

Case Study for Advanced Practice Role

Heather Norris

Specialist Neonatal Dietitian and
Regional Lead Dietitian for Southwest
Neonatal Network

University Hospital Bristol and Weston
Foundation Trust

Briefly outline your career journey and when you began your Advanced Practitioner/Advance Clinical Practitioner training.

I've been a dietitian for over 20 years, starting out in adults and progressing my way towards paediatrics, working both in the hospital and community settings.

I always wanted to be a paediatric dietitian, and self-funded my first BDA Paediatric module many years ago in order to pave the way! I moved to Bristol to work at Bristol Royal Hospital for Children 12 years ago, starting in a Band 6 rotational post, where I made my way up to the Neonatal unit and have now been there for nearly 8 years as a Band 7. I've done the BDA Module 5 in Neonatal Dietetics, both as a student and more recently helping to deliver some of the workshops.

St Michael's is a busy Level 3 Surgical unit serving the whole of the Southwest, and the dietetic role is well embedded as part of the multi-disciplinary team. With my managers support and encouragement, I completed my non-medical prescribing course last year, and was accepted onto the ACP apprenticeship route in September 2022.

What have been the key benefits to the NHS/patient care of your Advanced Practitioner/Advance Clinical Practitioner role?

I am only a few weeks into the programme, and on my module, I am the only AHP. Apart from a pharmacist, and possibly a paediatric nurse, everyone else is an advanced nurse practitioner. I am proud to be trailblazing as a Neonatal Dietitian, but it does mean that everything is new. I think an important part of this journey is to promote and showcase the important role of AHPs in Advanced Practice. There are many ways that I can see that this role will have a positive impact on patient care, it's an exciting time to be a neonatal dietitian as things are developing fast. I will have great opportunities to be more involved with research, quality improvement, supporting breast feeding, and family integrated care.



Why did your organisation/department develop the role of an Advanced Practitioner/Advance Clinical Practitioner?

We developed a business case for an Advance Clinical Practitioner (ACP) role for a neonatal dietitian with the full support and encouragement of my department manager. This was done in response to being fully embedded on the Neonatal Unit and starting to develop practice as an Advanced Practitioner. We thought that this would celebrate the level that I was working at already, as well as developing the role to further develop my expertise across the four pillars of advanced practice. Neonatal health professionals have little formal nutrition training, and so rely very heavily on dietetic expertise. The Matron was very supportive of developing this role as well as the Clinical Leads. After the Neonatal Critical Care Review in 2020 the important role of AHPs on Neonatal Units has become more widely recognised, and the development of the HEE funded ACP apprenticeship pathway has enabled me to officially embark on this journey.

Describe your work as an Advanced Practitioner/ Advance Clinical Practitioner – how does your role encompass the 4 pillars of advanced practice?

Clinical -

I am a vital part of regular ward rounds on Intensive Care, high dependency and special care. Neonates need expert nutritional support at all stages of their feeding journey both on NICU and post discharge.



Dietetic
Workforce Development
Programme

I work very closely with the pharmacist to monitor blood test results, fluid volumes for tailoring individual Parenteral Nutrition and enteral nutrition feeding plans. I also help to support breast-feeding and work together with the infant feeding team, as well as the Neonatal Outreach Team and medical teams in order to prioritise this.

Leadership –

I attend NICU business meetings, as an AHP representative, and organise regular meetings for our nutrition team which comprises of a consultant neonatologist and a neonatal pharmacist. We are given lead roles within our department, and I have taken on chair of the breast-feeding strategy group at BRHC. I also have leadership roles within BDA Specialist Groups such as the Neonatal subgroup, and the BDA breast-feeding group. This led to me being successfully appointed as a Regional Lead Dietitian for the SW Neonatal Network in March 2022. This is a leadership role working to reduce inequalities in access to AHPs, develop regional guidelines, and promote the role of the Neonatal Dietitian. This means that my leadership opportunities are varied, ranging from being involved with recruitment, developing business cases, clinical supervision and more.

Education –

I have plenty of responsibility for developing nutrition education, on NICU I deliver nutrition education to many health professionals, including doctors, nurses, and other AHPs. I have also developed some breast-feeding education sessions for nursing staff at BRHC on a rolling programme, contribute to team away days, GRID neonatal trainees, surgeons etc. I regularly contribute to the module 5 Neonatal nutrition course, as well as having presented at BAPM conference, BDA study days and other specialist groups.

Research –

This is an area that I am becoming more involved with, over the years I have led several audits, and been involved in department wide research projects. More recently in my regional role I am becoming more involved in neonatal research, both on our unit and developing engagement in research projects as a Network, which is an exciting new way of working for me.

Which other health professions or other key groups/bodies do you work with as part of your Advanced Practitioner/Advance Clinical Practitioner role?

I work closely with a Speech and Language Therapist (SLT), Occupational Therapist and physio as part of my Regional neonatal dietetic role. We are finding that we have a huge amount of impact when we work collaboratively, and have started to develop MDT training/education sessions that we deliver together which is so much more powerful. An infant's feeding journey has so many different aspects to it that we all have something to offer, and it means that families get more cohesive and integrated care.

As part of my clinical role, I work closely with the pharmacist, neonatologist, surgeons, gastro enterologists, endocrinologists, cardiologists, junior doctors, both qualified and unqualified nurses, midwives, SLT, physio, infant feeding team. I also work with the BDA Neonatal Interest Group, other Regional AHPs leads across the country, BDA ACP interest group and more.

What have been your main achievements?

I passed my non-medical prescribing course last year, in the midst of COVID restrictions and a busy workload. I also have 3 children and a busy home life so it was not an easy road!

My non-medical prescribing course contributes 2 modules towards my ACP Msc, so it feels like a good step in the right direction. Getting the job as the Regional AHP Dietetic lead was also a good achievement this year.

I was part of the work that we did toward developing the UNICEF BFI learning outcomes for student dietitians, which was a great achievement, and we hope to build on this with some education for qualified dietitians in the future.

What future challenges/opportunities and/or innovations do you see as an Advanced Practitioner/ Advance Clinical Practitioner?

I think I think that there will be more opportunities for AHPs as they can demonstrate their particular skills across the four pillars of advanced practice. I'd like to see dietitians as independent rather than supplementary prescribers, as this is very limiting in acute hospital settings.