

Trainee Nursing Associate Case Study

Please tell us your name

Michelle Alderson

Tell us about your role and where you work

I am employed as a trainee nursing associate (TNA) for Sirona Care and Health in extra-care/ step-down; this is a social care facility in a small town called Keynsham, Bristol. Before I commenced the TNA programme, my role was a step-down support worker helping individuals to rehabilitate in an assisted living environment. Now that I am a TNA, I can discuss clinical matters with those I support in more depth and can recognise more potential causes for risk or harm. I have become a key worker for two residents which I am working with to improve my communication, person-centred care and I am able to confidently act as an advocate on their behalf.

Daily I deal with medication administration. My training has led me to consider the benefits of taking the medications prescribed, also the disadvantages (e.g. side effects). I have also evolved to understand the condition behind the medications and why it is important that certain conditions are controlled and monitored.

What qualifications and experience did you have prior to coming into the role?

When I came into the TNA role I had completed my Cavendish Care Certificate with Sirona Care and Health and recently completed a 6-month End of Life course. Prior to this I had achieved an NVQ (level 2) in Care and Support Services whilst working as a doctors' surgery receptionist. When I commenced the course, I had up to 10 years' worth of care work experience. This originated from being a personal assistant for 2 individuals, providing one to one personal care (one was highly dependent, and one was a social worker). This experience was invaluable. Being surrounded by the everyday lives of those that needed my assistance for 12 – 48 hours at a time is some of my most valued experience into person-centred care. Whilst working as a personal assistant I was also studying for a bachelor's degree in history, when I realised this is not a subject I wanted to invest in. On finishing my studies, I began to focus on my care work experience. I completed a three-month placement in a hospital. This was an intense course focussing on getting individuals the experience

they needed. During this time, I worked with Occupational Therapists and hospital administrators (including those in management and discharge teams). During the three months I achieved an award in Dementia Awareness (level 2). Soon after this I went on to work in a doctors' surgery, understanding first-hand the pressures that face the NHS. Then, nearly 3 years ago I relocated to the South West of England from the North East and I started my employment with Sirona Care and Health.

What is it like being part of a national test programme?

It has been an exciting experience, however frustrating, information regarding the programme is still being written. Individuals ask us what we will be doing when we qualify, and it is still all a bit vague. Now that the Nursing Midwifery Council has drafted a 'nursing associates skills annex' explaining the standards of our role it has all become a lot clearer. As the programme is only in its pilot phase, I feel it has been negatively portrayed by the media. Those who have been against the programme, I believe, haven't had enough positive information to fully understand how invaluable our role could be once we are fully competent and registered members of the NMC (Nursing and Midwifery Council). Albeit, I find the whole experience a great opportunity and being the first is always something to remember and discuss. I feel like we (TNAs, Trusts, and Universities) should all be ambassadors for the programme, after all we are the ones who are making the vision happen.

What has been easy and what has been challenging so far?

Up until now I have found it easy to socialise within my peer group at university, I feel that it has been very useful to talk about the different skills we all have from our own places of work. Reflecting on other's practice experiences I have been able to understand my own role a lot better. Being in social care when everyone else is employed in health care has been my biggest obstacle. In the attempt to bring the relationship between health and social care together, I feel, I am having to interpret my own version of the curriculum to ensure I am meeting my competencies. After meeting with my university tutor, we established how I would be able to achieve the required skills, without being in a clinical setting full time. This course has been about the correct balance, to ensure that I don't do too much reading into an area and neglect to consider another. I find myself having to be in the right place at the right time to witness skills that the local district nurses are doing. Luckily, I am now meeting with the registered nurses in the nursing home adjacent to the extra-care building. I

have been able to shadow them and gain experience from working with them which has been extremely useful.

How are you finding the education/training component? (for instance, day release etc.).

The topics which we are studying have been very interesting, I am keen to learn and any spare time at work or home I will use for studying. The day release to university has been an essential component as I feel we need to be in an academic setting to really take it all in, as some of the models and explanations can be quite complex. I look forward to university each week as the cohort is becoming more familiar with each other as the weeks pass. We all have our own peer groups within this which we use for support. The use of social media has been a useful tool as we have the main TNA Facebook group and our own TNA group for the students at University West of England. My university colleagues and myself ensure that we are all kept in the loop and post relevant emails to the page. I really couldn't be happier with those on my course, we are a very good team that works well together. The university staff have also been very supportive and have negotiated some learning styles with us, as we are the first ones to do this we are able to discuss and consider what works and what doesn't work so well.

What new clinical experiences have you had?

As mentioned above I have been able to spend some time each week with the registered nurses and the district nurses when they are available. However, I have attended a 6-week placement on an acute stroke ward in a hospital which I believe brought my understanding of theory along tenfold. I am awaiting another 2-week placement in the summer working with those who have attended minor surgery, I also have professional development days to use which I intend to visit a clinical environment related to my practice area. Also, there will be further external placement opportunities which have not yet been confirmed.

Describe the support in practice are you receiving?

Currently in practice we have had a bit of a change around, so practice support has been a bit of a balancing act, I will contact and arrange meetings via email, but support is varied. I will seek advice and guidance from shift leaders, my university tutor, the registered nurses, the trust lead for the course and of course my mentor. I usually seek what guidance I need but sometimes it involves

hunting around for it, however everyone that offers advice has been able to point me in the right direction and from there I can pursue whatever learning or experience I require.

What has been the response of people you are working with?

Initially my work colleagues were curious about the role, they hadn't heard very much about it and wanted to know more. A few asked why the role would be needed in social care, others just accepted I was studying and continued as normal. Luckily, I work as part of a close team that all get on very well. The team are very supportive and will ask about my assignments when studying during downtime at work.

How do you see the relationship between the NA role and the registered nurse?

I see the role as being a way of assisting with the demands that are facing the registered nurses in hospitals and in the community. I believe that the nursing associates will be able to carry out work that has been pre-agreed by the trust they are working for, the registered nurse will then delegate the tasks that need to be done. I believe the nursing associate will still carry out daily duties such as washing / dressing but will be there to recognise potential health complaints and act appropriately. They may also have their own regular clinical duties that are pre-agreed by a registered nurse e.g. dressings, catheter changes etc.

Is there anything else you would like to tell us about your role?

This is a great route to follow onto a nursing degree. Working full time whilst at university is challenging, however I believe, it builds strength and character.

Are you a member of the RCN?

Yes

If yes: have you used any of our services?

Not Yet

If yes: do you have any feedback?

Thank-you for your participation