Helping to define the role of the Nursing Associate in practice.

Differences in the role and practice between a Nursing Associate and Registered Nurse may not be easily see at first sight. The Nursing Associate is a practice focused role delivering hands on care to patients based on their acquired knowledge and skills in their training. The training is for two years.

The role aims to improve the quality of the care, giving patients more time and helping to free up the Registered Nurse to undertake other tasks such as leadership and management of the teams and wards and to focus on more complex, clinical work.

The proficiencies for a Nursing Associate are different from a Registered Nurse and can been seen listed below. (For more detail see the NMC website). You can see from the differences in proficiencies that Nursing Associates do not lead and manage nursing care and don't assess the needs of patients.

Proficiencies for a Nursing Associate	**Proficiencies for a Registered Nurse**
1. Being an accountable professional 2. Promoting health & preventing ill health 3. Provide and monitor care 4. Working in teams 5. Improving safety and quality of care 6. Contributing to integrated care	1. Being an accountable Practitioner 2. Promoting health & preventing ill health 3. Assessing Needs and planning care 4. Providing and evaluating care 5. Leading and managing nursing care and working in teams 6. Improving safety and quality of care 7. Coordinating care

Nursing Associates have the ability to detect deterioration in the patient's condition and the ability to maintain the condition of the patient once they are stabilised.

In assigning clinical work the focus of practice should be working with patients with defined conditions that have a predicted outcome. Whereas the Registered Nurse has the ability to work with unpredictable and complex conditions.

The difference are crucial to understand so that that we use the Nursing Associate in a way that is safe and effective, freeing up time for registered nurses to undertake their clinical and managerial responsibilities.

Some examples of what the Nursing Associate can do.

Nursing Associates are able to

Undertake physical health checks and monitor some medical conditions such as diabetes and cardiac problems under the supervision of a registered nurse. Record and report on these.

Administer medication and monitor its effectiveness, provide medication guidance on how to take medication. Medication side effects monitoring and strategies to reduce side effects / symptoms under the supervision of the registered nurse. Record and report on these.

Provide motivational interviewing techniques to assist patients in engaging in making life style changes such as taking medication, stopping smoking and reducing alcohol intake, increase exercise and make diet changes.

Working alongside patients in meaningful activities whilst on the ward or in therapy and Instilling hope in their recovery and developing a trusting relationship.

Contribute to the assessment of clinical risk (physical or psychological) of the patient and risk to family members by observing listening and questioning in a manner than seeks to establish a view point that can be shared with the wider clinical team and if necessary acted on by the Nursing Associate.

Contribute to the care plan so it is up to date and reflects the identified needs of the patient. Facilitate the review of the care plan in a timely manner with the patient and the registered nurse.

To meet weekly for clinical supervision with the registered nurse to discuss and review their clinical work if working on an impatient ward.

To meet twice weekly for clinical supervision with the registered nurse to discuss and review their clinical work if working in the community where the Nursing Associate is working for periods of unsupervised practice .

Participate in group therapy work under the supervision of a registered professional who also attends the group.

Currently Nursing Associates are under Preceptorship. After this 12 month Preceptorship the role of the Nursing Associate can develop further in their involvement in patient care based on the needs of the care group and the expected care pathway.

<u>Nursing Associates must not be used on bank or agency shifts to cover the leadership of the ward.</u>