

## Case Study for Advanced Practice Role

# Lauren McVeigh

Regional Specialist Paediatric Dietitian  
(Gastroenterology)

University Hospitals Bristol and Weston  
NHS foundation Trust, Bristol Royal  
Hospital for Children (Tertiary Centre)

### What is your role as an Advanced Practitioner?

I currently work as regional specialist dietitian and lead the gastroenterology and nutrition support dietetic team covering patients across Bristol and the Southwest region.

This involves providing expert advice to patients, their carers, and staff looking after patients who require complex diet therapy for conditions or have ongoing complex needs (medically and/or socially) requiring long term nutrition intervention and support. My role as a dietitian within the paediatric gastroenterology team has developed to enable me to continue to work closely with the multidisciplinary team but also now provide a dietetic led service for a range of gastrointestinal conditions. Our gastroenterology dietetic service is now responsible for clinical management of all paediatric patients with coeliac disease in place of a consultant and we act as the first point of contact for suspected coeliac disease in patients where a diagnosis could be confirmed via serological testing.

I am currently going through the Health Education England Advanced Clinical Practitioner e-portfolio route which I hope to complete within the next year. The aim of this route is to recognise the work being done within my extended role at an advanced practitioner level and gain formal accreditation as an Advanced clinical practitioner (ACP).

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

One of the key benefits we have demonstrated is improved waiting times for patients in achieving a diagnosis of coeliac disease via our dietetic led clinic compared to previously consultant led service. An audit of our service has shown patients are diagnosed and start treatment on average 38 days quicker through our dietetic led clinic.



Although a formal service evaluation is yet to be conducted for wider management of these patients, verbal feedback from families has been very positive and they feel they have received a high standard of care in a timely manner.

### Describe your work as an Advanced Practitioner/Advanced Clinical Practitioner – include how you include the 4 pillars of Advanced Practice.

#### Clinical -

My current role requires me to work at a high degree of autonomy and be confident in applying advanced clinical reasoning in a range of situations, often involving complex decision making.

Skills in leading a more medical orientated consultation are needed including history taking, systems review and having knowledge and training for physical examination and assessment to help inform differential diagnosis, treatment planning and delivering interventions.

Dietetic management for all coeliac patients, improving access to care and decreasing waiting times for diagnosis and treatment. I hope to expand on this dietetic led service formally to include other patients who could be assessed and if appropriate managed by dietary treatment only e.g. IBS, IBD on exclusive enteral nutrition, non-IgE food intolerances.



Dietetic  
Workforce Development  
Programme

## Leadership –

I currently lead the gastroenterology dietetic team where I am responsible for HR procedures, including performance management and appraisal; individual staff professional development and supporting caseload management.

As the lead paediatric gastroenterology dietitian for the children's hospital, I am also responsible for reviewing team practices, audit service provision and contribute to the general operational management of the wider gastroenterology service with a focus on improving patient outcomes. This has included developing and implementing policies and guidelines locally and regionally on our specialist area, as well as supporting other health care professionals with their workload and providing training in nutritional management of gastrointestinal disorders.

As gastroenterology team lead, I contribute to the Divisional and Trust safety, quality, effectiveness and clinical governance programmes and any other related initiatives.

## Education –

I have completed a Master's degree in Advanced Professional Practice (Paediatric Dietetics) which has helped underpin the development of my current role and have also undertaken subsequent modules in physical assessment and clinical reasoning of children.

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Part of the work as an Advanced Practitioner is also supporting education of others and I frequently provide peer support, advice and education to dietitians both within the department and regionally regarding specific patients.

I have also facilitated professional development opportunities for visiting dietitians with an interest in paediatrics and other members of the multidisciplinary team, supporting inter-professional learning.

## Research –

As part of my clinical and leadership role, I am required on a regular basis to critically appraise and evaluate relevant research, particularly in the production and review of clinical guidelines and policies which to underpin our practice and inform others. Regular audit and service evaluation is part of my role linked to practice improvement projects.

I have been able to disseminate my reviews of research and best practice through publications within journals and webinars.

During my time at the children's hospital, I have also been fortunate to be offered the opportunity to contribute to wider research activity with commercial nutritional formula trials and have undertaken good clinical practice training to support my role with this.

## Which other health professions or other key groups/bodies you work with as part of your AP role?

I work closely as part of a wider multidisciplinary team including paediatric gastroenterologists and junior medical staff, clinical nurse specialists and clinical psychologists.

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

I am looking forward to developing this role further over the coming years which I hope will be possible through further qualifications such as non-medical prescribing.

A big challenge currently is the time required to gain these qualifications which is difficult to accommodate within a busy clinical and management role.