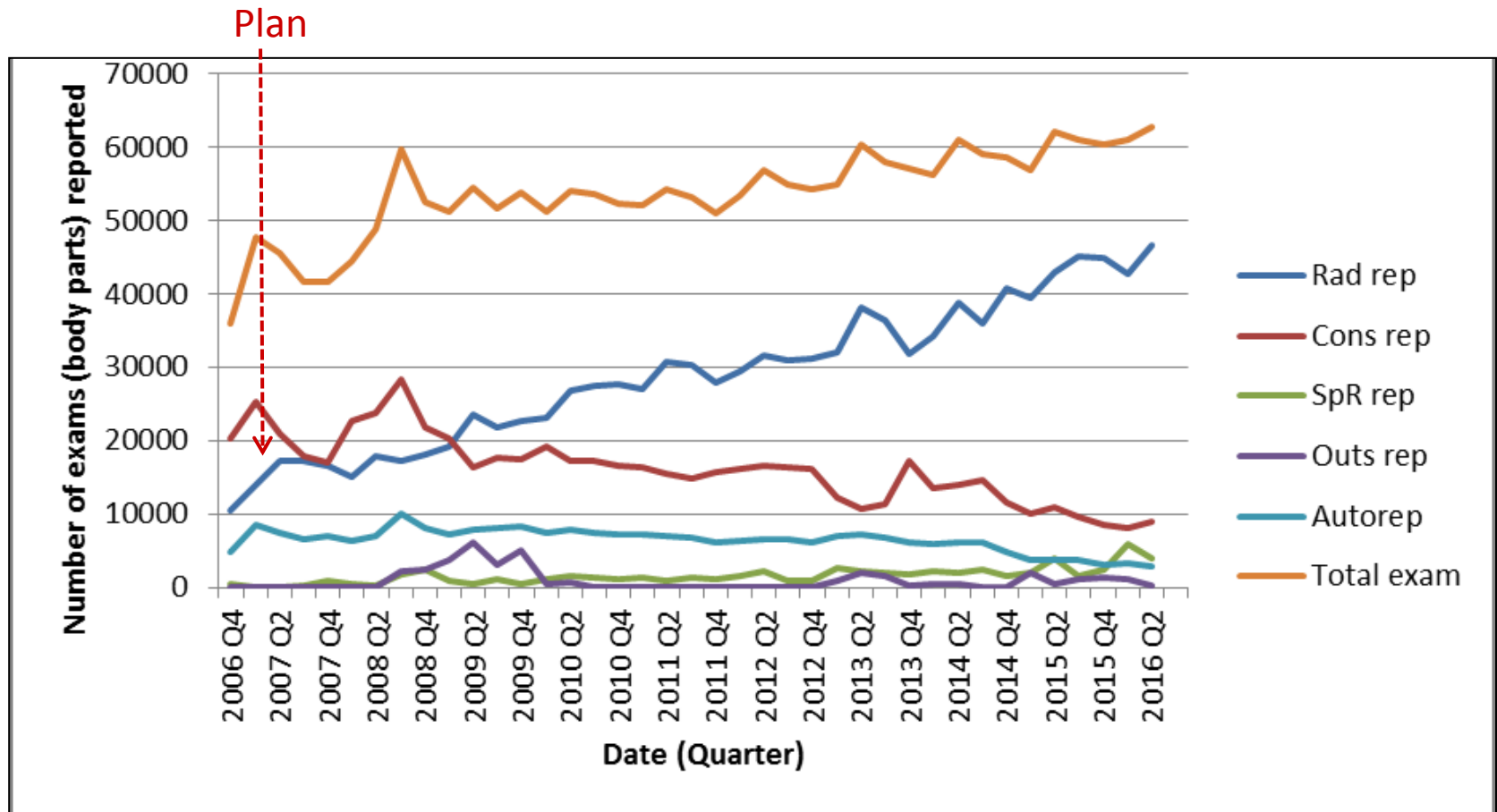
- PACS implementation
  - Reporting delays and non-reporting (SI 2007)
- Increasing demand
  - National targets driving waiting time down
  - CT, MR workload increasing >10% per annum
  - MDT radiologist pressures
- Radiographer reporting in place
  - 20 sessions/week ED MSK referrals (limited hot report)
  - Pay AfC band 7 – not fully utilised

# Radiology plan 2007

- Short term outsourced
- Increased radiologist numbers by 2
- Plus equivalent of 3<sup>rd</sup> post for radiographers
  - 3 new junior radiographers posts created
  - Increased capacity to >40 sessions
  - 7day service immediate reporting (standard pay rates)
  - Develop CXR/AXR reporting

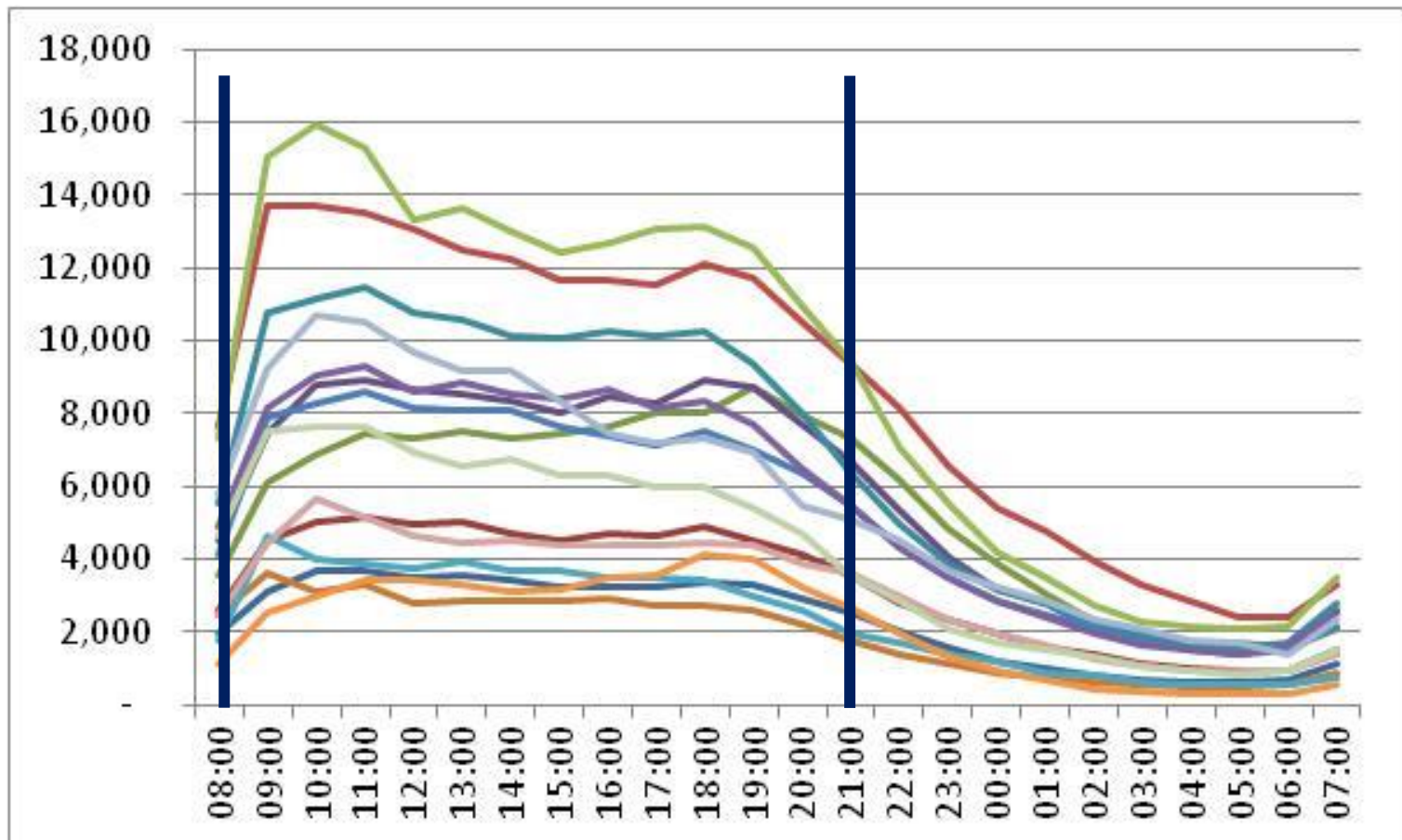


# Contribution to workloads





# Matching activity to referrals



# Outcomes

- Improved patient outcomes/experience
- Cost saving –immediate reporting
  - Reduced ED recalls
  - Reduced bed stays
  - Increased accuracy
  - Healthcare economy saving £23per pt
- Advancing radiography practice
  - Improved utilisation
  - Job satisfaction
- Radiologists
  - Release to undertake other tasks



# Reality

- Strategy took leadership
- Service was managed
- Individuals were enabled



# Developing the next generation -Trainee consultants

- Benefits
  - Test the water
  - Secondment or run through appointment
  - Exit route for both parties
  - Value for money
  - Gain confidence/credibility
  - Shows not just 'more advanced'
- Risks
  - Lose individual
  - Post availability
  - Non-clinical time
  - Failure





# Development

- Established outcomes
  - Based upon competencies required of consultant
    - Clinical expertise
    - Practice and service development, research and evaluation
    - Leadership and consultancy
    - Education, training and development
- Self driven (did not 'train')
- 3 month reviews
- Gap analysis
  - Personal development plan
  - Organisational development (360°/ACE/Big 5)

# Expected outcomes

- Masters Degree
- Contribution to relevant MDT(s)
- Practice & service development, research & evaluation
  - Minimum 1 peer review article and 1 conference abstract
  - Clinical pathway developed
  - Audit programme initiated
  - Change management project
- Education and training
  - Workforce plan with training needs
  - Explore academic partnerships (education and research)
- Leadership and consultancy
  - Cost saving / income generation

# Actual outcomes

## Challenges

- New hospital builds extended secondment period
- Management integration
- Motivation and drive
- Direction

## Cost neutral

- Income has covered additional costs

## The reality

- “I think I went in really keen and enthusiastic, but I can honestly say after 12 months I’m absolutely exhausted”
- “...you’re given a task to do and before you’ve finished it you’ve got another 3 things to do...”
- “...I know you shouldn’t take a lot of work home with you but you do...just burning the candle at both ends”
- “...oh I’m fed up...”

Research Article

## Paper 1: Conceptualizing the Transition from Advanced to Consultant Practitioner: Career Promotion or Significant Life Event?

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### ABSTRACT

**Background:** The diversification of nursing and allied health profession (AHP) roles has seen unprecedented growth as organizations have sought to optimize limited health care resources. Within the UK health care system, the nonmedical consultant is viewed as the pinnacle of the clinical career ladder. Yet, nearly 15 years after their introduction, recruitment to these positions remains slow. Criticisms of nonmedical consultant practice include a lack of role clarity, a failure to work across the four domains of consultant practice, a lack of suitable applicants, and poor preparedness of new appointments. Although there is evidence exploring the nature and effectiveness of established consultant roles, little research addresses the development phase of aspiring consultants.

**Objectives:** To explore the transitional journey experienced by trainee consultant radiographers as they move from advanced to consultant practitioner within a locally devised consultant development programme.

**Design:** Longitudinal qualitative enquiry.

**Methods and Settings:** Five trainee consultant radiographers were recruited to a locally devised consultant practice development program within a single UK hospital trust. Semistructured interviews were undertaken at 1, 6, and 12 months with the trainees.

**Results:** A challenging journey was recounted involving five key emotional stages that occurred in a consistent and predictable order (ie, elation, denial, doubt, crisis, and recovery). The identified stages had close parallels with Hopson's Life Events model, suggesting that transition to consultant practice is a significant life event rather than a straightforward job promotion.

**Conclusions:** Current emphasis on the four domains of practice, although providing a clear framework for expected external role outcomes, overlooks the importance of the internal or subjective career development on the perceived success or failure of the role. Employers, educators, and professional bodies have a responsibility to facilitate aspirational consultants to explore and enhance their

internal career development, offering more time to define themselves and their role with support to guide them through the transition journey.

### RESUME

**Contexte :** La diversification des rôles de soins infirmiers et des autres professions du domaine de la santé a connu une progression sans précédent alors que les organisations s'efforcent d'optimiser des ressources limitées en santé. Au sein du système de santé du Royaume-Uni, le rôle de consultant non-médical est perçu comme le sommet de l'échelle de carrière pour un clinicien. Pourtant, près de 15 ans après leur création, le recrutement pour ces postes reste difficile. Les critiques exprimées envers la pratique de consultant non médical comprennent le manque de définition du rôle, le défaut de travailler dans les quatre domaines de la pratique de consultation, le manque de candidats adéquats et le manque de préparation des nouveaux titulaires. Bien qu'il existe des données probantes sur la nature et l'efficacité des rôles de consultant établis, peu de recherches ont été faites sur le développement des aspirants consultants.

**Objectifs :** Explorer la transition vécue par les radiographes consultants stagiaires pendant leur passage de la pratique avancée au rôle de consultant dans un programme de développement des consultants développé à l'échelle locale.

**Conception :** Étude qualitative longitudinale

**Méthodologie et contexte :** Cinq radiographes consultants stagiaires ont été recrutés dans un programme de développement des consultants développé à l'échelle locale dans un même trust hospitalier du Royaume-Uni. Des entretiens semi-structurés ont été tenus avec les stagiaires après un, six et douze mois de formation.

**Résultats :** Les stagiaires racontent un parcours difficile comprenant cinq stades émotionnels clés qui surviennent dans un ordre constant et prévisible (exaltation, déni, doute, crise et récupération). Les stades recensés présentent une étroite corrélation avec le modèle d'événements

Research Article

## Paper 2: Conceptualizing the Transition from Advanced to Consultant Practitioner: Role Clarity, Self-perception, and Adjustment

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### ABSTRACT

**Background:** Interest in the influence of emotions on behaviour, decision making, and leadership has accelerated over the last decade. Despite this, the influence of emotions on career advancement and behaviour within radiography and radiotherapy has largely been ignored. The ease of transition from one work role to another within an individual's career may be influenced by previous experience, personal characteristics, organizational environment, culture, and the nature of the role itself. Consequently, the transition from the often well-defined role of advanced or specialist practitioner to the more fluid role of consultant practitioner is associated with changing emotions as reported in the first part of this two-part series. What remains unexplored are the emotional triggers that pre-empt each stage in the transition cycle and how our understanding of these might support the successful implementation of consultant practitioner roles.

**Objectives:** To explore the emotional triggers that pre-empted each stage in the transitional journey of trainee consultant radiographers as they moved from advanced to consultant practitioner within a locally devised consultant development program.

**Design:** Longitudinal qualitative enquiry.

**Methods and Settings:** Five trainee consultant radiographers were recruited to a locally devised consultant practice development program within a single UK hospital trust. Semistructured interviews were undertaken at 1, 6, and 12 months with the trainees.

**Results:** Although all trainee consultant radiographers experienced the emotional events described in the first part of this two-part series in a predictable order (ie, elation, denial, doubt, crisis, and recovery), the timing of the events was not consistent. Importantly, four emotional triggers were identified, and the dominance of these and the reaction of individuals to them determined the emotional well-being of the individual over time.

**Conclusions:** This study provides a unique and hitherto unexplored insight into the transition journey from advanced or specialist practitioner. Importantly, the findings suggest that commonly adopted supportive

change interventions may, in fact, trigger the negative emotions they are intended to alleviate and disable rather than enable role transition.

### RESUME

**Contexte :** L'intérêt envers l'influence des émotions sur le comportement, la prise de décisions et le leadership s'est accéléré au cours de la dernière décennie. Malgré cela, l'influence des émotions sur la progression de carrière et le comportement dans les domaines de la radiographie et de la radiothérapie a été largement ignorée. La facilité de transition d'un rôle de travail à un autre dans le cours de la carrière d'un individu peut être influencée par les expériences antérieures, les caractéristiques personnelles, l'environnement et la culture de l'organisation, ainsi que par la nature du rôle lui-même. Par conséquent, la transition entre le rôle souvent bien défini de la pratique spécialisée ou avancée et le rôle plus fluide de praticien consultant est associée à des changements émotionnels, comme le signale le premier article de cette série de deux. Il reste à explorer les déclencheurs émotionnels qui permettent la préemption de chacun des stades du cycle de transition et comment notre compréhension de ces déclencheurs pourrait appuyer la réussite de la transition et du rôle de praticien consultant.

**Objectifs :** Explorer les déclencheurs émotionnels qui permettent la préemption de chacun des stades du cycle de transition des radiographes consultants stagiaires pendant leur passage de la pratique avancée au rôle de consultant dans un programme de développement des consultants développé à l'échelle locale.

**Conception :** Étude qualitative longitudinale.

**Méthodologie et contexte :** Cinq radiographes consultants stagiaires ont été recrutés dans un programme de développement des consultants développé à l'échelle locale dans un même trust hospitalier du Royaume-Uni. Des entretiens semi-structurés ont été tenus avec les stagiaires après un, six et douze mois de formation.

**Résultats :** Bien que tous les radiographes consultants stagiaires aient connu les événements émotionnels décrits dans le premier article de



# Reality

- Strategy took leadership
- Individuals were enabled
- But outcomes needed to be managed



# How to succeed at all 3

- Win friends and influence people
- Have a broad knowledge base
- Propose solutions
- Develop the evidence
- Share the experience

If you want to go fast, go alone;  
If you want to go far, go together.

African Proverb

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– Jim Goodnight

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