Training assistant practitioners to deliver clinical care in specialist services

Evaluation of a pilot project found that training band 3 nursing staff to take assistant practitioner roles reduced workforce problems in a chemotherapy unit.

INTRODUCTION
In recent years the role of the assistant practitioner has evolved (Nancarrow and Mackey, 2005; Warne and Andrews, 2004) as a response to health policy, staff shortages and demands for cost effective care (Scottish Executive Health Department, 2004).

APs are expected to provide a high level of support and assist registered nursing staff with managing patient care and workload in the clinical area. As part of a dedicated cancer team, APs in a day chemotherapy unit are allocated their own patient workload by a registered nurse and are expected to work independently. They should assess patients’ care needs and deliver care following local policies and protocols with minimal supervision, reporting to the registered nurse when problems arise outside their boundaries and capabilities (NHS Education for Scotland, 2008).

A regional review of chemotherapy services across south east Scotland (South East Scotland Cancer Network, 2007) identified new and improved ways of working. It recommended introducing the supporting role of AP to address difficulties with recruiting and retaining registered nursing staff for chemotherapy administration and supportive care, which includes care of central lines, venepuncture, cannulation and managing blood transfusions. Table 1 provides a brief overview of the rationale for piloting APs in chemotherapy services.

THE PILOT PROJECT
NHS Education for Scotland (NES) invited health services to pilot innovative approaches to support healthcare workers’ education and role development. After a successful bid, Edinburgh Cancer Centre secured funding from NES to conduct a pilot project to develop the new role of AP.

The centre worked with Jewel and Esk College, which provided support worker Higher National Certificate courses. In consultation with education providers, it was agreed that a core set of modules would be required at level 7 (Scottish Credit and Qualifications Framework) with a further module completed at Edinburgh Napier University. Students would attend the further/higher education college on a day release basis for the following modules:

- Pre HNC course;
- Physiology for healthcare professionals (SCQF level 7);
- Positive healthcare for individuals (SCQF level 7);
- Principles of healthcare practice (SCQF level 7).

Edinburgh Cancer Centre worked with Edinburgh Napier University to produce a new module at level 8 (Box 1 provides details on learning outcomes). The assignment was designed as an academic portfolio, including clinical competencies, a clinical practice workbook and four case reports set by the module team, ensuring that students incorporated academic evidence into their practice. The portfolio was entitled, Caring for the Patient Receiving Chemotherapy. The next step was to nominate four support workers with the required skills and experience to undertake training to become APs. Those who met the criteria and were available to start training began the course in September 2007.

THE EVALUATION PROCESS
As part of the funding from NES, an independent consultant was asked to evaluate the pilot to ensure the views of all parties involved were considered. An initial consultation with the independent consultant, together with the project team from Edinburgh Cancer Centre, Jewel and Esk College and Edinburgh Napier University took place in June 2008. This showed the project team had confronted and resolved a number of obstacles and issues as the initiative and educational programme progressed. Table 2 outlines these, along with the actions taken to address them.

AP and staff experiences
A further independent evaluation focused on the experiences of participants and views of other practitioners involved in the pilot. Due to limited staff time this evaluation was conducted by telephone interview with APs and staff. Eight interviews took place with three course participants, one clinical manager, two staff nurses, one senior manager and one medical staff member.
All interviews were tape recorded and transcribed. The local ethics committee was consulted before interviews started. The evaluation generated three themes, which are discussed below.

**Experience of course participants**

In general participants initially felt apprehensive:

“[I was] sceptical about it as it was the first time it ran and a lot of people didn’t know anything of this role and the value it might provide, it was [a] new role.”

After their initial fear, participants felt they had gained a greater understanding of the purpose of the course and its content. They felt they had gained confidence in their abilities in clinical practice:

“The course prepared us well for the change in the role.”

“Now in my work I feel I can stand my ground with my opinion and fight my corner for the patient.”

Nurses and doctors working with course participants said their depth of knowledge was more than adequate and even exceeded the requirements of the AP role. One staff member regarded the project as a “positive development and a worthwhile investment”, indicating that it was well received.

The role seemed to create its own niche, as it showed there was greatest potential for development in outpatient/day care haematology. This was due to patients’ needs for increased levels of supportive care in the form of blood transfusions and venepuncture during treatment. In addition, trainee APs showed they could hold a patient caseload, providing continuity and high quality care under nursing/medical supervision. As a result, once the pilot was completed, a job description at band 4 was created specifically for the haematology setting. One aspect of this new job description involved identifying areas of care that post holders can take on as a caseload, such as managing blood transfusions, which enhances job satisfaction.

After the telephone interviews the project team continued to tackle the issues related to role clarification in the different clinical areas, with the following suggestions to help develop the AP course:

- Review skill mix in oncology/chemotherapy and haematology areas and match against the Knowledge and Skills Framework (Department of Health, 2004);
- Plan AP role development and build into budget projections;
- Carry out a situational analysis to identify service need before developing the AP role.

Another topic of concern for both course participants and other healthcare staff related to the number of band 4 posts that the cancer centre would need. Participants had assumed that after completing the course successfully all four would be employed at band 4. However, at the time of the interviews it appeared there would be funding for only two posts in the chemotherapy day unit and the possibility of one in the haematology inpatient ward. This created anxiety for trainees and clearly distracted them from their coursework:

“I am worried about the interview for the posts.”

“[The] main problem is there are only two posts, not four as I thought there would be. The competition will worry me.”

**Background**

- Edinburgh Cancer Centre decided to introduce the role of assistant practitioner in the chemotherapy day unit to resolve a number of workload problems.
- This also provided the opportunity to release trained chemotherapy nurses to carry out more complex care.

**TABLE 1. RATIONALE FOR PILOT**

<table>
<thead>
<tr>
<th>Local drivers for change to chemotherapy services</th>
<th>Increased chemotherapy workload, placing increased demand on chemotherapy trained nurses (The Scottish Government, 2007)</th>
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<tbody>
<tr>
<td>Problems with recruitment and retention of trained chemotherapy nurses (Department of Health, 2004)</td>
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<tr>
<td>Potential outcomes/benefits of the pilot</td>
<td>Released registered chemotherapy nurse to perform more complex procedures/patient assessment (The Scottish Government, 2007)</td>
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<tr>
<td>Manage supportive care in different ways</td>
<td>Guide further development of the assistant practitioner (AP) role</td>
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<tr>
<td>Skills/experience required to be eligible for new AP role</td>
<td>Previous experience of working in a healthcare environment at band 3 or experience equivalent to working at band 3</td>
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**Academic/clinical support provided during the course**

Course participants generally viewed the teaching, learning and assessment support from the two education institutions and the clinical areas positively:

“[The] mentor in the clinical area was wonderful.”

“Support was good at the college.”

Participants also described increasing anxiety when they moved from the further/higher education college to the higher education institution. This is not unusual; those entering the undergraduate nursing programme after completing their HNC qualification have described similar feelings. Participants also commented on the additional study/workload, with the needs and demands of the portfolio varying:

“The new assignment scenarios were difficult.”

“Sometimes the support was ad hoc, just as we went along.”

Course participants expressed concern and anxiety about progressing from level 7 to 8. They felt there was a general lack of guidance once level 7 had been completed and when starting the level 8 portfolio. This created feelings of confusion and anxiety and there was a general lack of understanding around the validation process of the level 8 portfolio. The project team had to continually revisit the pilot to ensure the correct standards of education were maintained for band 4 posts.

Course participants and other staff stressed the need for formalised educational and clinical support, adding that the level of support provided must be made explicit to students and those in main supportive roles. However, it was unclear from the telephone interviews whether formal expectations of clinical and academic support were made explicit upon recruitment to the course.

Continuous evaluation and student feedback on the course took place through the education establishments’ usual quality control processes.
his page contains information about the role and responsibilities of a registered nurse in the context of cancer care. It highlights the importance of supporting patients and their families, as well as the need for continuous development and improvement of healthcare services. The text discusses the challenges faced by nurses in providing care, including the need for additional academic support, and the importance of incorporating clinical and academic support into future courses.

**Box 1. Learning Outcomes for Module at Level 8**

- Use an evidence-based problem-solving approach in the management of patients/clients in the oncology setting.
- Demonstrate the ability to safely perform cannulation, venepuncture, and management of central venous access devices.
- Explore guidelines and protocols on the safe handling and administration of chemotherapy and blood products.
- Describe professional and legal responsibilities as part of the multidisciplinary team.
- Demonstrate an awareness of holistic and compassionate principles of care and how they can be embedded in the support worker role and the multidisciplinary team.

**Future Developments**

The project team had discussions about future developments, which focused on:

- Recruiting and selecting future course participants: it was generally considered that the process should be more formal, planned, and that potential candidates should be able to demonstrate capability at band 3.
- Enhancing the course: aspects of psychology should be included to enable APs to support patients and have a greater understanding of the impact of bad news and issues surrounding death. APs highlighted that future courses could consider including some anatomy, physiology, and pathology of the common cancers, diagnostic investigations, staging, and relevant treatments.
- Clarifying roles: the roles of a newly qualified staff nurse, AP, and nursing assistant need to be differentiated.
- Academic/clinical support: a policy should be developed to identify mentors’ commitment when supporting training APs, ensure equity of support and monitor mentors’ additional workload burdens.
- Transferability of the AP course to other clinical areas: the higher education institutions planned to take this forward, possibly by developing core portfolios for the AP role, then developing specialisation portfolios for specialised areas of nursing. Locally, areas such as intensive care and mental health nursing have shown interest. Those involved in the review process believe that the course has been successful and can see the potential of developing it further. Developing education and the workforce at the same time is always challenging though, so in order to ensure sustainability, minimise organisational risk and enhance patients’ experience of care, the project team made the following suggestions:

  - General and specialist competencies for band 4 should be formulated, matching the specific requirements for different specialties.
  - Decision making capabilities of band 4 staff members should be clarified, according to context-specific job descriptions, competencies and the KSF.
  - Career progression opportunities should be incorporated into the performance appraisal and personal development planning of band 2 and 3 support workers.

**Conclusion**

The South East Scotland Cancer Network now has a template that may enable further development of the AP role and provide options for service redesign that can be transferred to other clinical areas. The pilot also identified the potential clinical benefits of the role, while allowing the issues that related to clinical and academic support and training needs to be addressed.

Further discussion and strategic planning is needed on the educational content and level of future courses to ensure the smooth integration of APs into practice, provide career opportunities and, most importantly, ensure patient safety at all times.

**References**