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## CONFERENCE ABSTRACT

### **Caring for older people living with frailty: a coaching and educational intervention for district nurses (DNs)**

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#### ***Introduction***

The number of people living with frailty is steadily increasing worldwide and is a key driver for effective integrated care. Despite this, preventing and managing frailty remains a new area for much of the community workforce. The Frailty Capability Framework (Skills for Health, NHS England 2018) is a major advance in UK but frailty specific education remains limited. We present the results of the first phase of a project in Ayrshire and Arran, Scotland, to strengthen the capability of DNs in leading personalised integrated care for older people living with frailty.

#### ***Methods***

We adopted a participatory action research (PAR) cyclical approach (i.e. planning, reflection, action, evaluation) to enhance the knowledge, confidence and capability of DN participants. We conducted three focus groups (n=17) and one one-to-one interviews with community health professionals and collected baseline team dynamics questionnaires (n=10). We also conducted a field observation day of DN interactions when managing the person who is frail at home. We conducted thematic analysis of textual data.

#### ***Results***

Our analysis revealed two major themes: “the concept of frailty” (including meaning and processes) and “knowledge of frailty” (including education needs and confidence). Our sample of DNs did not perceive frailty as a long term condition. Participants identified a need for a conceptual framework to use in their community nursing and interdisciplinary practice. This evidence has been used to co-create a prototype framework and a 9 month combined person centred coaching and educational programme. Nine DNs are being supported by an experienced person centred coach and 2 citizen ‘co-coaches’ who bring the lived experience of people affected by frailty. Face to face small group learning sessions are complemented by web based coaching and bite sized online education on topics identified by the cohort as important.

### ***Discussion***

Results from the project's first phase concur with existing evidence that the knowledge of the nursing workforce regarding managing frailty is variable. Current system pressures limited demographic and clinical diversity of our participants. However, participating DNs embraced the coaching and educational intervention and valued the dialogue with peers and co-coaches about what really matters to patients, families and professionals.

### ***Conclusion***

Frailty is preventable and potentially reversible with early intervention. By co-design we have developed a contextually sensitive programme that makes sense of frailty in the reality of both community professionals and people living with frailty.

### ***Lessons Learned***

The programme combines technical knowledge and relational skills-building with peer support and coaching to enable DNs to lead interprofessional teams caring for people living with frailty.

### ***Limitations***

This work is focussing in one area of Scotland only. However, the depth of the discussions and the multiple perspectives offer transferable insights.

### ***Suggestions for future research***

Our intention is for the end product, i.e. the framework and combined coaching and educational package, to be tested more widely in Scotland, adapted for the extended interdisciplinary team, and for other health and care systems.