



LEARNING NEEDS ASSESSMENT TOOL

**for Nurses Working in
Multiple Sclerosis**

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The Learning Needs Analysis Research was undertaken by Dr Angus Forbes, Professor Alison While and Dr Roz Ullman of King's College London on behalf of the MS Trust

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Our grateful thanks to all the people with MS and health professionals who completed the research questionnaires.

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Foreword

In September 2001 the MS Trust selected King's College Hospital London to undertake the development of a fully validated Learning Needs Analysis tool. The MS Trust felt that the research would enhance the understanding of the skills required by nurses working with people with MS and thus inform our future work, and also provide individual nurses with a validated rationale for undertaking training and development. The Grand Charity gave funding for the project and for this we remain very grateful.

Professor Alison While, Roz Ullman, and Angus Forbes, all of whom had knowledge and previous experience of research within the MS field, undertook the research. In addition Jane Johnson, another experienced researcher in MS, was recruited to be part of the steering committee.

As part of the research nurses at all levels contributed their time and energy as did people with MS and several academics. Thank you to all these participants.

Whilst the core research was completed within a two-year period, the last six months have been spent working with Angus Forbes and a subgroup from the UK MS Specialist Nurse Association, developing regional trainers who will now be able to work with all the MS specialist nurses across the UK. The UKMSSNA members/regional trainers are:

Sam Colhoun, Gail Hayes, Liz Keenan, Fiona Lynch, Viv Oliphant, Andrew Russell, Pauline Shaw, Jacqueline Smee, and Heidi Thompson.

It may have taken two and a half years since the first concept was discussed but we are very pleased to see the launch of this Learning Needs Tool and hope that it will be of practical use to MS specialist nurses and thus indirectly benefit people with MS. It will need updating so if you have any comments at any stage please do not hesitate to contact us.

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1. Welcome to the Learning Needs Assessment Tool for MS Specialist Nurses

Identifying your learning needs can be a very empowering process and developing critical insight into your practice is a key feature of advanced nursing practice.

Welcome to the learning needs assessment tool for multiple sclerosis (MS) nurse specialists. The purpose of this tool is to help you identify areas of your professional practice which may need further development in advancing your expertise in the care of people with MS. The tool has been designed to help you consider a number of questions which will help you to develop your clinical and professional practice:

- Where am I now?
- What are my learning needs?
- How, where and with whom do I learn?
- How can I meet my learning needs?
- What do I do next?

The tool is organised in sections which address each of these questions in turn. In each section you will be presented with different exercises to help you profile your learning needs. The exercises include:

- mapping your current role;
- identifying the priorities for your service;
- caseload profiling;
- learning needs analysis;
- and developing a learning profile.

While ideally you should tackle each section in the sequence presented, some elements may be used discretely should you want to focus on a particular aspect of your learning needs. Each exercise comes with a recommendation on how long you should spend on it. It is not envisaged that you sit down and go through all these exercises in one sitting and some exercises demand that you undertake discussion with others or that you analyse areas of your practice. It has been estimated that completing the learning needs exercises will take about 30 hours of study and reflective time, equivalent to about four study days.

The tool uses a blend of reflective and more objective approaches to learning needs assessment. This blend reflects the multifaceted nature of MS specialist

nursing practice and the fact that each practitioner will be at different stages in their professional development. The more objective exercises are based on validated scales and will provide you with scores suggesting how confident you are in relation to a specific dimension of the MS specialist nurse role. However, it is important that you ground this objective assessment within your area of practice. Hence, case studies and reflective boxes are included in the tool, to provide examples which will help you to consider the broad range of skills and knowledge involved in the role. You should, of course, add to these with examples from your own practice.

The tool has been constructed so that you can examine your practice in relation to a number of different dimensions that make up the MS specialist nurse's role. These dimensions have been identified from a broad range of sources including the views of people with MS, professionals with expertise in MS and from an extensive literature search. The dimensions comprise:

- specialist knowledge of MS;
- physical assessment and care in MS;
- psychological assessment and care in MS;
- social assessment and care in MS;
- co-ordinating and facilitating care in MS;
- working with other professionals;
- and developing and evaluating MS services.

These dimensions should not be regarded as definitive, however, and the tool will help you shape your learning needs so that they reflect:

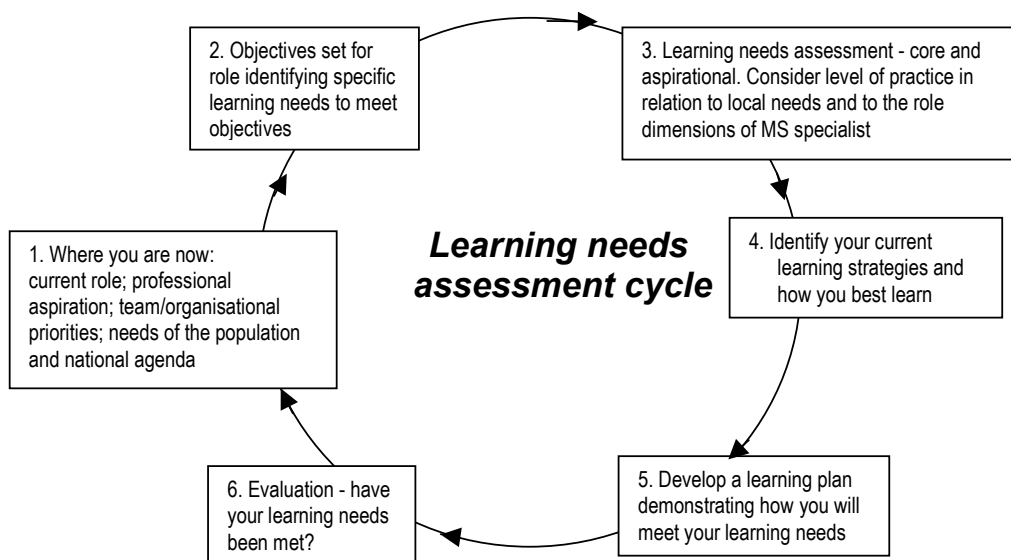
- the focus of your role;
- the focus of your clinical team;
- the priorities of the service;
- and most importantly the needs of the population of people with MS you work with.

The tool does not seek to test you, but to help you identify your strengths and weaknesses so that you can prioritise the areas of practice which need further development. It is not expected that you will feel strong in all the areas included. You will need to decide whether or not any weaknesses are important or not. You should balance the outcomes of the various exercises against the priorities for your particular caseload and service. It is recommended that such considerations may

be best informed via discussion with managers and colleagues and through some form of clinical supervision.

The end product of the tool will be the generation of your individual learning needs profile. It is envisaged that you will be able to use this profile to direct your learning to support your ongoing professional development. It is therefore a continuous process. Figure 1 describes this process in a cycle of learning needs assessment. The output from the tool may also help you negotiate learning opportunities and resources with your manager. In addition, you will be able to use the output from the tool to generate your professional profile as required by the Nursing and Midwifery Council.

Figure 1. Learning needs cycle



While the tool is aimed at all nurses working in the field of MS in a specialist capacity, it is acknowledged that different practitioners will be at different points in their professional development. To reflect this spectrum of development the tool is based on the levels of MS specialist nurse development set out in the Competencies Framework for MS Nurses (a document that is available from the UK MS Specialist Nurse Association (UKMSSNA) or the MS Trust and with which you should become familiar as part of the process of identifying your learning needs). Those levels are based on Benner's model and are defined as:

- *Novice* (this encompasses the advanced beginner in the Benner model). Practitioners at this level have a limited experience of the practice situation.

Practice tends to be task focussed and concentrates on the immediate care context; practitioners are less focussed on managing the care situation in general or on longer term objectives. At this stage of development the focus is on the acquisition of more advanced and independent practice skills and the development of insight into the 'bigger picture' (i.e. the wider forces that may determine the experience of individual people with MS).

- *Competent*. Practitioners at this level have an increased clinical understanding, improved technical skill, greater organisational ability and the ability to anticipate the likely course of events in a given clinical scenario. Competent practitioners can take on multiple tasks and have the ability to prioritise and manage competing demands. They also have greater ability in dealing with new and/or unexpected situations. At this level the recommended model of education is mentorship/preceptorship by an expert nurse.
- *Expert*. Practice at this level is characterised by increased intuitive links between seeing the salient issues in the situation and the ways of responding to them in practice. The expert knows what to expect in a given situation and can deduce different patterns of need intuitively with a strong sense of anticipation and the need for future planning. The expert has an important role in developing the wider clinical infrastructure.

You might find that within the different dimensions of the specialist role your level of development varies.

Finally, it is important that you contact your regional trainer who will be able to offer you some support and guidance in using this tool. If you do not know who your regional trainer is you should contact the UKMSSNA who will provide with details of your current regional trainer (01462 476702 or email ukmssna@mstrust.org.uk) or contact the MS Trust (01462 476700).

Before using the tool you should go through the contents of the tool carefully and ensure that you understand all that is demanded of you. You should also take note of the advice in section 3.5 'What do I do next?'

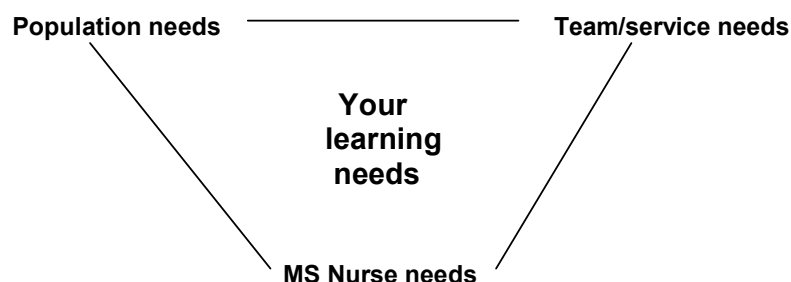
2. Thinking about learning

The only way to see the earth is to leave its orbit. Effective learning is all about you developing insight into yourself, your practice, your team and your client group.

From the outset it is important to emphasise that the tool is not intended to work either as an isolated or as a prescriptive exercise. The tool is merely a guide to help you explore your current practice and how you might enhance it. It is important, therefore, that you use the tool in conjunction with other forms of learning needs assessment. In particular it would be useful to discuss the tool with a professional mentor or clinical supervisor who could help you develop a learning plan following completion of the tool. In addition, as stated in the previous section, you may find it helpful to contact your regional trainer who will be able to provide you with additional guidance in using the tool to best effect.

It is important to recognise that your learning is not just about 'you'; it is about you in the 'context of your professional work'. This means that what you perceive to be important in relation to your learning is also referenced to other interests which inform the priorities for your role. It may be useful to think about this as a triangle defined by the needs of the MS population, the needs of the service and your own professional requirements (figure 2). The key thing is to distinguish between what you 'want' to learn and what you 'need' to learn.

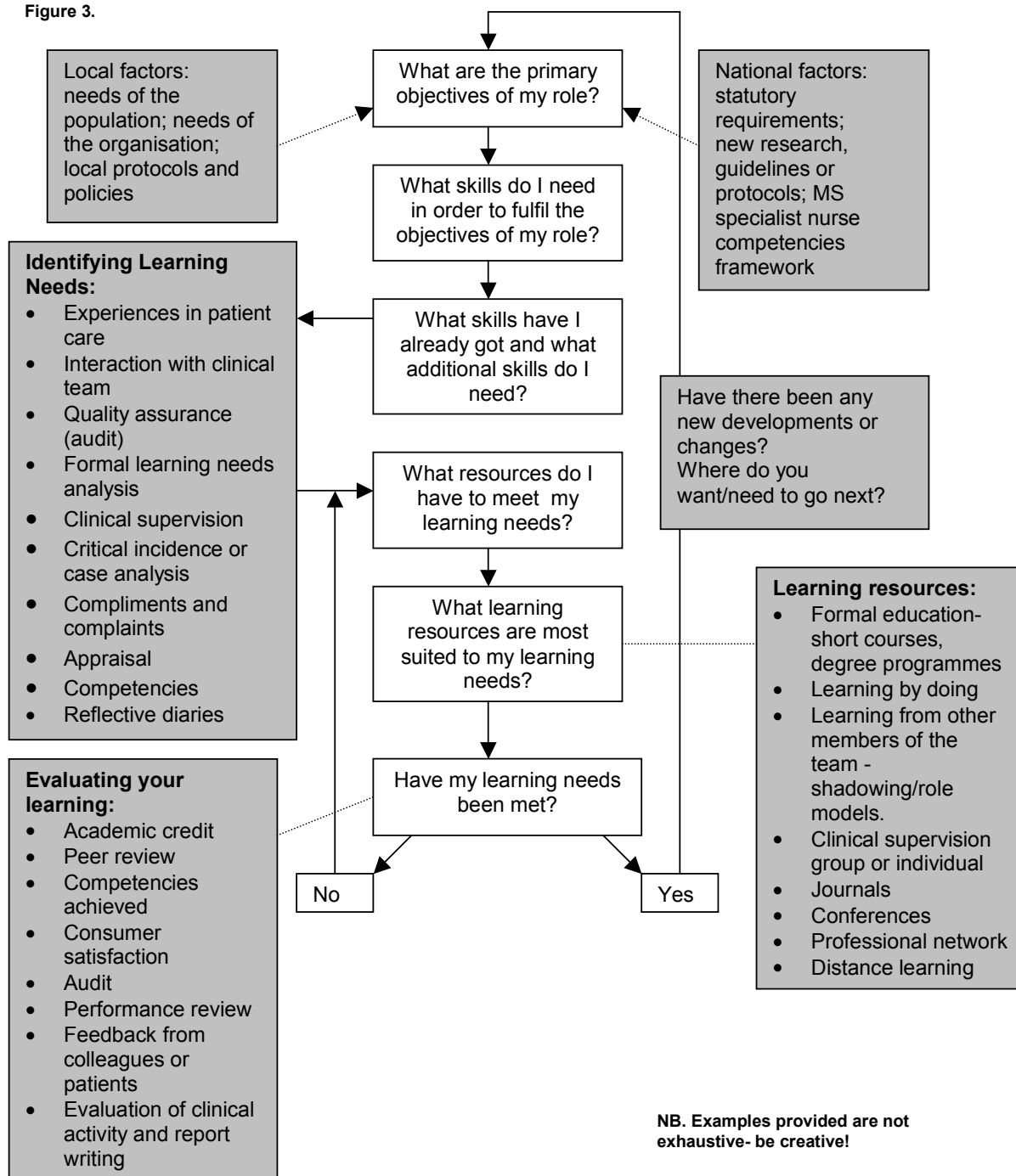
Figure 2.



While both *wants* and *needs* are important you must be careful to justify the way you prioritise your learning. If, for example, you feel that you would like to undertake a nurse prescribing course because you feel that it would help extend

your professional role, but there are as yet no plans for developing MS nurse prescribing in your area, this may not be a priority. If, however, such plans are being made then undertaking such a programme of learning would be pertinent. The learning needs assessment tool is modelled around the principles of critical reflection and follows a set structure which encourages you to reference your learning needs to the wider context, locally, nationally and even internationally (see figure 3).

Figure 3.



The tool also recognises the dynamic and multileveled nature of your learning needs. As practice, technology and research advances, your role will change. Consequentially your learning needs will continually evolve. Therefore, you will need to periodically reappraise your learning needs to establish whether you have fulfilled your original needs and to identify new needs. While the tool has been designed to ensure that the items within exercises are fairly timeless, it will be necessary to update some of the examples and resources identified as the world of MS evolves.

In appraising your learning needs you should consider not only 'what must I learn?' but also 'how do I learn?' and 'how do I best learn different forms of knowledge or skill?'. To address these questions it is useful to reflect on previous learning experiences. Think about particular aspects of your practice such as how you deal with breaking bad news to a patient. Where did you acquire the skills to do this:

- from your basic nurse education?
- by watching someone else do it?
- by reflecting on your practice and refining your skills through experience?
- through discussion with colleagues?

Most people will use a blend of different learning strategies in acquiring different advanced skills. In advanced practice roles all these strategies are necessary to progress professional development. Classroom learning and formal education are but one approach, often best suited to acquiring specific objective information. Reflective, interactive and experiential methods are generally better for supporting the transfer of knowledge into skilful practice. The two approaches are needed as knowledge without reflection is likely to decay, become outdated or may be inappropriate and practice without knowledge is evidenceless and likely to be ineffective or even dangerous.

Finally, it is suggested that following such an explicit process of learning needs analysis will strengthen your hand in negotiating learning resources. It is one thing to identify what your learning needs are; it is another to find the resources necessary to fulfil those needs. Securing such resources generally involves a level of negotiation with employers or those responsible for managing your service. Providing them with a detailed analysis of your learning needs supported by

evidence means that they are more likely to see the benefits of supporting your learning. It is important to remember, however, that you are unlikely to be able to fulfil all your needs at once. Indeed, some needs may remain unfulfilled. This tool will help you prioritise your learning by identifying learning which is *core* to your current role and that which is *aspirational*, linked to your future plans and development.

3. You and your learning needs

To get to where you want to be it is important to have a map: so that you can see where you are now; and so that you can choose the most appropriate and effective route.

This section of the tool addresses the questions set out in the introduction and contains a number of exercises which will help you identify your learning needs. Each exercise will identify a range of different things that you may need to do to advance your practice. Once you have identified what those things are you can then consider the knowledge and skills that you need to acquire if you are to achieve or develop those things in your practice for the advancement of the care you provide to people with MS. It is emphasised that exercises should not be done for their own sake, if you already have work objectives and team plans then use these rather than create additional records for them.

3.1. Where am I now?

The following exercises have been designed to help you consider where you are now in relation to your role, the demands of your practice and to the needs of your organisation. Each exercise has a separate sheet for you to complete; they are filed in order over the following pages. **You should photocopy these sheets, complete them and then reinsert them into your folder retaining a master copy for future additions.**

Many of these exercises involve the identification of factors that may seem removed from your learning needs. Indeed, many of these exercises are about more general aspects of caseload planning and organisation. However, it is important that you see your learning as part of your overall practice and it is through understanding your practice that you will recognise your learning needs. You will note that most of the exercises demand that you identify the knowledge and skills you require to fulfil particular facets of your role or in relation to how you wish to develop your role. In the next section you will be asked to go back through these exercises and list the skills and knowledge you need as this forms part of the learning needs assessment.

NB. If you have already undertaken work such as objective setting or caseload profiling, do not feel that you have to do it all again. Simply complete the learning needs elements and move on to section 3.2.

Exercise 1. Where am I now and where do I want to be? (2 hours).

The aim of this exercise is for you to consider your current and future professional development. Clearly not all practitioners are at the same point in their professional development and the first step in identifying your learning needs is to locate where you are in your professional trajectory. The first part of this exercise asks you to identify yourself on that trajectory in three dimensions: length of time in your current role (NB. role rather than post); where you perceive yourself to be on the novice to expert continua (you should be familiar with the Competencies for MS Specialist Nurses); and overall whether you consider yourself to be a senior registered practitioner or a consultant practitioner (following the UKMSSNA criteria-see appendix 1). You then need to consider where you want to be in the next 3 years, although it is emphasised that it is OK to state that you may wish to stay in your current role. However, if your plan is to stay in your current role you should consider how you will maintain your position and keep up to date. Once you have located where you are now and where you want to be, you will be asked to think about what skill and knowledge you will require either to consolidate your current position and/or to fulfil your career aspirations (see examples below).

Example 1. This example relates to a newly appointed MS specialist at the novice end of the practice continua. The respondent is an F grade MS specialist nurse who having worked on neuro-rehab ward for the past two years as a staff nurse has just taken up a post as an MS specialist nurse to assist the clinical team in extending the provision of interferon in the local services.

Example 2. This example relates to an experienced MS nurse specialist who aspires to take the next step toward becoming a nurse consultant. This respondent is currently an H grade and is already independently managing and co-ordinating the care for people with MS within a local neurology hospital.

Example 1.	
Where are you now?	What knowledge and skill will you require to achieve your aspiration?
<p>How long have you been in current role: <i>3 months.</i></p> <p>What level do you consider your practice to be (circle):</p> <p>Novice</p> <p>Competent</p> <p>Expert</p> <p>I consider myself to be (circle):</p> <p>Senior registered practitioner</p> <p>Nurse Consultant</p>	<ol style="list-style-type: none"> 1. <i>To gain a better understanding of MS.</i> 2. <i>To understand what treatments are available, how they should be used and for whom.</i> 3. <i>To become familiar with the different care needs of people at different stages in the disease.</i> 4. <i>To gain a greater understanding of the different care facilities and support options available to people in the local area.</i> 5. <i>To understand the different complications of MS and how they can be managed.</i> 6. <i>To gain experience in supporting people in being given a diagnosis of MS.</i> 7. <i>Develop experience and expertise in running groups for newly diagnosed people with MS.</i>
<p>Where would you like to be in 3 years time?</p>	<p><i>More confident and established MS nurse with knowledge beyond managing drug altering therapy</i></p>

Example 2.	
Where are you now?	What knowledge and skill will you require to achieve your aspiration?
<p>How long have you been in current role: <i>5 years.</i></p> <p>What level do you consider your practice to be (circle):</p> <p>Novice</p> <p>Competent</p> <p>Expert</p> <p>I consider myself to be (circle):</p> <p>Senior registered practitioner.</p> <p>Nurse Consultant.</p>	<ol style="list-style-type: none"> 1. <i>Greater management and leadership skills.</i> 2. <i>A greater understanding of service development and policy making</i> 3. <i>To extend my knowledge and ability to undertake clinical audit.</i> 4. <i>To undertake and publish research.</i> 5. <i>To gain better skills in delivering education .</i> 6. <i>To be able to undertake a complete neurological assessment.</i> 7. <i>To become a nurse prescriber.</i> 8. <i>To complete relevant MSc.</i> 9. <i>To increase professional networking and profile.</i>
<p>Where would you like to be in 3 years time?</p>	<p><i>Nurse Consultant in MS</i></p>

Section 3.1 Exercise 1

Complete the 'Where am I now?' and the 'Where do I want to be?' sheet.

Where are you now?	What knowledge and skill will you require to achieve your aspiration?
<p>How long have you been in current role:</p> <p>What level do you consider your practice to be (circle):</p> <p>Novice</p> <p>Competent</p> <p>Expert</p> <p>I consider myself to be (circle):</p> <p>Senior registered practitioner</p> <p>Nurse Consultant</p>	
<p>Where would you like to be in 3 years time?</p>	

Section 3.1 Exercise 2

Caseload analysis (8 hours)

The aim of this exercise is to identify the nature and potential needs of the population of people with MS you have responsibility for. This analysis is important in both planning the way you deliver care and in relation to the skills and knowledge you may need to ensure that care is provided equitably to that population. The caseload analysis sheet is designed to help you locate the people you have responsibility for, together with any evidence you have which may suggest deficits in their current care needs. For example, you might identify that there are a significant number of people with severe disability who are not attending hospital and are living in residential or nursing homes. You may then consider developing a training programme for care staff but feel that you need additional skills in designing and delivering training programmes. Another way you could profile the needs of people with MS in your area is by conducting a survey or by running focus groups asking them what they want (this in itself could be an objective, remembering that it will involve time and effort - hence it should only be attempted with support of a local team). If you do not know the answer to the questions then do not worry, simply move on to the next section, although you should consider why you do not know the nature of the population of people you aim to serve. Indeed, developing skills in caseload profiling might be a learning need (see example below).

Further reading: if you wish to undertake a more in-depth caseload analysis, try reading Billings, J. (1996) ch 23 in Twinn, S. et al Community Health Care Nursing. Butterworth and Heinemann. London.

Section 3.1 Exercise 2

Complete the caseload analysis sheet.

Caseload profile					
1. Define your caseload (ie the people with MS you are responsible for. This is usually determined by geographical area or by health boundary)	How many?				
	total	newly diagnosed within last 12 months	mild disease*	moderate disease*	severe disease*
	490	10	180	200	100
2. Identify the people with MS you actually work with actively	280	10	120	140	10
3. Consider the relationship between your caseload and workload. Are there any groups of people with MS you are not working with and why? (NB you may well be happy with a discrepancy as your role is not intended to focus on some groups of people with MS)	<i>The focus of my role is primarily on providing hospital clinics to support people who are newly diagnosed and in relation to disease modifying therapy. I also run a general MS clinic but recognise that people with severe disease are less able to attend.</i>				
4. Do you think there are ways you could better meet the needs of your caseload?	<i>I need to work on a strategy to provide a better service to those with more severe disease. I will first of all find out where they are and then contact care staff to let them know where I am and perhaps provide some training in MS care if it is desired.</i>				
5. Do you require any additional skills and knowledge to achieve the above?	<i>I need a greater knowledge of the needs of people with severe MS in my area including where they are located so I can target my support to particular nursing homes or groups of carers.</i>				
* You should discuss in your teams how to define these categories. You could follow the descriptions in the MS Society 'Standards for Health Care' document or more objectively with EDSS scores if available.					

Section 3.1 Exercise 2

Complete the caseload analysis sheet.

Caseload profile					
1. Define your caseload (i.e. the people with MS you are responsible for this is usually determined by geographical area or by health boundary)	How many?				
	total	newly diagnosed within last 12 months	mild disease*	moderate disease*	severe disease*
2. Identify the people with MS you actually work with actively					
3. Consider the relationship between your caseload and workload. Are there any groups of people with MS you are not working with and why? (NB you may well be happy with a discrepancy as your role is not intended to focus on some groups of people with MS)					
4. Do you think there are ways you could better meet the needs of your caseload?					
5. Do you require any additional skills and knowledge to achieve the above?					

Section 3.1 Exercise 3

Workload analysis (4 hours)

In addition to considering the overall needs of people with MS in your area it is also important to consider your current pattern of work with that population. This analysis should include a consideration of the focus of your work with individuals or groups and in providing care in clinics or in the home. In addition, it is important to consider your relationships with and responsibilities to other professionals. For example, you could consider your role in providing education and advice to other professionals. This exercise will ask you to map the key elements of your role and the skills and knowledge necessary to fulfil your role. To support the exercise you could adopt one of the following strategies: maintain a diary recording your work activities; create a mind chart or brainstorm of all the current elements of your role; or simply write notes over the period of a couple of weeks detailing how you apportion your time. Write down any thoughts or feelings you have about what you are doing and attempt to examine the following:

- how you proportion your time and what you spend most time on;
- the strengths and weaknesses of each major element of your work (such as how you assess someone, the type of advice you give);
- the strengths and weaknesses of any major services you provide such as a clinic or group, identify any specific knowledge or skill you may require to improve those services;
- whether you feel that you have the knowledge or skill necessary to meeting the demands of your current role;
- what skills and knowledge you require to improve the care you provide or in managing your workload more efficiently (these things you need to list within the exercise - see example below).

You should also make yourself familiar with the Competencies and Key Elements documents and relate your current work to the role specification set out in these documents.

Section 3.1 Exercise 3

List any knowledge or skills required as a result of workload profile exercise

- 1. To have greater time management skills.*
- 2. To improve IT skills so I can create reports more easily.*

Complete the workload analysis exercise

List any knowledge or skills required as a result of workload profile exercise

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Section 3.1 Exercise 4

Profile of team and organisational priorities (2 hours)

The aim of this exercise is to identify up to three priorities for your organisation and team in relation to your practice and role. You will then need to consider whether you require any additional skills and knowledge to help you reflect those priorities in your role. For example, undertaking an audit of a particular service or clinic may be a priority for organisational clinical governance and for your team to decide whether the clinic is fulfilling its purpose. You may therefore require some additional knowledge in how to undertake an audit. In completing the exercise you should focus on MS care and it should be undertaken with the advice of your clinical team and manager (see example).

With your manager and clinical colleagues identify three priorities for the MS service which are linked to your role	Specify the implications of these priorities to your role	Identify any additional knowledge or skill you may require in order to help deliver those priorities
<i>1. To develop a rapid response system for the assessment and management of patients in relapse in the community.</i>	<i>MS nurse to manage relapse service by co-ordinating admission to day case unit or supporting GP to manage patient at home.</i>	<i>To be able to assess patients' appropriateness for admission or home management. To assess appropriate therapy (steroids) To be able to prescribe therapy to agreed protocol.</i>

Section 3.1 Exercise 4

Complete the team and organisational priorities sheet.

With your manager and clinical colleagues identify three priorities for the MS service which are linked to your role	Specify the implications of these priorities to your role	Identify any additional knowledge or skill you may require in order to help deliver those priorities

Section 3.1 Exercise 5

Current guidelines in MS care (4 hours)

It is important to consider the national picture in addition to local issues in constructing your role and learning needs. The aim of this exercise is that you identify the elements of the current guidelines relevant to your role and any additional skills and knowledge you may require to help you incorporate those elements in your current practice (see example). It is important to be realistic about what you can address. Therefore, it is recommended that you pick a couple of things from the guidelines to start with rather than attempt everything at once.

List up to five key points from guidelines which you feel need to be developed in your area of practice	Identify any additional knowledge or skill you require to develop such services in your practice
<p><i>1. Patients should receive support and counselling following diagnosis with MS (Standards of Health Care for MS)</i></p>	<p><i>I need to develop my skills in providing counselling and in assessing and supporting people with psychological distress.</i></p> <p><i>I need a better understanding of when to refer someone to a professional counsellor.</i></p>

Background reading

Prior to undertaking these exercises it is recommended that you read the following documents which set out the vision for MS care and specialist nursing:

National Institute for Clinical Excellence. Multiple sclerosis: Management of multiple sclerosis in primary and secondary care. NICE Clinical Guideline 8. London: National Institute for Clinical Excellence; 2003

Multiple Sclerosis: Information for Health and Social Care Professionals. Letchworth Garden City: MS Trust; 2001

Specialist nursing in MS – the way forward: the key elements for developing MS specialist nurse services in the UK. Letchworth Garden City: United Kingdom Multiple Sclerosis Nurse Association, Royal College of Nursing, MS Trust; 2001

Competencies for MS Specialist Nurses. Letchworth Garden City: United Kingdom Multiple Sclerosis Nurse Association, Royal College of Nursing, MS Trust; 2003

Freeman J, Ford H, Mattison P et al. Developing MS healthcare standards: evidence –based recommendations for service providers. Multiple Sclerosis Society of Great Britain and Northern Ireland & MS Professional Network. 2002.

Section 3.1 Exercise 5

Complete the current guidelines in MS care sheet.

List up to five key points from guidelines which you feel need to be developed in your area of practice	Identify any additional knowledge or skill you require to develop such services in your practice

Section 3.1 Exercise 6

Your objectives (4 hours)

The aim of this exercise is to set your professional objectives for the next 12 months and then identify the skills and knowledge you require to fulfil those objectives. With reference to the output from exercises 1-5, identify the objectives for your post over the next 12 months. In identifying what the objectives for the year are you should: justify why you have identified the objective; detail the actions necessary to fulfilling the objective; and the additional skills/knowledge you will need to deliver that action (see example below). It may be a good idea to list only five objectives that are realistic and achievable in the next 12 months rather 20 which are overly ambitious and unlikely to be achieved. A good acronym to remember when identifying objectives is SMART, in which the S=simple, M=measurable, A=achievable, R=realistic and T=timely. Again this activity should be undertaken in discussion with your line manager and/or team. It is emphasised that if you have already developed your objectives as part of your local IPR (individual performance review) procedures then use these; do not feel the need to duplicate this work.

Objective	Rationale/Evidence	Action	Knowledge/skills needed to fulfil objective
<i>1. To establish a group for newly diagnosed people with MS to run twice a year.</i>	<i>Groups for newly diagnosed identified in the Standards of Care for People with MS as key quality indicator. Caseload profile suggests that there are 20 new cases of MS in area every year.</i>	<i>MS nurse to plan and manage a 6 week course (one session per week) to run in March and September each year. All newly diagnosed to be invited. MS nurses to identify and invite speakers. Sessions to include relaxation techniques to be delivered by MS nurse and OT.</i>	<i>Group management skills. Relaxation techniques training. Presentational/teaching skills. Knowledge of local resources and contacts.</i>

Having addressed the question of 'where am I now?' you should have developed a good overall appreciation of your role and the priorities for your role, together with some insight into the skills and knowledge you require to fulfil that role. In the next section you will begin to look at the more specific elements of your learning needs.

Section 3.1 Exercise 6

Complete the objectives exercise.

Objective	Rationale/Evidence	Action	Knowledge/skills needed to fulfil objective

3.2. What are my learning needs?

In this section you will begin to take a more focused look at your learning needs. There are two exercises within this section. The first exercise helps you identify your learning in relation to the broader dimensions of the MS nurse specialist role. This exercise uses a validated instrument which will quantify areas of strength and weakness in relation to the MS nurse role. The second exercise summarises the output of all the previous exercises. This exercise identifies what you feel you need to learn within context of your current practice based on the skills and knowledge requirements identified in the previous exercises.

Exercise 1. Learning needs assessment- MS specialist nurses (2-3 hours).

The aim of this exercise is for you to locate your learning needs in relation to the core dimensions of the MS nursing role:

- specialist knowledge of MS;
- physical assessment and care in MS;
- psychological assessment and care in MS;
- social assessment and care in MS;
- co-ordinating and facilitating care in MS;
- working with other professionals;
- and developing and evaluating MS services.

To achieve this a specially validated instrument has been developed, which explores your professional orientation, knowledge and skills in relation to each of the dimensions of MS specialist role. Each dimension is defined by six questions, which are termed items. The answers you provide to these items will give you some indication of how confident you feel in relation to a particular dimension.

The instrument works on a simple 10 point scoring system with a high score for an item indicating well developed knowledge or skill and a low score indicating less well developed knowledge or skill. As you complete each item you are asked to back up your self assessment by providing concrete examples to demonstrate your knowledge or skill. Your ability to provide these examples also contributes to the scoring. You can then add up your scores for the items within each dimension to provide an overall score for that dimension.

Don't worry if you cannot always give examples, this is expected and helps to highlight an area where you might benefit from further education or training.

To get the best out of the tool you should answer the questions honestly reflecting on your professional knowledge and practice. A list of possible responses is given in Appendix 2 (NB. you should check this list and discuss it with your trainer, with reference to current developments). Guidelines on how to work out your score are provided in the next section. Having calculated your score you will be able to identify areas where your learning needs are greatest. You can then use *the learning needs assessment profile sheet* to identify the knowledge and skill you require in improving your understanding and practice in a particular dimension. For some dimensions which are more peripheral to your role you may feel happy with a lower score and should feel happy to prioritise areas which are more central to what you do.

Complete the learning needs assessment - MS specialist nurses.

Date Completed:

Section 3.2 Exercise 1:

Learning needs assessment- MS specialist nurses

The items are worded as statements which you should consider and then score yourself in relation to how strongly the statement applies to you. The scoring system is based on a 10 point scale with 1 being the least applicable and 10 being the most applicable. Please tick a score between 1 and 10 for each item and then give examples where you are able. The items are organised under the key role dimensions.

Section A. Knowledge of MS

A1. I have a good understanding of how a diagnosis of MS is determined.		1	2	3	4	5	6	7	8	9	10
Name three signs of MS and, where appropriate, the investigative procedures involved.											
A2. I have a detailed understanding of the pathological process in MS.		1	2	3	4	5	6	7	8	9	10
List three key elements of the pathological changes which occur in MS.											
A3. I am able to describe accurately the epidemiology of MS.		1	2	3	4	5	6	7	8	9	10
List three possible epidemiological features of MS.											
A4. I have a detailed knowledge of the factors which may help to predict the course of MS disease.		1	2	3	4	5	6	7	8	9	10
List three factors that may help to predict the future course of the disease and state what effect they are likely to have.											
A5. I have a comprehensive knowledge and understanding of the main drugs used to manage MS.		1	2	3	4	5	6	7	8	9	10
List three key drugs used in MS disease management and where they act in order to bring about their effects.											
A6. I am able to describe in detail the neurological control of bladder function.		1	2	3	4	5	6	7	8	9	10
Name three possible causes of bladder dysfunction in MS.											

Section B. Physical Assessment and Care

B1. I am able to give comprehensive advice to a person with MS in how to minimise the effects of fatigue.		1	2	3	4	5	6	7	8	9	10
Identify three possible contributing factors to fatigue.											
B2. I can recognise the potential impact of MS on upper limb functioning.		1	2	3	4	5	6	7	8	9	10
Name three ways MS can impact on upper limb functioning											
B3. I understand why sexual dysfunction may be a problem in MS		1	2	3	4	5	6	7	8	9	10
List three things which may contribute to sexual dysfunction in MS.											
B4. I am able to give detailed advice to a person with MS as to how to manage sleep disturbances.		1	2	3	4	5	6	7	8	9	10
Name three things which may contribute to sleep disturbance in a person with MS.											
B5. I can give appropriate advice to patients on the management of spasticity.		1	2	3	4	5	6	7	8	9	10
Give examples of three non-pharmacological actions you could take to improve a person's experience of spasticity.											
B6. I am able to explain to a less experienced nurse the different categories of pain associated with MS and the advice nurses can give to help relieve pain.		1	2	3	4	5	6	7	8	9	10
List three things which may worsen acute pain.											

Section C. Psychological Assessment and Care

C1. I can manage patients experiencing mild to moderate psychological distress (i.e. patient is anxious or in denial)		1	2	3	4	5	6	7	8	9	10
List three psychological techniques that you would use in managing that distress.											
C2. I can recognise the signs of reactive depression in a person with MS		1	2	3	4	5	6	7	8	9	10
Identify three common symptoms associated with depression.											
C3. I am confident in discussing sexual issues with a person with MS (eg. sexual self-image, sexual activity, sexual interest and behaviour).		1	2	3	4	5	6	7	8	9	10
Describe three ways in which the nurse can facilitate open discussion of sexual issues.											
C4. I am able to provide appropriate teaching to a person with poor concentration and information processing abilities.		1	2	3	4	5	6	7	8	9	10
List three ways in which you can maximise the effectiveness of a teaching session with a person who has poor concentration skills.											
C5. I am able to recognise signs of stress in people with MS and would be able to advise on strategies to help reduce the negative effects of stress.		1	2	3	4	5	6	7	8	9	10
List three stress relieving strategies that might be used by a person with MS who has severe lower limb spasticity.											
C6. I am confident in my ability to assess for different types of coping skills among people with MS.		1	2	3	4	5	6	7	8	9	10
Identify three different ways in which a person with MS might cope with physical impairment.											

Section D. Social Assessment and Care

D1. I am competent in the assessment of the impact of MS on family roles.					1	2	3	4	5	6	7	8	9	10
Identify three interventions which may help a family adjust to a recent diagnosis of MS.														
D2. I would be able to give comprehensive advice to a person with MS who was planning a holiday in Africa.					1	2	3	4	5	6	7	8	9	10
Identify three important issues to discuss with a person with MS if they are considering taking a holiday in Africa and the advice you would give regarding these issues.														
D3. I am able to identify any problems which may impact upon a person with MS's ability to drive safely.					1	2	3	4	5	6	7	8	9	10
List three specialist services for disabled drivers to whom you could refer a person with MS.														
D4. If a person with MS was planning a trip to a theme park I would be able to give them appropriate advice.					1	2	3	4	5	6	7	8	9	10
Name three things which a person with MS may need to consider during a day trip to a theme park.														
D5. I would be able to give comprehensive advice to a wheelchair user with MS who wished to access sport and leisure facilities in my local area.					1	2	3	4	5	6	7	8	9	10
List three places in your local area which provide for the leisure needs of disabled people.														
D6. I can undertake a detailed assessment of social care needs.					1	2	3	4	5	6	7	8	9	10
Name three important factors to consider in assessing social needs.														

Section E. Co-ordinating Care

E1. I have a good awareness of the specific specialists available to help people with MS who have cognitive impairment.		1	2	3	4	5	6	7	8	9	10
Name three professionals to whom you could refer people with MS for cognitive rehabilitation.											
E2. I would be able to refer a person with MS to appropriate sources for information regarding housing issues e.g. benefits and entitlements; indoor modifications; planning permission.		1	2	3	4	5	6	7	8	9	10
Identify three sources of information and advice regarding housing issues.											
E3. I am able to mobilise services to support people with MS with eating difficulties who are living at home.		1	2	3	4	5	6	7	8	9	10
Identify three sources of community-based support for a person with eating difficulties.											
E4. I have a detailed understanding of the potential concerns of people with MS in the end stage of their disease.		1	2	3	4	5	6	7	8	9	10
Identify three aspects of palliative care that you may need to address, and how you would do so.											
E5. I am able to plan, deliver and co-ordinate a complex care package for a person with MS with multiple needs.		1	2	3	4	5	6	7	8	9	10
Name three key steps in developing and maintaining a complex care package for a person with MS.											
E6. I have a good knowledge of, and relationships with, the voluntary services available in my area of practice.		1	2	3	4	5	6	7	8	9	10
Identify three organisations you are, or have been, in contact with and state what they can offer.											

Section F. Developing Services

F1. I am actively involved in developing support systems for those newly diagnosed or undergoing investigations for MS.		1	2	3	4	5	6	7	8	9	10
Name three ways in which an MS nurse can support people undergoing investigations or are newly diagnosed as having MS.											
F2. I provide regular education sessions to other professionals in order to enhance services for people with MS.		1	2	3	4	5	6	7	8	9	10
Identify three education sessions you have run in the past three months.											
F3. I am able to identify gaps in services for people with MS both nationally and locally.		1	2	3	4	5	6	7	8	9	10
Name three areas where there is a shortfall in service provision locally and how you might act to address this shortfall.											
F4. I am actively involved in working with local statutory and/or voluntary services to help develop resources for people with MS.		1	2	3	4	5	6	7	8	9	10
Identify three ways in which you have contributed to resource development.											
F5. I am involved in auditing nursing services for people with MS.		1	2	3	4	5	6	7	8	9	10
Name three key elements of the audit cycle.											
F6. I collaborate with others in the development of new policies and protocols for the management/treatment of people with MS.		1	2	3	4	5	6	7	8	9	10
Name three areas where you are currently, or have recently been, involved in policy/protocol development.											

Section G. Professional Development

G1. I am confident in my ability to cope with anger expressed by people with MS and their carers/relatives.		1	2	3	4	5	6	7	8	9	10
Describe three ways in which you could bring calm to a situation where anger was being expressed.											
G2. I understand the need for, and am committed to, continuing my own professional development and that of nurses who I supervise/mentor.		1	2	3	4	5	6	7	8	9	10
Identify three policies/government initiatives that require nurses to continue their professional development.											
G3. I am able to work autonomously and flexibly whilst managing my time effectively.		1	2	3	4	5	6	7	8	9	10
Name three strategies to employ to ensure effective time management.											
G4. I am able to manage the stress involved in working as an MS nurse.		1	2	3	4	5	6	7	8	9	10
Identify three ways in which you cope constructively with work-related stress.											
G5. I am assertive at work and able to protect/define my role to others.		1	2	3	4	5	6	7	8	9	10
Identify three strategies which have enabled you to protect/define your professional boundaries.											
G6. I am an expert communicator and able to use these skills effectively during telephone consultations.		1	2	3	4	5	6	7	8	9	10
Name three skills which you are able to utilise to ensure you communicate effectively during telephone consultations.											

Working out your score

For each item your score is calculated by adding or subtracting your example score to your score on the 1 to 10 scale. Examples are scored as follows:

3 correct examples scores 2.

2 correct examples scores 1.

1 correct example scores 0.

No correct examples scores -1.

You can check the examples you have provided against the answers in appendix 2. Thus, the possible range for each item score is 0 to 12.

Having calculated your individual item scores you will then need to work out your total scores for each of the dimensions of nursing practice represented. The items included in each dimension are listed below. The maximum score for each dimension is 72. Box 1 provides you with the information to interpret your score. You should then complete the learning needs assessment profile sheet to identify knowledge and skills which may enhance your clinical confidence and competence in the different role dimensions (see example).

Role Dimension	Items per dimension (enter score + or - example score)						Total score for each dimension
Knowledge of MS	A1	A2	A3	A4	A5	A6	
Physical assessment and care	B1	B2	B3	B4	B5	B6	
Psychological Assessment and care	C1	C2	C3	C4	C5	C6	
Social Assessment and care	D1	D2	D3	D4	D5	D6	
Co-ordinating care	E1	E2	E3	E4	E5	E6	
Developing services	F1	F2	F3	F4	F5	F6	
Professional development	G1	G2	G3	G4	G5	G6	

BOX 1. Interpreting your scores

The scores you generated for each dimension of the MS nurse role (out of 72) give you some indication of how confident you are in your overall skill and knowledge in these areas. Each person's absolute scores will depend in part upon their personality and how they choose to interpret the scale. It is likely to be the case that you will score more highly in some areas than others. A low score may not necessarily mean that you are weak in a particular dimension it may simply reflect that it is not an important part of your role. However, the dimensions in which you score less highly represent those where further education and training may be of benefit. The following interpretation of the scores is offered as a general guide:

Scores:

0-24 = **Novice** - your score indicates that you have a high level of learning need in this dimension.

25-58 = **Competent** - your score indicates that you have mastered the basics in this dimension and that you now need to consolidate and extend your learning.

58-72 = **Expert** - your skills indicate a high level of mastery in this area and your focus should be on keeping your practice up to date and surveying new horizons.

Further guidance on how to interpret your results is provided in section 3.4.

Section 3.2 Exercise 1 continued

Learning needs assessment profile sheet (example based on novice scenario)		
Role Dimension	Score for each dimension	What knowledge or skills do I need to improve my understanding for each dimension?
Knowledge of MS	24	<i>I feel I need a more in-depth understanding of patho-physiological process in MS, particularly in distinguishing the different types of MS.</i>
Physical assessment and care	34	<i>I feel I have mastered most of the basic aspects of physical assessment but would like to extend my understanding of fatigue and how I should support people in living with this problem.</i>
Psychological Assessment and care	25	<i>I feel I need greater skill in managing the whole area of depression in MS.</i>
Social Assessment and care	15	<i>I feel I need a far greater knowledge of social factors in MS in particular in the areas of housing, employment and welfare benefits.</i>
Co-ordinating care	20	<i>My weakness here is in not having a very good knowledge of what services are available locally. Therefore, I need to network more and compile a list of available resources.</i>
Developing services	10	<i>I feel that at present I am not placed to develop services and will come back to this dimension once I have improved my competence in the other dimensions.</i>
Professional development	10	<i>As above.</i>

Section 3.2 Exercise 1 continued

Date Completed:

Complete the learning needs assessment profile sheet.

Role Dimension	Score for each dimension	What knowledge or skills do I need to improve my understanding for each dimension?
Knowledge of MS		
Physical assessment and care		
Psychological Assessment and care		
Social Assessment and care		
Co-ordinating care		
Developing services		
Professional development		

Section 3.2 Exercise 2 Core and aspirational learning needs (1 hour)

In this exercise you will compile a list of all the skills and knowledge you identified in exercise 1 and in the exercises undertaken in the previous section. In compiling these lists you will need to examine each skill or area of knowledge carefully and reflecting on your current role identify learning needs which are core to your current role and those which are aspirational. Core needs are those which are essential to delivering your current practice and service commitments. For example, if the provision of a continence assessment was identified as a *key objective* of your current role in the next 12 months (exercise 6 in section 3.1) and that to fulfil this objective you need the skill to use a bladder scanner, then learning how to use a bladder scanner may be a core learning need. Aspirational needs are those which relate to your future plans for yourself and the service. For example, if the *where you want to be* exercise identified that you want to be a nurse consultant in MS and that to achieve this you needed greater research skills then gaining greater knowledge of research is an aspirational learning need. The intention here is not to say that core needs are more important than aspirational needs; but to help distinguish learning which is essential to practice and that which is essential to professional growth - both are equally important. You may find that the same knowledge and skill deficit came up more than once in the previous exercises but only list the item once in this exercise. You then need to prioritise each of the learning needs you place in the columns. You can indicate this with a three point scale indicating high, intermediate or low priority. You must be very careful here to consider why you allocate a certain priority, a high priority should relate to a skill which is essential to your current role. You may wish to consider your priorities with your team and manager. It is also important that you achieve a balance between your core and your aspirational learning needs (see example). You may also find it helpful to number each learning need to make future reference easier.

Section 3.2 Exercise 2

Core learning needs	Priority level	Aspirational learning needs	Priority level
<i>1.a. Gain skills in using bladder scanner to support introduction of new MS continence clinic.</i>	<i>High</i>	<i>1.d Gain skill and knowledge in undertaking advanced neurological assessment- to extend role in MS clinic.</i>	<i>Intermediate</i>
<i>1.b.To extend expertise in the physical management of sexual dysfunction in women- to support MS continence clinic .</i>	<i>Intermediate</i>	<i>1.e Gain knowledge to undertake EDSS and Composite MS assessment- to extend overall assessment skills and participation in future research.</i>	<i>Low</i>
<i>1.c To extend knowledge in the assessment and management of complex bowel problems- to support MS continence clinic .</i>	<i>Intermediate</i>	<i>1.f Gain knowledge of pharmacology to support forthcoming nurse prescribing role.</i>	<i>Intermediate</i>

Section 3.2 Exercise 2

Date Completed:

Complete the core and aspirational learning needs sheet.

Core learning needs	Priority level	Aspirational learning needs	Priority level

3.3. How, where and with whom do I learn?

Learning to learn is as important as learning.

Before identifying how you are going to meet your learning needs it is important to consider how you learn at present. As has been emphasised previously it is likely that a blended approach will be the most successful. While formal courses and study days may introduce you to new topics or information, to sustain that information you will need to update yourself through journals, the internet and most importantly learning from practice. Developing critical self-insight and an analytical mind are the hallmarks of the advanced practitioner. Such skills are difficult to develop in isolation and hence the continued emphasis on the need for some form of clinical supervision and reflective practice. Reflection need not be complex or time consuming either: maintain a diary of what you do and make notes to yourself and then question why you or others acted in a certain way; or pick a critical incident which you may have found difficult; or examine a particular feature of your practice such as a clinic you run and consider its strengths and weaknesses.

Exercise - profiling your learning (1-2 hours)

To help you ascertain how well rounded a learner you are, rate yourself using the learning profile exercise. The exercise has 10 items with each item being linked to a different type of learning. As with the learning needs assessment exercise examine each statement and then indicate how strongly that statement applies to you (1= a little, 5= a lot). Add your scores together to give you your overall learning profile. Then examine the items you scored lower on and consider whether this is an area of learning which you need to extend. Remember that learning is a very individual thing and that not all learning styles will suit each person. So do not feel compelled to take up additional learning techniques unless they feel right for you and they are the most appropriate way of meeting your learning needs. You should use the insight generated by this exercise to help you consider potential methods through which to meet your learning needs.

An additional resource has been created for you to help support your learning. This resource is a compendium of many important papers and books on MS and MS care. The compendium is divided into areas reflecting the domains of practice focussed on within the learning needs tool. The compendium can be accessed at the following website www.mstrust.org.uk/lna

Complete the learning profile exercise.

Section 3.3

Learning needs profile exercise

Items	1= never 5= frequently				
1. I regularly update my knowledge of MS and neurology through attendance at study days and/or courses.	1	2	3	4	5
2. I regularly read research articles and journals.	1	2	3	4	5
3. I regularly attend specialist nurse meetings where practice is reflected upon and discussed constructively.	1	2	3	4	5
4. I have a comprehensive, up to date practice development portfolio.	1	2	3	4	5
5. I regularly use multidisciplinary forums (eg. meetings, seminars, conferences) as opportunities for enhancing my knowledge.	1	2	3	4	5
6. I have regular individual (at least monthly) clinical supervision (group or individual)	1	2	3	4	5
7. I regularly reflect upon my practice and analyse how it may be enhanced.	1	2	3	4	5
8. I present assessment of patients or case histories to colleagues.	1	2	3	4	5
9. I participate in peer review exercises where a colleague examines each other's practice.	1	2	3	4	5
10. I regularly update my knowledge through the use of validated internet sites such as Medscape or the MS Trust.	1	2	3	4	5

Learning profile Scoring.	Item Number	1	2	3	4	5	6	7	8	9	10	Total
	Score											

Overall Score:	Low score indicates.
0-17	<p>Your overall learning profile suggests that you presently are not accessing or using very many learning strategies to support your practice. You should consider why this is so:</p> <ul style="list-style-type: none"> • Is it because your workload is too demanding and finding time for learning is impossible? If this is case you may be at risk of burning out or undermining the quality of the care you provide. You should use your learning needs assessment documentation to demonstrate this to your manager and identify strategies for reducing your clinical workload. • Is it because there are limited opportunities for learning where you work. You could consider networking with other specialist nurses and identify collectively how you can remedy the problem. You could also: join a network of MS specialist nurses in your region and arrange to meet with them; discuss the issues with your team and see what suggestions they come up with; consider contacting your local higher education provider and involve them.
18-39	Your overall learning profile suggests a reasonable level of learning. You should now look at your individual scores and identify if there are learning strategies you do not use currently but would like to develop further.
40-50	Your overall learning profile suggests that you use a very good mix of learning styles. You can now look for which of the current learning styles you use may be suited to meeting some of the learning needs you have identified in the previous exercises.

Item No.	Individual scores indicates:
1	Level of formal education.
2	Evidence practice
3	Group reflective practice
4	Continuous professional development strategy
5	Inter-professional learning and development
6	Clinical supervision
7	Individual reflective practice
8	Case analysis and presentation
9	Peer review and learning from peers
10	Use of e-learning and web based resources

NB. This is not an exhaustive list it covers some of the current areas for continuous professional development - be creative!

3.4. How can I meet my learning needs?

The key focus here is to consider your learning needs and your current learning styles together. Consider each learning need you have and identify a strategy through which to meet that need. The strategy you adopt may use a blend of different approaches - reflect on what the previous exercise suggested about your current learning. Again you may find it helpful to identify your strategy through discussion with your clinical supervisor and/or manager. In addition to the specific needs you have identified you should consider how you will develop your practice overall in relation to the scores you achieved for the different dimensions of the MS specialist nurse role (exercise 1 in section 3.2). While the specific learning needs will reflect particular practice activities it is important to integrate your learning to enhance your overall practice development. You should aim to achieve an expert level of knowledge and skill in all dimensions of the MS specialist nurse role which you feel are appropriate to your practice, although not every dimension of the MS specialist nurse role may be of equal importance to your current role. Be careful here though, while you may not view a particular dimension as being relevant others might - remember the triangle of perspectives we identified in section 2.

The final exercise in the learning needs assessment tool involves the creation of a *learning plan*. In creating a learning plan you will examine *the core and aspirational learning sheet* which lists your specific learning needs and identify strategies for meeting these needs (although there may be overlap between needs, for example completing a course in neuroscience nursing may meet a number of your needs). You should then identify how you will judge whether the need has been met or not. You should also set a deadline for meeting each need. This deadline should reflect the priority of the need. The second part of the exercise asks you to consider your overall level of practice for each role dimension and again identify a target for the level of practice you want to achieve - competent or expert. Do not be too ambitious if you are a novice aim for competent, if you try to do too much you may disappoint yourself. In similar vein, you should restrict your plans to the next 24 months and to no more than 10 learning needs - pick those with the highest priority (if you achieve them all more quickly than anticipated then add any needs not accommodated in the original plan).

Evaluation is very important. You need to determine how well you are doing and to ensure that your practice is safe. Evaluation need not always be specific like passing a particular course, it may involve peer or even patient appraisal. The outcome may also be linked to developing a facet of your practice or the fulfilment

Section 3.4

Date Completed:

Learning Plan			
Specific learning needs	Learning plan	Assessment criteria	Achieved by
High priority needs			

Specific learning needs	Learning plan	Assessment criteria	Achieved by
Intermediate priority needs			
Low priority needs			

Section 3.4 Dimensional Summary of Learning Plan

Overall professional development knowledge of MS.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

Overall professional development physical assessment and care.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

Overall professional development psychological assessment and care.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

Overall professional development social assessment and care.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

Overall professional development co-ordinating care.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

Overall professional development developing services.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

Overall professional development personal development.

Current level: Target level: Achieve target by:

How will the target be achieved (if target already achieved how will you maintain current standard):

I will know I have achieved my target because:

3.5 What do I do next?

Having completed your learning needs assessment there are a number of key things you need to do:

- Discussion with colleagues or clinical supervisor - before embarking on the learning needs analysis you should have involved colleagues or a supervisor to help you focus your efforts. It is all too easy to get bogged down and a different mind can sometimes help you let go of something or to develop something further. You should report back to your colleagues and supervisor as you advance through each stage of the learning needs assessment process and when you have completed the process in the evaluation of whether your needs have been met or not.
- Discussion with your manager - it is important that your manager is involved in assessing your learning needs. Your manager may well control important resources which will enable you to fulfil your learning needs and they should have an important view on what you learn and how you prioritise. Involving them in the process and presenting them with a detailed analysis of your learning needs should mean they are more willing to support you with the time and additional resources you require.
- Ongoing development portfolio - you should see this learning needs assessment exercise as integral to your continued professional development and to the production of a professional portfolio. You can use the tool as a way providing evidence of your professional development.
- Evaluation - it is vital that you evaluate your progress towards meeting your learning needs. If you have met all your needs then identify more needs. If you have not met your needs consider why: were they too ambitious; was their insufficient time to learn; or did other demands overtake you.

Once you have completed the learning needs process you should go back to the beginning. Figure 1 describes the cycle of learning needs assessment. If you are able to you should try and follow this cycle, but be realistic - you may not be able to do everything. Keep your learning simple and focussed - exploit opportunities in everyday practice. Maximising your learning through reflection and the use of informal resources, particularly your colleagues.

Finally, remember exploring your learning needs is about exploring your practice, the people with MS you work with, your colleagues and yourself. Being a specialist practitioner is as much about *how you know* as *what you know*.

Good luck in exploring your learning needs!

Appendix 1. Development requirements for MS Specialist Nurses.
(pages from Key Elements)

Appendix 2. Suggested answers for MS specialist nurses.

The following suggested answers have been compiled by MS specialist nurses and have been reviewed by an expert panel.

Section A	
Item 1.	
General history and neurological assessment symptoms including: weakness of limbs, ataxia, vertigo, reduced bladder control.	Visual evoked potential (VEP) . Sensory function tests.
Lumbar puncture - inflammation in CSF (oligoclonal bands).	MRI may find multiple lesions/plaques in brain/spinal cord.
Item 2.	
Demyelination/myelin damage	Blood brain barrier damage/breakdown
Axonal loss/damage	Remyelination/repair
Inflammation (Inflammatory response)/ plaque formation	Immune system disturbance/lymphocyte function alters
Atrophy/scarring	CNS damage/abnormality
Progressive dissemination	Gliosis following demyelination
Item 3. Epidemiological features of MS:	
Most common cause of disability in young adults in UK	Estimated 250,000 people in UK affected by MS somehow
1/800 or 115/100 000 people affected	Monozygotic twins have 30% risk of MS if other twin has it.
Estimated 50 new cases diagnosed each week	Not hereditary, but is a genetic susceptibility
85 000 people in UK have MS. 1 million worldwide	Prevalence increases in those of Scandanavian descent
2,500 new diagnoses a year in UK	/follows Viking route
Twice as many women as men affected	Risk attributed to resident country during childhood
Usually onset early adult life 25- 45. Incidence of onset at peak in late 20s, early 30s	Increased prevalence further away from equator
Item 4.	
Age of onset – (early age of onset = better prognosis; after 40 = poorer prognosis)	
Mobility problems and cerebellar signs – (if absent in first 5 years after diagnosis = better prognosis)	
Early visual and sensory symptoms = better prognosis	
Time between onset and progressive phase - if longer = better	
Long time (15 years +) between onset and start of progressive phase = better prognosis	
Short time (10 years or less) between onset and start of progressive phase = poorer prognosis	
Normal MRI at presentation = better prognosis/lesions = poorer	
Complete recovery from first relapse = better prognosis	
Low relapse rate per year = better	
Low disability at 2-4 years = better	
Low interval to second relapse = poorer	
Gender: female = better than male.	
Involvement of only one CNS system at onset = better	
Sexual symptoms = poorer?	
Young/female /first symptom optic neuritis = better	
Type of relapse spinal = poorer/sensory = better	
Multiple symptoms = poorer	
Item 5.	
Steroids – IV methyl prednisolone – anti inflammatory	Azothiaprime- acts on immune system/immunosuppressant
Beta inteferons – Rebif, Avonex, Betaferon – immunomodulating agents (suppresses immune system response)	Mitoxantrone – acts on immune system
Glatiramer acetate (Co-polymer; Copaxone) mimics myelin basic protein, competing for binding sites (reduces immune response)	Tegretol – acts on CNS for neuropathic pain
	Baclofen- muscle relaxant for spasticity/spasms
Item 6.	
Damage to spinal cord/spinal cord disease due to impaired nerve impulses affects detrusor muscle,	Nutrition and fluid intake
	Psychological
Damage to pontine centre/ frontal lobe	Perceived self efficacy/anxiety
Mobility problems compound bladder problems	Situational
Other medical conditions – i.e. infections	Bathroom accessibility and other lifestyle issues
Medications	

Section B.	
Item 1.	
Relapse of MS condition	Over exertion/busy lifestyle/too little relaxation/time for self
Medications (i.e. Baclofen) side effects	Lack of exercise/ too much exercise
Concurrent illness (i.e. infections)	Psychosocial factors (stress, anxiety, depression)
Excess heat (i.e. hot baths, sitting in sun, hot meals).	Pain
Lack of sleep (i.e. due to bladder problems/ poor sleep pattern etc)	Cold temperatures
Heavy meals	Anaemia
Item 2.	
Loss of function/strength/control/power	Tremor
Spasticity	Altered sensation/numbness
Development of parasthesia	Weakness in limbs/muscles
Coordination problems	Ataxia
Loss of dexterity	Pain
Decreased muscle tone	
Item 3.	
Spasticity/rigidity	Bladder/bowel dysfunction
Fatigue	Psycho-social problems – poor body image/self esteem, cognitive problems, reduced libido, depression, relationship problems
Pain	
Reduced sensation/numbness	Vaginal dryness
Inability to ejaculate/maintain erection (due to de-myelination of spinal cord/ CNS damage)	Medication - side effects (i.e. Amitriptylline)
	Poor mobility
Item 4.	
Spasticity/spasms	Pulmonary complications
Heat disturbance	Psychological - anxiety, depression, cognitive problems etc
Pain	Not relaxing in evening
Nocturia/bladder dysfunction	Poor mobility - hard to get comfortable
Poor positioning	Cramps
Drug therapies (i.e. interferon beta/poorly timed steroids/side effects)	Inactivity during daytime
Item 5.	
Identify/educate re exacerbating features	Refer to physiotherapist, occupational therapist
i.e. infection/pressure sores/ingrown toenails	Slow transfers (velocity dependent)
Positioning/seating improved/reviewed	Stretching exercises (passive) to maintain muscle length
Encourage relaxation	Improve body posture and limb position e.g. through use of t-roll
Teach carers how to move patients limbs safely	Lying out flat 20-30 minutes once a day
Use of orthoses and splints to maintain muscle length etc.	Stress management advice
Improve bowel and bladder management	Fatigue management advice
Encourage gentle exercise - i.e. swimming	Complementary therapies – massage/aromatherapy
Experimental drug therapy - cannabis	
Item 6.	
Relapse	Spasticity
Stress/anxiety/depression	Talking
Infection	Chewing/eating
Excess movement/exercise	Incorrect medication - bad timing/stopping medication
Lack of sleep	Pressure/touch i.e. brushing teeth
Fatigue	New demyelination
Change of temp/cold i.e. cold wind/wet clothes/excess sun/ cold drink	Other pain (optic neuritis, headache)
Poor positioning/posture	Musculoskeletal problems

Section C.	
Item 1.	
Support/reassurance/positive reinforcement	Gentle confrontation about symptoms that may be being denied
Encourage to share with someone else with MS/discussion	Educating/provide information - verbal and non-verbal
Active listening	Setting behavioural goals (to break anxiety cycle)
Developing coping strategies	Introduction to support group/reinforce support systems available
Encourage use of relaxation techniques – meditation and breathing exercises	Acknowledge distress/it is normal
Examination of what is good/bad in their lives/cause of anxiety/list things they are worried about	Counselling
Reflecting/mirroring	
Item 2.	
Withdrawal socially	Lack of interest/motivation
Feeling hopeless/like not coping/helpless/guilty/despair	Poor sleep patterns - early wakening, insomnia
Negative thinking	Expressing suicidal thoughts
Emotional flatness	Concentration change
Fatigue/change in energy/ low energy	Constipation
Decreased libido	Anxiety
Appetite change/poor appetite	Loss of weight related to low appetite/change in weight
Motor agitation/retardation	No eye contact
Aggression	Lack of self esteem
Mood swings/low mood- tearfulness, sadness	
Item 3.	
Build relationship with patient first/rapport/confidence	Direct questioning if appropriate
Choose appropriate time venue/facilitate privacy	Be sensitive to difficult issues being skirted around
Acknowledge sexual issues may be a problem/it is normal/not to be embarrassed	Permission by person with MS to refer/make referrals
Active/non judgmental and sensitive listening	Be honest, relaxed and open Ensure confidentiality Involve partner if appropriate
Use of PLISSIT model	Indirect sensitive questioning
Use cues from patient don't ignore if they wish to discuss issue further	- while discussing other symptoms i.e. bowel and bladder - while discussing image - refer to relationships
Inform/provide information on research/explain impact of disease on relationships	
Give example of what anonymous others have experienced on assessment	
Ask open questions (Some people with MS experience..... has this troubled you?)	
Item 4.	
Keep sessions short and simple	Advise person to bring someone who can discuss later/ involve carer
Document or provide written information/key points	Encourage person to make notes or lists
Supply aids/memory prompts (notice boards etc.)	Check understanding regularly/follow up conversation
Paraphrase	Minimise distractions
Ask them to reflect back/recap information	Repeat information several times and allow time for practice
Give written or visual information – leaflets, videos, tapes (as well as oral)	Ensure environment is suitable/correct temperature
Speak slowly and quietly and take time	Teach at best time of day for person with MS/when least tired
Item 5.	
Talking about problem, counselling	Lying face down on bed
Reviewing home situation and coping	Diversion – watch TV, read book, listen to music etc
Breathing exercises/Relaxation techniques	Deal with symptoms causing stress - (i.e. pain)
Complementary therapies- Aromatherapy/massage/yoga.	Acknowledge need for equipment (i.e. wheelchair) when necessary
For disabled/hydrotherapy/meditation/reflexology etc	Medication management of spasticity
Positioning correctly/posture management	Warm bath
Experimental drug therapy – i.e. cannabis	Exercise/passive movement
Physiotherapy	Seek advice
Item 6.	
Anger and blame	Finding out practical help i.e. use of gadgets/aids
Denial/Ignore it	Maintaining independence as much as possible
Learn adaptive coping mechanisms - adopt realistic lifestyle - rest often; learn different skills; increase understanding of disease; goal setting	Seek support i.e. psychological support (counselling/other people with MS)
Bargaining - trying different diets etc.	

Section D	
Item 1.	
Talk to family/carer	
Education, provide written/verbal info (booklets, leaflets, website details)	
Support in addressing personal issues i.e. employment, education – carers centre	
Group support- refer to newly diagnosed centres, group education (getting to grips)	
Contacts for telephone line/contact numbers for support	
Ensure availability/access/ongoing support/regular contact and reassessment	
Referrals to other health professionals/services	
Child leaflets/support	
Confidence that most symptoms can be dealt with/foster positive attitude	
Active listening	
Counselling	
Acknowledgement re impact of diagnosis	
Reviewing coping strategies	
Discussion around fears and expectations	
Home visit/joint assessment with OT	
Encourage patient to participate in their own care	
Guidance re services available	
Item 2.	
Vaccination - advise to get	
Heat - may increase fatigue/means of keeping cool	
Airline - wheel chair access, getting drugs through customs, advise to liaise with airline, immobility	
Fatigue management	
Personal care and transfer arrangements - availability of hoists, equipment, bladder management in plane	
Insurance - in case of relapse, poor health facilities	
Venue - access, air conditioning etc	
Contacts - who to contact if relapse occurs	
Medication - take emergency antibiotics for bladder infection, adequate supply, reminders re taking medications and storage of them	
Dehydration – maintain fluid intake	
Accommodation – ensure is suitable/accessible	
Mobility issues - access to facilities etc.	
Item 3.	
<i>For advice on vehicle adaptations and equipment:</i> Disabled Drivers Association Mobility Advice and Insurance Service (MAVIS) Mobility Information Service	Driving assessment centre/unit (i.e. Banstead Assessment Centre) DVLA <i>Other:</i> Motoring associations disability section (AA) Community OT Blue badge scheme RADAR
<i>For motor insurance:</i> Disabled Drivers Insurance Bureau - motor insurance For purchasing vehicles (support for people with mobility component of Disability Living Allowance): Motability	
<i>For driving instruction/assessment:</i> BSM Mobility Unit	
Item 4.	
Drugs - in cooler bag, reminder to take	Manage fatigue - use wheelchair, pacing self etc
Accessibility (toilet, rides, grounds, in wheelchair, fluids, shade etc)	Coping with amount of people
Safety/suitability to go on rides i.e. balance problems	Transport to and from/around park
Rest places/walking distance around park	Personal care - bladder care items
Item 5.	
(Varies from area to area so the following are possibilities)	Outdoor sports - OXRAD, disabled riding, sailing for disabled
Sports and leisure centres: hoist in pool, days for disabled people	Disabled sport associations (i.e. Ramblers association for Disabled)
Special coaches, access, physios.	MS Society facilities (i.e. yoga classes)
Pubs - pub guides indicate wheelchair access	Federation of Disability sport
Theatres scheme- reduced rates/good access	
Item 6.	
Finance	Degree of disability
Family/friend /carer support network availability	Ways of maintaining independence socially i.e. likes/dislikes regarding hobbies
Management of personal care	
Housing difficulties/home environment	What person with MS wants
Role in family - i.e. employment, dependency of others on person	Person's knowledge/expectation of local resources e.g. respite
With MS/family and carer needs	

Section E	
Item 1.	
Neuropsychologist	Behavioural therapist/Cognitive Psychologist
Counsellor/Therapist	OT
CPN	Local neurology service
Neurologist	GP
Neurological support worker- refer to social worker to get	Rehab centre/unit/team/consultant
Psychologist/Clinical psychologist	Disability support worker
Psychiatrist	
Item 2.	
Social worker/social services	Medical housing adviser
Local council special needs housing office/department	Disability grant officer
Citizens advice bureau	Disability resource centre
National Federation of Housing Associations	Local benefits advice
John Grooms Association for the Disabled	Welfare rights
Leonard Cheshire Foundation	Disabled persons accommodation agency
Community OT	DIAL
MS Society welfare department	
Item 3.	
Physiotherapist (i.e. if patient has chest complications)	Home care at meal times (i.e. via social worker)
OT	Rehab team
SALT	Gastrostomy specialised nurse
Dietician	Nutrition team (Home-based)
DN (i.e. for swallowing assessment)	Aids suppliers (i.e. PEG, mobile arm support)
GP	
Item 4.	
No set list: the following are possibilities	Communication difficulties - refer to SALT
Psychological/ Emotional	Nutrition management - refer to dietician
Management of anxiety, stress - counselling, Macmillan service	Respite care - refer to DN, Social services
Spiritual aspirations - MacMillan service, MDT	Resuscitation status - involve Consultant, MDT, client, carer
Physical - Pain management - medications	Making wills - social worker, solicitor
Pressure care - hospice, GP	Where patient wishes to die - Macmillan service
Swallowing problems- SALT/ dietician assessment, PEG feeding	
Item 5.	
Involve MDT/recruit resources/coordination	Evaluation/review/follow up regularly
Assessment including documentation (ongoing)	Teaching/training carers re MS
Case conference	Discuss priorities with person with MS, involve/consider needs of those around people with MS
Planning/implementation/care planning	
Communication book at home	
Item 6.	
(Varies from area to area so the following are possibilities)	
MS Trust: information, education of health professionals, research	Red Cross - lending equipment
MS Society: information, counselling, social services, welfare advice, local meetings and groups, respite	Voluntary sector - befriending, visiting, outings
Leonard Cheshire Foundation - information on accommodation/care	Hospices - respite day care
Citizens Advice Bureau - information on benefits and employment	Children with disabled parents - holidays
Carers Association - support for carers, short breaks for carers, support and advice	Volunteer bureau - odd jobs, social support
DIAL - disability information and advice line	RADAR - information on disability issues including access, education, employment, holidays, housing, mobility and welfare
Disabled Association - welfare advice	MS Resource Centre – complementary therapy advice

Section F	
Item 1.	
Act as facilitator/link/liason worker between family and different health and social care professionals	
Provide information and advice (newly diagnosed education, written information leaflets/telephone helpline etc)	
Psychological support to patient and family (counselling, listening, linking person with MS with support groups, promoting positive outlook, telephone support)	
Regular assessment/symptom management	
Provide point of contact/ being available/regular follow up/drop-in-clinic	
Enhance people's awareness of MS nurses role/existence/advocate role	
Item 2. No set answer list	
Item 3.	
No set answer list but the following are possibilities:	
Community care - Access to MS nurse/Personal carers (continuity of)/ Regular home physio, More neurologist input, Regular follow up/monitoring, child care support and home help, Improved care packages, rehabilitation facilities	
MS Information- Information for newly diagnosed, Symptom management issues	
Equipment and Adaptations	
Health and well-being – Medication, interferon availability, interferon clinic availability	
Pain management	
Psychological support - contact groups, cognitive behavioural therapist, counselling, befriending service	
Holidays/Respite – especially for younger people, day care/drop in clinic, hospice care/information	
Employment	
Financial advice	
Sports and Leisure	
Housing	
Mobility - Adequate transport, Shop Mobility, speedy wheelchair review	
Item 4. No set answer list	
Item 5. No set answer list	
Item 6. No set answer list	

Section G	
Item 1.	
Repeat sentences, reflection	Empathy/understanding/acknowledge their distress/anger
Try to gain eye contact/use appropriate body language	Allow them to resolve situation - work together to resolve situation
Speak calmly, slowly and quietly/ maintain calm environment/ non-confrontational approach	Look at situation constructively/challenge thoughts professionally
	Diversion therapy - foster positive thoughts
Allow them to speak/ listen/ offer chance for them to explore anger	Answer questions honestly
Talk individually to people	Allow privacy
Break down issues into manageable parts	Seek mutually satisfying way forward
Item 1. No set answer list	
Item 2. No set answer list	
Item 3. No set answer list	
Item 4. No set answer list	
Item 5. No set answer list	
Item 6. No set answer list	

Appendix 3

Useful organisations and websites

Benefits Advice

Benefit enquiry line
0800 882200
(Northern Ireland 0800 220674)

National Association of Citizen's Advice Bureaux
Myddleton House
115-123 Pentonville Road
London N1 9LZ
020 7833 2181

Disability Alliance
1st Floor East
Universal House
88-94 Wentworth Street
London E1 7SA
Tel: 0207 247 8776 (admin)
Tel: 0207 247 8765 (advice)
Website: www.disabilityalliance.org

Disablement Income Group
PO Box 5743
Finchingfield
Essex CM7 4PW
Website: www.disabilityworld.com

Care attendants

Association of Crossroads Care
Attendant Schemes Ltd
10 Regent Place
Rugby Warwickshire
CV21 2PN
Tel: 01788 573653

British Nursing Association
The Colonnades
Beaconsfield Close
Hatfield
Herts AL10 8YD
Freephone tel: 0800 581 691
Website: www.bna.co.uk

Carers Information and Support

Carers National Association
Ruth Pitter House
20-25 Glasshouse Yard
London EC1A 4JS
Tel: 0141 221 9141
Helpline: 0345 573 369

Complementary Therapies

British Complementary Medicine Association
PO Box 5122
Bournemouth BH8 OWG
Tel: 0845 345 5977

Council for Complementary and Alternative Medicine
170 Gloucester PI
London NQ1 6DX
Tel: 0207 724 9103

Continence

Continence Foundation
307 Hatton Square
16 Baldwin Gardens
London EC1N 7RJ
Helpline: 0845 345 0165 (Mon-Fri; 9.30-12.30)
E-mail: continence-help@dial.pipex.com
Website: www.continence-foundation.org.uk

Counselling

British Association for Counselling and Psychotherapy
1 Regent Place
Rugby
Warwickshire
CV21 2PJ
0870 443 5252
Website: www.counselling.co.uk

CRUSE (Bereavement) Head Office
CRUSE house
126 Sheen Road
Richmond
Surrey TW9 1UR
Tel: 020 8940 4818
Helpline: 0870 167 1677 (Day by day)
General email: info@crusebereavementcare.org.uk
Helpline email: helpline@crusebereavementcare.org.uk

Disability and welfare issues

RADAR (Royal Association for Disability and Rehabilitation)
12 City Forum
250 City Road
London EC1V 8AF
Tel: 0207 250 3222
Website: www.radar.org.uk

Provides information on a range of disability issues including civil rights, community care, education, employment, social security, mobility and housing.

Disabled Living Foundation (DLF)
380-384 Harrow Rd
London W9 2HU
Tel Helpline: 0845 130 9177 (Mon-Fri 10-4)
Main Switch: 0207 289 6111 (Mon-Fri 9-5)
Website: www.dlf.org.uk
Specialize in providing disability equipment, day-to-day household gadgets, new technologies.

Ricability
30 Angel Gate
City Road
London EC1V 2PT
Tel: 0207 427 2460/69
Email: mail@ricability.org.uk
Website: www.ricability.org.uk
Set up by the Consumer's Association to research and review products and services available for older and disabled people.

Department of Social Security
Website provides information on benefits and includes a facility for finding the contact details of local benefits offices.
Website: www.dss.org.gov.uk

Employment

General employment information and advice:

RADAR
12 City Forum
250 City Road
London EC1V 8AF
Tel: 020 7250 3222

Rehab UK
Brain Injury Vocational Services
Windermere House
Kendal Avenue
London W3 2XA
Tel: 020 8896 2333

Provides home/work-based assessments and make recommendations about equipment at home or at work and make recommendations about equipment and adaptations that may be needed.

Recruitment opportunities

Opportunities for People with Disabilities
123 Minorities
London EC3N 1NT
Tel: 020 7481 2727

Sheltered employment:

Remploy Limited
415 Edgware Rd
Cricklewood London NW2 6LR
Tel: 0208 235 0500
Website: www.rempoy.co.uk

Financial Advice

All Citizens Advice Bureaux offer some form of financial advice.

Debt advice:

National Debtline
318 Summer Lane
Birmingham B19 3RL
Tel: 0121-248 3000
Freephone: 0808 808 4000 (Mon- Fri 9am-9pm; Sat 9.30am-1pm)
Website www.nationaldebtline.co.uk

Housing

Many Housing Associations provide adapted housing for people with disabilities, usually to rent.

National Federation of Housing Associations
175 Gray's Inn Rd
London WC1X 8UP
Tel: 02027 278 6571 / 0870 010 7676
Website: www.housing.org.uk
Email: publications@housing.org.uk

The Leonard Cheshire Foundation and John Grooms Association run residential homes for all age groups.

John Grooms
50 Scrutton St
London EC2A 4XQ
Tel: 020 7452 2000
Email: charity@johngrooms.org.uk

Leonard Cheshire Foundation
30 Millbank
London
SW1P 4QD
Tel: 0207-802 8200/8250
Email: info@london.leonard-cheshire.org.uk
Website: www.leonard-cheshire.org

Leonard Cheshire Scotland Region
160 Lower Granton Road
Edinburgh
EH5 1EY
Tel: 0131 538 5544
Email: info@scot.leonard-cheshire.org.uk

Mobility

Representation, information and advice on mobility issues:

Disabled Drivers Association
National Headquarters
Ashwellthorpe
Norwich
Norfolk NR1 1EX
Tel: 0870 770 3333 or 01508 489 449
Website: www.dda.org.uk

Mobility Advice and Insurance Service (MAVIS)
Transport and Road Research Laboratory
Old Wokingham Road
Crowthorne
Berkshire
RG45 6XD
Tel: 01344 661 000

Mobility Information Service (MIS)
Unit 2A
Atcham Estate
Shrewsbury
SY4 4UG
Tel: 0174 376 1889
Website: www.mis.org.uk
email: mis@nmcuk.fresserve.co.uk

Motor insurance:
Disabled Drivers Insurance Bureau
Chartwell House
292-294 Hale Lane
Edgware
Middlesex
HA8 8NP
Tel: 0208 958 0900

Driving instruction:
BSM Mobility Unit
81 Hartfield Rd
Wimbledon
London SW19 3TJ
Tel: 0181 545 1333
Website: www.bsm.co.uk
Purchasing vehicles (support for people with mobility component of Disabled Living Allowance)

Motability
Goodman House
Station Approach
Harlow
Essex CM20 2ET
Tel: 01279 635666 (information)
Website: www.motability.co.uk

MS charities and organisations

MS Trust
Spirella Building
Bridge Road
Letchworth
Herts SG6 4ET
Tel: 01462 476700
Website: www.mstrust.org.uk

MS Society
National MS Centre
372 Edgware Road
London NW2 6ND
Tel: 020 8438 0700
Helpline: 0808 800 8000
Website: www.mssociety.org.uk

Federation of MS Therapy Centres
Bradbury House
155 Barkers Lane
Bedford MK41 9RX
Tel: 01234 325781
Website: www.ms-selfhelp.org
Email: info@ms-selfhelp.org

Sexual Health

Disability, Pregnancy and Parenthood International
The National Centre for Disabled Parents
Unit F9 89-93 Fonthill Road
London N4 3JH

Tel: 0800 018 4730 (freephone)

Email: info@dppi.org.uk (enquiries)

Run by disabled parents to promote awareness and support for disabled people during pregnancy and throughout parenthood.

Impotence Association

PO Box 10296

London SW7 9WH

Email: info@impotence.org.uk

Helpline: 0208 767 7791

Provide free information and advice on treatments for both men and women with sexual dysfunction.

National Childbirth Trust

Alexandra House

Oldham Terrace

Acton

London W3 6NH

Tel: 0870 444 8707 (enquiries)