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The Associate Practitioner Role: the journey from Absolutely Petrified to Awfully Proud

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Key Words: Associate practitioner (AP) Foundation degree (FD)

Foundation Degree in Health and Social Care at Canterbury Christ Church University; 5th April 2011 -19th February 2013, funded by: East Kent Hospitals University NHS Foundation Trust

Programme Director: Chloe Griggs (Canterbury Christ Church University)

Practice Development Nurse: Louise Love (East Kent Hospitals University NHS Foundation Trust)

Time Commitment: 37 ½ hours per week, comprising of two days at university plus 3 days in the workplace, plus at least 10 hours per week study/assignment time.

The journey from home to work is 10 minutes and from home to University 45 minutes depending on traffic, this is an approximately 30 mile round trip.

Level 4 modules: Personal, Academic and Workplace Development; Applied Human Biology For Healthcare Workers; Contemporary Health Issues; Infection Prevention and Tissue Viability In Professional Practice; The Social Context of Health; Management of Long Term Conditions.

Level 5 modules: Understanding Evidence for Practice; Acute Care; Contemporary Issues in Ethics and Law for Practice; Discharge Planning; Medications Management; Changing Workplace Practice.

The associate practitioner (AP) role was introduced more than a decade ago to address a skills shortage within the health and social care workforce (Royal College of Nursing (RCN), 2010). The AP is a higher level support worker who complements the registered staff and transcends traditional boundaries of care (Skills for Health, 2009). According to the Royal College of Nursing (RCN, 2010), the AP role appears to be growing and I would therefore like to share my experiences, as I moved from healthcare assistant (HCA) to AP while undertaking a foundation degree.

It has been a bumpy but worthwhile journey, which began when a colleague mentioned she was applying for the role of AP. I had already considered the Degree in Nursing, but sadly realised that with a young daughter and a husband working shifts it would be difficult to manage. Research carried out by Hinsliff-Smith et al (2012) found childcare, financial burdens and lack of time to be significant barriers for mature students attempting to access

higher education. I certainly found this to be true in my case and deduced that different shifts combined with various placements would not fit in with family life.

Curiosity led me to read the AP job description and I decided immediately it was something I wanted to do. The fact that I could earn a salary while gaining a university qualification appealed to me. I wanted to learn more about my job but in a practical sense could not afford to give up work. As the closing date was the next day, I hurriedly submitted my application, but doubted my chances of success. The fact that I was 45 years old made me doubt my suitability; however, I had a hunger for knowledge and a determination to further my education and career.

I was elated to get an interview, which quickly turned into fear at having to write 1000 words on the role of an AP. It was years since I had written an essay and I was apprehensive about this one—the job I wanted hinged on producing something impressive. However, after many hours, many versions and many cups of tea, the essay was written and I was ready for the interview. This was the first step in realising I had the ability to succeed.

During the interview, I was asked what I hoped to gain from the role and how I would cope with working, studying and family life. I was also asked how I would cope with working full-time hours, as I had previously worked 24 hours per week. This was something my husband and I had anticipated and we managed to find a solution for our childcare, so I was prepared. Although nerve-racking, the interview boosted my confidence and I was glad for the experience.

I had heard nothing a few days after the interview and assumed the worst. However, to my delight, I received a phone call and was invited to start my new role on an elderly rehabilitation ward. This would mean a totally new start, in a new role, which was both exciting and daunting. As far as the practical side was concerned, I was pretty confident that I would be able to cope with what was expected of me, but the academic side of things was completely out of my comfort zone and was going to be a challenge. This is consistent with Wareing (2008), who found that trainee APs were practice-rich but lacking in theory.

I was the first AP to work on the ward, so it was new for everyone. However, my manager was knowledgeable and enthusiastic about me joining the team and it was important to me that I had her support. As one of my mentors, she would also give me guidance, feedback and assist me to achieve competence, so her support was essential (Wareing, 2010).

The first day of university was a blur of administration, instructions, meeting the others in my cohort and the tutors. We also met the practice development (PD) nurse, who was there to help us if we encountered any problems in practice. PD teams were introduced as a link between the educational establishments and the workplace, providing support to both students and mentors. Williamson et al (2011) examined the effectiveness of PD teams and found that they were pivotal in helping students achieve their goals. My PD nurse was always there to offer advice and support, which on occasions was invaluable.

After this, I started my first two modules and the serious work began. On average, I attended University two full days per week each term, usually from 9am until 3:30pm; the rest of the week was spent on the ward where I usually worked. I was surprised by the amount of work and the prospect of the first assignment filled me with dread. The thought of this made the previous 1000-word essay pale into insignificance. However, the sense of pride when the

finished report was all neatly presented, ready for submission, far outweighed the weeks I had spent hunched over my laptop sweating, swotting and swearing.

Each term there were two modules, which usually ran concurrently, so there was plenty to keep me occupied, particularly as I still had to work full time and have some family life. I managed to settle into a routine where I would study either very early in the morning or on my days off when my daughter was at school. This enabled me to spend time with my family but also concentrate on studying without distraction. Smith et al (2012) carried out a study exploring how mature learners cope with family responsibilities and academic studies—which I could really identify with. Some of the students separated their identities depending on what they were doing; for instance, sometimes acting in the parental role and other times the student role; this ability to change my identity has been vital in my success.

The workload intensified in the second year as the standard was raised to the next level. The lectures were very helpful, guiding us in the right direction in order to tackle assignments. Each lecturer had a different teaching style to meet different needs. In all, I found the lectures extremely valuable and I learned more than I thought possible. The lecturers were available to give any support needed for the usual worries about assignments.

It was also a huge challenge for me, as there were many times when I had to speak in front of the class. As I later realised, it was an inevitable part of university learning. Being rather shy, I always dreaded these occasions, but they became much easier and my confidence grew the more I got to know the rest of the cohort. We were a very close group of 26 students, all struggling with the challenges of mature learning. We were very supportive of each other, giving help and advice when needed, as well as offering a sounding board when things got tough. Over the two years, we formed a close bond and our shared collegiality united us. This experience was consistent with Scott (2005), who mentions that students who are committed to helping, progressing and respecting each other get more satisfaction from learning and are able to be more successful in their roles.

The main aim of the foundation degree was to gain knowledge to transfer into workplace practice. The emphasis was on evidence-based practice and I was lucky enough to be supernumerary, so was able to spend time exploring theory in relation to my practice. I was fortunate enough to spend time in several different areas and shadowing other professionals. These placements gave me a huge insight as to how other disciplines work, what their role entails, and more importantly, what the patient experiences on their journey. According to Pratt (2008), this is one of the reasons why trainee APs were made supernumerary, so that they were not confined to the areas where they worked and could achieve their competencies more easily through a range of different experiences. Debnath (2010) explains that experiential learning in practice is just as important as academic learning, so I was keen to get as much out of my placements as possible.

During my time as a trainee AP I was able to use the knowledge gained from university on the ward. This has given me more confidence in my abilities. It has enabled me to explain more about procedures and conditions to patients and to help them understand what was happening and why. This then empowered patients to make informed decisions about their care and treatment and made them feel part of the process (Castledine, 2005). Having practised these empowerment skills, they have now become intrinsically part of my role as a fully-fledged AP.

The staff on the ward became curious about my new role and imparted knowledge and expertise which I gladly received. The registered nurses were a great help to me, always willing to answer my numerous and often inane questions with patience. They encouraged me to use my new skills and expand on them, to gain as much experience as I could. As I became more confident and competent in my role, they began to trust me to carry out the duties within the boundaries of my role and I began to feel more useful to them as well as the patients (Skills for Health, 2009). Instead of just carrying out tasks that I am asked to do, I am now able to understand *why* and have the theory and knowledge to back this up.

The HCAs on the ward were a fantastic support to me. I learnt a lot from them, especially in the beginning, as they had years of experience and knowledge. I asked them questions and they diligently showed me how to do things I had never done before. A couple of them now seem to be interested in the AP role, having seen how much I am thriving on the daily challenges and stimulated by the new knowledge. I can now give something back to them by sharing my new knowledge and encouraging them to become APs.

There have been a number of challenges while completing the foundation degree, which, according to a study carried out by Benson and Smith (2006), were commonplace among trainee APs. For me, despite the support of the registered nurses, some of them did not understand my role. In order to clarify this, I explained what my job entailed and listed the competencies I had to achieve. This gave them guidance, but there remained some uncertainty. This is consistent with the findings of Spilsbury et al (2011), who found that AP role development was hindered by a lack of clarity over role boundaries.

Competing with student nurses for time with my mentor was frustrating; I felt they took precedence over me and my learning. Although Wareing (2010) found in his study that there was little competition for mentor time between student nurses and trainee APs, I found this was not the case and it was largely dependent on the number of mentors on duty. However, I overcame this by arranging time to go through things when I needed help. I chose times when the ward was generally quieter and also used other people on the ward to minimise time with my mentor and to share the burden of supervision (Royal College of Nursing, 2011).

The biggest obstacle to overcome was during episodes of staff shortages; this led to me being included in the numbers, therefore reducing my supernumerary status and my chances to obtain competencies. I often felt torn between my desire to have protected learning space and my sense of duty towards the patients and staff. This is consistent with APs working in the community, who felt that loyalties were often tested (Griggs, 2012). It was expected of me to resume my role as an HCA and just get on with it. On the days when this occurred, I did just that in recognition of the need to be flexible and adaptable (Wakefield et al, 2009). However, if I did have a deadline for a competency, I shared this with the team during handover, so that they could help me when possible. This openness and shared responsibility allowed everyone to play a part in my learning and strengthened the feeling of team spirit that already existed within the ward.

Before I knew it, the final day of the course had arrived. The two years had passed so quickly and it was with mixed emotions that I arrived at my last lecture. I was pleased that our programme director was facilitating the lecture and it seemed fitting that we had started on this journey together and were now ending it together. I was sad to say goodbye to my

classmates as we had become such a close-knit group; however, we exchanged contact information and agreed to meet up again in the future.

The jubilation and sense of achievement I felt when my final results came through eclipsed all of the doubt, worry and uncertainty that I had faced over the last two years. My husband and daughter were so pleased for me, plus understandably relieved that they were getting wife and mother back. My mother was extremely proud, as I was the only one out of her six children that had been to University; sadly, my father had died at the start of my second year of university, but I know that he too would have been delighted. My friends and colleagues were thrilled for me as they knew how much work had gone into this journey and how much I had gained from the experience.

At this moment, I am happy in my role and do not wish to take a degree in nursing and feel that as an AP I get the best of both worlds. I am still very involved with patients, I continue to carry out many of the duties I did as an HCA, but I can also become more involved with the patients' care with my abilities and knowledge as an AP. I would be very interested in helping others who want to become an AP, and if the opportunity arose I would love to become a mentor in the future (Thurgate et al, 2010).

For me, despite the inevitable challenges, there were many more positives to becoming an AP, such as increased knowledge, confidence, competence and being able to do that little bit more for patients. I now have the confidence to be an advocate, ensuring patients get the care they deserve. I have fitted in well on my ward as an AP. Instead of being Absolutely Petrified, as I was at the start of the journey, I am now Awfully Proud of what I have achieved.

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