

90091**A programme to support resilience and clinical excellence in inherited cardiac conditions nurses based in the hospital and charity sector during the COVID-19 pandemic and beyond**

Doctor T Bueser, Mr A Phillips, Ms C Kirkby, Ms J Partridge, Ms F Kearn, Ms L Moss, Ms C Evans, Professor J Sanders

St Bartholomew's Hospital, London, United Kingdom of Great Britain & Northern Ireland

Alan Phillips Associates, Manchester, United Kingdom of Great Britain & Northern Ireland

St Bartholomew's Hospital, Barts Heart Centre, London, United Kingdom of Great Britain & Northern Ireland

Cardiomyopathy UK, London, United Kingdom of Great Britain & Northern Ireland

St Bartholomews and Queen Mary University, William Harvey Research Institute, London, United Kingdom of Great Britain & Northern Ireland

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Background: The COVID-19 pandemic affected health care systems profoundly. Inherited cardiac condition (ICC) specialist nurses were redeployed to intensive care or acute settings which either left services with no nurse or a single nurse manning a normally busy service (Bueser 2020). An exponential rise in patients reaching out to patient support charities was seen (Charity Today 2020) and at the peak of the pandemic, nurses based at an ICC charity dealt with 599 inquiries which was a 328% increase in activity. The toll on the mental health of nurses during the pandemic is well documented and programmes have been suggested to address this which includes peer support and psychological support by clinical psychologists

Purpose: The aim was to develop and strengthen collaborations between ICC specialist nurses in a tertiary hospital and those working in the community charity sector; and provide peer and psychological support to enable consistent high quality patient care.

Methods: The project was based on Wenger's (1999) Communities of Practice (COP) framework model of situational learning, collaboration among peers, working to a common purpose. To develop the counselling aspect, a psychotherapist led a scoping exercise with the group. The 4Rs Skilled Helper Programme (SHP) of reflective learning, supervision and continuing professional development was then adapted as a bespoke programme - combining 30 hours of formal counselling, communication and reflective learning skills with equal attention to the normative, formative and restorative components of support and development needed to ensure practitioner health and wellbeing and the safety and quality of patient care

Results: Nine ICC nurses from a tertiary hospital and 3 from the charity sector participated in the project. Nine nurses undertook the tailored 4RS SHP course, adapting Egan's 3 stage problem-solving, decision-making and opportunity development framework as the vehicle for personalised, psychosocial, time-sensitive decision-making and informed consent for patients, and for the identification of support and development strategies that represent the 'best fit' for both clients and practitioners in their particular social and organisational circumstances. Counselling supervision is ongoing on a whole group, team and individual basis and provides opportunities to discuss collaborations, gain support for challenging clinical cases and work situations; and promoting psychological well-being.

Conclusions: The COP established through this project alongside the development of a bespoke counselling course and psychological supervision is an exemplar of how nurses can be empowered to continue to provide excellent care despite challenging circumstances. The 4RS SHP course also specifically addresses the competency needs for ICC nurses as move towards a genomics-driven, personalised health care delivery model.