

September 2017

Kirstie came on a dissection class where the focus was on the thorax and connective tissue structures of the upper back and how they relate to the lungs and heart.

Dear Julian,

As you may or may not remember, I have transitioned into my role as an Advanced Nurse Practitioner in Primary Care in the last year. This has been a steep learning curve! I have been eager to make sure my clinical examination skills are up to scratch and as I am sure you are aware, in a court of law, the 'but I'm not a doctor gov' line would not hold any water. I have to be as clinically switched on as my GP peers and am responsible for what I diagnose and the prescriptions I issue; nurses who are trained to prescribe now have no restrictions on what they prescribe, other than that they must be competent and confident in what they are prescribing. Essentially this means my practice just keeps on extending.

This is the changing face of primary care- allied professionals taking on extended roles, mainly led by the chronic and burgeoning shortage of GP's and the every growing need out there; ageing populations with increasingly more complex needs. At my surgery there is no triage system- you either get me or a GP, there is no differentiation. This means I can be dealing with anything. In the last 48 hours I have sent someone to the surgeons with a suspected perforated duodenal ulcer, organised investigations and prescribed diuretics for an elderly lady with a new onset of heart failure and referred a lady with suspected MS to the neurological team after a full neurological assessment. You catch my drift- I have to be able to perform all relevant examinations and know what I am looking for.

When I came on your course I wasn't quite sure what I was hoping for, other than it might help me make my way around the body with a greater confidence and finesse. It is a sad fact that nurses go in to these extended roles and only get a fraction of the training that medics do. I gravely felt the gaps in my knowledge, particularly around anatomy and physiology. My MSc in Advanced Clinical Practice focuses on examination and

diagnostic skills and already assumes a high degree of A and P knowledge. My nursing degree had a very minimal amount of A and P. I have essentially plugged this hole by myself, chipping away at it with various text books and web sites.

Here is what you have done for me;

You have helped me imprint in my mind exactly where structures are so that when I am examining I have a vivid sense of what lies beneath my fingers. When I talk to patients about what I am palpating and why, I can do so confidently, without a sense of there being an element of guesswork. Prior to dissection I had been taught how to examine and where to palpate but it always felt a bit like I imagine blind people do when negotiating a familiar territory- having a functional knowledge but with crucial colourful vivid spacial information missing. Essentially I was practising blindfolded!

After seeing the lungs inflate I felt wholly different about chest examination. It was one of the most stunning things I have ever witnessed. It gave me a whole new respect for lung function and how I discuss asthma and COPD with patients and assess for lung disease, either chronic or acute. It made chest auscultation 3D instead of 2D, if that makes sense? When I auscultate, I also imagine what I would be seeing if I could see inside. When we compared the healthy lungs of our lady to that of our gentleman, who perhaps had COPD and was clearly a smoker, and felt the difference in lung tissue, I was emboldened to change my practice and passionately discuss smoking cessation with patients rather than simply paying it lip service in order to tick a QoF box.

We only briefly touched upon the abdominal cavity as that was not what we were there for, however simply seeing the organs in situ has remained indelibly with me. As I mentioned, only yesterday I referred a patient to the surgeons. He had an extremely complicated medical history, somewhat vague symptoms and was alcohol dependent with cirrhosis, a history of pancreatitis and also of bleeding varices. Having those very clear images of the abdominal cavity images in my mind during his examination aided me greatly and somehow has also allowed me to feel significantly more confident when referring on to more highly trained

and credentialed colleagues. I'm sure you can appreciate that whilst some of these colleagues are generous and forgiving, others can be unmerciful and the old school attitudes prevail, so occasionally nurses such as myself, get a grilling, just to make sure we know our stuff. Confidence is paramount! I can tell you that that short glance was invaluable to my practice as I examine abdomens almost every day.

Finally, the heart. This has been my Achilles heel for years! I have an incredible memory for numbers and can remember facts with ease. However, I struggle with recalling structures from books. Thus, remembering the finer details of heart anatomy has been a nightmare and something I have to frequently revisit, particularly if I haven't had to recall it for a while. Since working with you, this seems to have lifted and my recall has been perfect.

I can only hope that other nurses, physios, OT's etc in extended roles are able to benefit from your knowledge. I wouldn't hesitate to recommend your highly professional courses to anyone looking for ways to improve their practice.

I am aware that you mostly teach holistic practitioners and this pleases me as it gives me hope that one day through ventures such as yours, that the 'medical' world and the 'holistic' world may compliment and support each other instead of being so at odds, especially given the plethora of research into the physiological benefits of yoga and so called 'alternative treatments' and the burgeoning body of evidence regarding the limits and dangers of pharmaceuticals. Only yesterday was I reading an new document by the BMA on chronic pain, which reiterates just those issues. The evidence around using analgesia long term is scanty. We do it because so far there has been little else. And we know the dangerous ramifications. Perhaps holistic practices hold some of these keys?

All the very best to you Julian. I hope to see you again for a longer dissection at some point and bring some colleagues, if you can extend the invitation out to more nurses in a similar role to myself.

Kind regards,

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