

# Trainee nursing associates during the COVID-19 pandemic

## Sophie Beaumont, Nursing associate

**Employer:** Pennine Acute Hospitals NHS Trust

Newly qualified nursing associate Sophie Beaumont, 27, tells us how she completed her studies at University of Salford while working on the COVID ward at Pennine Acute Hospitals NHS Trust. Having been commended by the lead nurse for her treatment of a COVID patient receiving end of life care, she reflects on her experience.

“I wouldn't look back on hairdressing. This job was made for me; I just love helping people. If you have a kind and compassionate nature, then go for it.”



[Helen Hunt](#), Lead Nurse at North Manchester General Hospital and [Janine Archer](#) Head of Apprenticeships & Programme Lead at University of Salford also describe their experiences of training and working with nursing associates during the pandemic.

### What were you doing previously and why did you want to become a nursing associate?

I started out as a hairdresser, but nursing had always been a dream of mine so, after becoming a parent, I took the plunge to change careers. I had had some exposure to healthcare previously as my mum is a specialist nurse and I'd volunteered for Macmillan with her. I love helping people; I'm a kind and caring person so healthcare suits me.

I was looking for a support worker role to get some experience on the wards and I found the nursing associate role, which looked like it would suit me better as I'd be learning on the job.

### How were you finding the course before the COVID-19 pandemic?

I enjoyed it all! The best thing about being a trainee nursing associate was that I had more time to spend with patients. I feel that the patients have a better journey because there are more people involved in their care. I received a lot of support throughout the course - the practice based clinical educators were always available to support me.

### How were you initially affected when the pandemic was declared and how was your course adapted?

I was in the final stages of my course when the pandemic was declared. I was on my last placement within community services and was reassigned to join the nursing team on a designated COVID ward. I was able to carry my placement hours over to the COVID ward. There was a broad skills-mix on the ward, including nurses from a range of specialities. I learnt lots from them and feel that they also learnt from me!

I communicated with the university online and had group chats with other trainee nursing associates (TNAs) in my cohort, so we've all supported one another. I received my final assessment sign-off via Microsoft teams and I'm now proud to be a registered nursing associate!

### How has your role changed to support COVID-19?

At the beginning of the pandemic everyone was quite nervous, but we've had lots of support. I've consolidated the skills I developed in delivering end of life care. At first it was emotionally challenging. On my first week, unfortunately several patients passed away on the same day, which was distressing, but we received good support from the palliative care team.

We were a brand new team that was brought together and everyone has played a part to support patients, their families and each other. I believe that the team has gone above and beyond and cared for patients with a holistic approach in such uncertain times.

There's been lots of support on the wards. We have safe space, called 'The Sanctuary', which allows staff to have a break out of their work area if they need to have some quiet time. The organisation has also created a support role called 'Cygnetts', who are there to support patients at their end of life. The ward manager has been very supportive of us all.

We have definitely learnt more about how to treat patients with COVID. Our hospital specialises in infectious diseases and the research team has been actively supporting the expansion of our knowledge of COVID. It has been quite challenging at times, but we make sure we reflect and debrief regularly. Everyone is working together as a team and looking after one another.

To help keep morale up, I've been bringing in hearts and poems that my six-year-old niece has drawn or written. We also put Manchester bees [an emblem for the city] on a tree every time a patient is discharged from the ward, to celebrate their recovery.

### **Can you tell me about a particular patient you treated on the COVID ward?**

It was my first week on the ward and I was allocated to care for a patient who was in a side room. I requested a medical review from the ward doctor because I had assessed changes in her breathing, and it was confirmed that her condition had become terminal. As a team we decided it was now appropriate to call her family to come in to say goodbye.

The patient's husband came in with their young daughter, who was understandably upset. I have a daughter around the same age so, as a mother, my instincts kicked in and I asked for PPE (personal protective equipment) for the child, so that she could to say goodbye to her mum.

It was upsetting to see, but one of the ward sisters comforted me. We were both upset. It was strange because we had never met before, but we were there for each other and helped comfort the little girl.

I had a couple of days of planned leave afterwards. That's when the reality of the coronavirus hit me. However, when I had time to reflect, I realised that I was glad to have been able to help the patient and her family at such a difficult time.

### **How did your nursing associate training prepare you for working in the COVID ward?**

In my first year, I had an extremely helpful lecture around symptom control and facilitating person-centred palliative care. I also completed a module in adult intensive care and did Acute Illness Management (AIMS) training within the trust.

I had lots of opportunities to learn on my placements. I choose to spend some of my practice learning time theory (PLT-T) with the outreach nurses, who visit patients who have been 'stepped down' from critical care, and some with specialist nurses, sitting in on conversations with families about issues like cancer diagnosis. After seeing each patient, the nurse would have a debrief with me, which helped me understand how to communicate difficult news.

Having been at the receiving end of grief and death growing up, I understand that this is inevitable for everyone. Knowing that I helped facilitate a patient and family to achieve a good death gives me a sense of comfort.

### **What do you think you're learning during this extraordinary time?**

I've built a lot of resilience working on the COVID ward and have learnt a lot about myself and how strong I am. I thought this was going to break me, but it hasn't. If I can come back from something like this then I'll be a better nursing associate. I've also learnt leadership skills as I've had to speak up and advocate for patients.

### **What are your career plans?**

I would love to go forward in my career and specialise. I had a placement on ICU and loved every minute of it. My next step will be to train as a nurse.

### **What would you say to people considering a career as a nursing associate?**

I wouldn't look back on hairdressing. This job was made for me; I just love helping people. If you have a kind and compassionate nature, then go for it.

## Helen Hunt, Lead Nurse, Medicine, North Manchester General Hospital\*

### Can you tell us about the incident that prompted you to write a testimony about Sophie Beaumont?

I was the lead nurse that had been identified to support the COVID-19 positive ward. On the day that I visited the ward, which had opened only three days prior, I saw one of our trainee nursing associates (TNAs), Sophie Beaumont, dealing with a difficult situation, which went above and beyond the call of duty.



While attending the ward I was alerted that there was a very unwell patient awaiting a critical care review. I observed Sophie taking the lead in looking after the patient, ensuring observations were taken, doing an ECG, communicating effectively with the medical staff, undertaking clinical care as directed by them and giving a high standard of care.

The patient was very anxious due to struggling with her breathing, but Sophie's communication with her was excellent. Even though the patient was in and out of consciousness, Sophie was talking to her and calming her down when she was struggling to breathe. Sophie was calm throughout and escalated concerns to the medical staff on the ward as the patient's condition deteriorated.

When I came back later, a decision had been made that the patient was going into end of life care. She was relatively young but had a lot of co-morbidities. We contacted her husband and he brought their young daughter into the hospital.

Sophie took the lead explaining to the husband what had happened and demonstrated compassion, emotional support and professionalism while informing the husband that his wife was moving to end of life care. He wanted to see his wife, so we tried to facilitate this.

The daughter was very distressed and crying, and Sophie again took the lead and was able to calm her down and place an apron and gloves on the daughter so that she could see her mum and say goodbye. The patient woke up and got to have a conversation with her daughter before she passed away.

It was very upsetting for all the staff on the ward, but Sophie was just tremendous throughout the situation. She was in a new ward and new to COVID, but she took her own initiative and showed great professionalism in looking after a very sick patient and her family.

Nursing associates support the registered nurses with documentation and patient care. They can take a group of patients and give out medications. They've got a lot of knowledge and they're very keen to learn and help the wards, which has been really helpful in a difficult situation for us all.

\* Part of Manchester University NHS Foundation Trust under a management agreement.

### **What do you think trainee nursing associates are learning during this time?**

The pandemic has been a learning curve for everyone, and we've all been learning together. It's good for the trainee nursing associates and their development. We're looking after more acute patients so they're learning more skills. For example, they have learnt to use a CPAP – a machine to help patients with their breathing.

### **Do you have a message for other employers?**

The nursing associate is a very good role, which is working particularly well for us in areas like A&E and assessment areas. We're looking at introducing more nursing associates into our medical wards and how to incorporate them into the skill mix, because we see that it's a valuable role.

## Dr Janine Archer, Head of Apprenticeships & Programme Lead (Nursing Associate Higher Apprenticeship), University of Salford

I'm Programme Lead, appointed to set up the trainee nursing associate (TNA) pilot group in January 2017. I lead a team of nine clinical educators supporting the students with the academic and clinical practice element of the programme. I'm also head of apprenticeships for the School of Health and Society at the university. We have 186 trainee nursing associates at the moment, with a further 100 due to start in September.



### What has been the impact of COVID-19 on trainee nursing associates?

The university campus is closed so we've had to rapidly move to online learning. The programme is usually very interactive and skills based, so this has been quite a shift in how we deliver the programme. We have fantastic simulation facilities that we can't use at the moment and face-to-face contact usually gives a forum for the students to come together. We're trying to replicate that online and the staff are doing a fantastic job.

We're part of the Greater Manchester partnership, which has a real passion for the nursing associate role. We have been able to retain all trainees on the programme and those in their final year will have achieved the external placement hours. We have agreed that if they are shielding but can continue with their online studies, we'll keep them on a programme rather than putting them on a break in learning.

Placements have been affected. We usually rotate the trainees on placements every few months, but this has stopped. Trainee nursing associates have either stayed on the same placement or been moved into different clinical areas during the pandemic. This has led to challenges in terms of meeting the programme requirement for trainees to experience the four fields of nursing practice and a breadth of placements (at home, close to home and in hospital).

We are working with Health Education England to establish alternative ways for TNAs to get the variety of experiences they need to complete the programme. Providing placements in the community is going to be challenging. Patient and staff safety is the priority, so we won't run a placement if it isn't safe for everyone involved. Instead, we're hoping to provide some online resources such as interviews with health visitors and community psychiatric nurses.

The clinical educators have regular contact with the trainees to support them, although they [the TNAs] can be difficult to track down!

### How are you partnering with employers and placement providers on this?

We work closely across Greater Manchester and have regular contact with our placement providers and employers about what's going well and any challenges. We work with eight employers now and this will increase in September as we engage with wider primary and social care providers. The employers are very diverse, from large NHS organisations to small independent care providers, but because of the fantastic partnership we have reciprocal agreements between the employers so that they can share resources including placement and spoke opportunities.

### What do you think trainee nursing associates are learning during this time?

I think they're learning resilience as they're working in high-pressured, stressful situations with lots of uncertainty. They're learning camaraderie, team work and professionalism. There's lots of opportunities for them to continue learning about things such as acute care, end of life care and communication skills.

Getting the right balance between theory and practice is harder at the moment. Across the partnership we have agreed what protected learning time needs to look like. The practice supervisors and practice assessors commit this time because they see the nursing associate role as valuable in practice.

### What do you think trainee nursing associates are learning during this time?

We've got 100 students due to start in September, so we will have three cohorts from September.

The campus is due to reopen in late September, but it will look different. In conjunction with our employers, we're developing a recovery plan for how we can maintain social distancing and retain the important face to face elements of the programme, such as clinical skills.

Quite a lot of the clinical skills that we teach can be delivered online. It's the hands-on demonstration and practice of skills like venepuncture that need equipment and face-to-face support. We've been able to request access to the building from September for essential teaching and, where necessary we will deliver this face-to-face while complying with Government guidelines on social distancing.

We've done some evaluation of the online learning and, overall, the trainees have found it helpful and engaging. We try to deliver it in an informal way, and have been able to provide some group work, albeit the students have found this the most challenging. We are continuing to develop our online resources and are excited to welcome our new cohort of apprentices in September.

### What do you think of Sophie's story?

We are very proud of all our TNA apprentices who are working tirelessly during the pandemic to ensure excellent patient care and supporting loved ones during this difficult time.

Sophie's story exemplifies the numerous benefits of the nursing associate role in supporting the wider healthcare team and improving patient care.

We are also excited and immensely proud of our April18 cohort and we have recently uploaded 66 to the NMC register as qualified nursing associates - congratulations April18!