

Incorporating Trainee Nursing Associates (TNAs) and Registered Nursing Associates (RNA's) into the Paediatric Critical care work force through education and training

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Introduction

Leeds Paediatric Critical Care (PCC) unit have developed a clear programme of training for TNA's incorporating a rotation of all critical care areas, aiming to address the gap in nursing workforce shortage¹.

The rotation includes PICU, HDU and cardiology, including Cardiac HDU, with 6 months spent in each area. Specific core and specialist skills documents align with a scope of practice matrix to aid allocation once qualified. Role definition is clearly defined within PCC and well integrated into the team.

Summary

In 2019 - 10 TNAs were employed on PCC, 3 qualified, 2 to qualify September 2022, 1 transferring to adult services and 4 in training.

A clear programme of training is outlined by HEI, with Protected Learning Time (PLT) utilised to develop advanced skills. When the programme first launched TNAs were supernumerary for all shifts, however, this didn't help the units' staffing issues. Currently a full time TNA works 22.5hrs as a CSW, 7.5hrs PLT and 7.5hrs allocated for academic work. This ensures both the unit and learning needs are met.

PLT is in supernumerary capacity at PCC bed space or in an area linked to PCC. PCC is a specialist area requiring extra support and training led by the education team, PLT time is utilised to deliver critical care study sessions.

Qualified RNA's 12-month preceptorship period allows consolidation of core and PCC specific skills exposed to during PLT.

A number of competency documents need completing once qualified including;



IV Medications are currently out of the RNA's scope of practice. The PCC education team are currently working on a project to allow RNAs to give specific IV medications. Currently RNA's receive IV training at 6 months to sample and Flush IV lines. From 6 months they can also complete the second part of their Arterial line training and start to take samples and flush an Arterial line.

The NMC² (2018) states that the RNA can expand their scope of practice once qualified and registered, thus the RNA will have an initial skill set which will develop and evolve over time with increasing competencies.

RNA's are care providers and cannot PLAN or EVALUATE care, thus the initial assessments and evaluations must be completed by the RN. NB -The RNA can complete a shift summary if the patient's condition remains unchanged. A RN is allocated in a neighbouring bed space to support the RNA with care outside their scope of practice; they must collaborate and identify at the start of the shift the care each is responsible for.

Inappropriate allocation for RNA would include any patient who requires escalation of care and any level 3 therapies, including Oscillation, Nitric Oxide and Peritoneal dialysis.

PCC educators developed a document that aligns with the scope of practice for the RNA's Core and Speciality Skills and is used to guide allocation within Paediatric Critical Care (PCC). The RNA must always work within their scope of practice, if this is not achievable through reallocation, or delegation of specific skills to an RN then appropriate escalation is required alongside completion of a datix.

RNA skills and allocation tool shown in the table below:

0-3 months	3-6months	6-9months	9-12months	12+
Oxygen Therapy via nasal cannula or facemask.	Care of a chest drain. Competency package completed.	Care of peripheral cannula - dressings, care plan, flushing.	Sampling from arterial line. Competency package completed.	IV medications
High flow - Vapotherm. oxygen requirement < 40% and no increase in respiratory support in the previous 12 hours.	Venepuncture and Cannulation.	Care of CVAD - dressings, smart site changes, flushing, accessing and deaccessing, taking bloods.		Care of wound infiltration device.
Ventilated patients on an established domiciliary ventilator via facemask or tracheostomy.	Care of a wound drain.			Insertion of urinary catheter.
PCC Ventilation on stable pressures and oxygen requirement of <40% with no increase in respiratory support in the previous 12 hours.	Assist in taking and collecting patients from theatre - minor surgery.			
Suction performed via an NPA, trache or ET tube.	Advanced wound care dressings.			
Monitor and care for an arterial line.	Care of child having seizures.			
Care of peripheral cannula - VIP Score and removal off only.	Safe administration of enteral medications.			
Care of a CVAD (not Permacath)- VCVC score only	Prepare child for theatre using checklist.			
Care of urinary catheters (not insertion)				

Conclusion

Changes to the programme have occurred since launching, the first cohort of TNAs were supernumerary for all shifts but to gain the most out of the role and assist with nursing pressures, the model was adapted. Initially this was met with resistance from the TNA's as they felt it was more beneficial to aid their learning to be supernumerary all the time. TNAs when in CSW role have a clear set of daily tasks, with the opportunity to participate in new learning. Up skilling TNAs in all critical care areas will help ensure we

have a more fluid, flexible work force. It will help us plan for the future with our expanding bed base in the new children's hospital.

The initial programme didn't involve a rotation, remaining in 1 area for the 2 years. Frustration built within some TNA's and one transferred to adult services, due to more skill based opportunities. The rotation has so far received positive feedback; it is yet to be decided what will happen for the final 6 months of training. One possibility being for them to work in the area they will initially work once qualified. Another limitation to the programme involved senior staff's understanding of the role in identifying CSW and PLT. TNAs initially wore the same uniform on all shifts; this has been overcome with the use of different coloured uniforms acting as a visual aid.

Providing education to the PCC team and the utilisation of the allocation tool for RNA's has highlighted their roles and responsibilities, thus improving understanding and integration into the team.

Further work is now on going looking at IV administration and ensuring TNA's and RNA's have a recognisable place in the PCC work force.

References

- 1 Health education England (2015), Raising the bar. Shape caring: A review of the future education and training of registered nurses and care assistants. Health Education England.
- 2 Nursing and Midwifery council (2018), Standards of proficiency for Nursing Associates. Nursing and Midwifery council.