

A Day in the Life of a Nursing Associate Apprentice (NAA) working in primary care.



Nursing Associate Background:

The Nursing Associate (NA) role was created to bridge the gap between Healthcare Assistants (HCAs) and Registered Nurses (RNs). NAs are NMC registered practitioners providing routine patient care, enabling the RNs to deal with the more complex care needs of patients. Although all Nursing Associates are trained to the same standard, with exposure to multiple health and social care environments during their training, this role is described as a "Grow Your Own" entity. This means that although NAs undergo similar experiences during their foundation degree studies, their "day job" differs across each area of healthcare as patient care needs vary widely across workplace settings.

During and beyond their apprenticeships, NAs have numerous opportunities to extend their knowledge, skills, and associated competencies. For example, within primary care, the NA can undergo additional training to deliver more aspects of patient care than ever before such as chronic disease management, cervical cytology, and childhood immunisations.

The "Grow Your Own" philosophy works extremely well in primary care because the NA role can be tailored to address evolving Primary Care Network and individual practice needs. This approach enables organisations to develop their NAs into practitioners that are patient-centred from the very start, who can adapt their practice because like RNs, they are NMC regulated. They must always ensure their practice is based upon the most up to date, available evidence. As a result, patients receive a high level of care and their evolving needs are consistently met.

Below is a slight insight into my typical working day as a Nursing Associate Apprentice (NAA) within a GP surgery.

My Morning:

This morning I had a clinic set up that consisted of a mixture of blood tests, reviews, and NHS health checks. Prior to undertaking each patient blood test, I examined the rationale for each test to ensure that they take into consideration any conditions patients may have and what medications they are taking. For example, ensuring that someone identified as having hypertension (high blood pressure) and pre-diabetes in the past is having their HbA1c checked to ensure they have not developed type 2 diabetes, and that their kidney function remains in normal range despite taking blood pressure medication.

During the blood tests, I also spent time discussing with patients the benefits of hydration for their general health, and how keeping well hydrated makes it easier for me to obtain blood from them. In addition, being dehydrated at the time of the test can also skew their blood results. The main reviews I had in clinic today were hypertension – high blood pressure reviews. I spent time checking patients' blood pressures and discussing the readings with them. If this were raised, I then looked for why it was raised, trying to identify what could be contributing factors for this. I would also talk to them about their lifestyle to see if there were any clues there as well. For example, if a patient drinks a large amount of caffeine or energy drinks it can increase both their blood pressure and pulse rate, which can be harmful if they continue to drink excessive amounts on a longer-term basis. If there was no obvious cause, I would also discuss the patient with the GP and agree a plan of care with them. Depending on the severity and risk of the patient's hypertension, the GP may request the patient to complete 7 days of home blood pressure readings, booking them in for a 24-hour ambulatory blood pressure check, or decide to increase their medication dosage if they are already taking anti-hypertensive medication or arrange a referral to secondary care.

After those clinics, I had some NHS health-checks to do. These are a great learning opportunity for Nursing Associate Apprentices because they enable you to expand your knowledge regards patient health screening, and at the same time, pro-actively identify patients who may be at risk of ill-health. You can then support those patients so they can then take steps to improve their health and wellbeing to prevent future ill-health. I really enjoy these clinics because I can get to know the patient in terms of their general health, provide appropriate care or signpost them for additional support should I identify any concerns. Those concerns can also immediately be discussed with the patient, ensuring that they are directly involved in their care and future care plans. One patient I had raised concerns about her memory. I was able to perform a basic memory test with her which highlighted that she may have cognition issues. I was able to talk to her about this and ask the GP to refer her for memory clinic and further blood tests. She felt reassured by me because I was able to address her concerns straightaway rather than her needing another appointment.

After my morning clinics had finished, I was asked to perform analysis on some urine samples requested by the GPs and Advanced Nurse Practitioners (ANPs), and other samples dropped off by patients reporting possible UTI symptoms. Fortunately, our practice has a protocol to follow for this, as not all samples require analysis. Some of them just need sending to the lab for testing. Regarding the ones I was asked to specifically test, I looked for any results that came up as abnormal on the urine dipstick. For example, a sample could contain blood, amongst other elements. The presence of blood may indicate the person has a urine infection or may have an issue with their kidneys. I then documented my findings on the patients' notes and informed the GP or ANP so they could then contact the patient to arrange follow-on care.

My Afternoon:

Similarly to this morning, I had a varied afternoon clinic. I started with some B12 injections, these are individually prescribed to each patient and administered to patients to treat and manage anaemia deficiency. Prior to being able to administer these injections I had to undergo injections training and had to learn about pernicious anaemia. Although I am delegated the task of administering this injection through use of a patient specific direction (PSD), I am still responsible for checking the 5 R's: the right patient, right time, right dose, right amount and right route. This is an important approach to administering medication as it helps to prevent inadvertent drug errors, keeping patients safe in my care. Also having an understanding of pernicious anaemia and the B12 injection helps me to address any questions patients may have regarding their condition, the procedure, or the medication being administered.

I then had a Depo injection to do, this injection is a form of contraception, again done under PSD. These are given every 12 weeks and are highly effective in preventing unwanted pregnancies. Today's Depo was straightforward because fortunately the patient attended on time for their injection. However, if they are past their due date and have been sexually active without additional contraceptive protection, then I need to involve the GP in prescribing emergency contraception. I also explained to the patient the importance of attending for their injection on time, suggesting that the patient puts a reminder in their phone to prevent this from happening again.

After my injections, I had a leg ulcer dressing to do. This was a straightforward chronic ulcer that required assessing for signs of infection and deterioration, cleaning up and redressing. During this appointment I spoke to the patient about their diet and keeping well hydrated because this helps to promote wound healing. Before undergoing wound care training, I had not realised how much other factors such as a poor diet can slow wound healing.

Following from my dressing I had some ECGs to do. These are often done for investigation purposes following an irregular heart rate or raised BP and can be used to aid diagnoses of conditions affecting the heart. Once the ECGs were completed, they were passed onto the requesting clinician or duty clinician to review and act upon accordingly. Fortunately, all the ECGs appeared normal, but it was still extremely important to get them interpreted properly by a trained clinician to ensure that nothing abnormal is missed.

Once my afternoon had finished, I had a debriefing with my practice supervisor to discuss how my day had been, if there were any areas, I felt I needed more support on, and discuss any areas I wish to develop further. This time is crucial whilst in training as it allows you to feel supported whilst working independently without direct supervision. My supervisor often uses these sessions as a bit of a question-and-answer session to check my understanding of what is being discussed and to identify any areas where I need to do some more learning.

Once we had finished this, I spent some time doing some contraception E-learning. Sexual health is an interesting topic, and an area in which I am wishing to upskill and develop further. This is so that I can be better prepared to answer patient queries, when they come up in appointments and know at which point, I need to signpost patients on for additional support. For example, I can perform clinical observations for contraceptive reviews, but I feel it would be useful to understand a little more about the benefits and risks of each contraceptive option. This is so that I can recognise if patients are having issues with their contraception so that I can escalate them appropriately.

The Benefits of Working as a Nursing Associate Apprentice:

It is important to mention that there is no typical working day. Every day is different and that is why I enjoy it so much. Everyone in primary care says every day is a school day and I really agree with them as I am always gaining new knowledge and skills! In terms of my future, when I qualify as a nursing associate, I want to consolidate my learning for a couple of years and specialise in a specific area of care. I am unsure of what that is at the moment, but there are so many learning opportunities out there, I am sure I will find my nursing bliss.

My Future Plans:

What I also like as a nursing associate apprentice in primary care is that I now have a fantastic opportunity of a formal, yet flexible career pathway, something that I did not have previously. Over time I can top up my degree to become a registered nurse and I hope to become an advanced nurse practitioner eventually.