

HEALTH CARE SUPPORT WORKER TO RENOGRAPHER – THE PROCESS – A PERSONAL PERSPECTIVE

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Due to the shortage of renal trained nurses and the expanding service, the need to develop and extend the role of a dialysis support worker (level 3) to Renographer became evident. Highlighted was the need to give additional support to trained staff and improving patient care by reducing waiting times. Various areas were identified where Renographers could improve the service.

AIMS:

1. To use permanent vascular catheters, as well as fistulae to gain access for haemodialysis.
2. To take peripheral blood from renal patients routinely and when required.
3. To be involved in training and supporting peritoneal dialysis (PD) patients in the hospital and community.
4. To train and mentor new health care support workers for their role in the renal unit.

To achieve these aims further training and completion of 5 extended NVQ units were necessary. The two staff selected for this extensive training were very motivated and keen to improve the service and together they had more than 15 years experience in dialysis.

TRAINING: Training was provided by members of the multi-disciplinary team within the renal unit and externally by other departments such as phlebotomy. These included formal teaching sessions, practical demonstrations, simulated practice as well as supervised practice. Rotation to the PD unit was vital, and following a comprehensive training and supervision, patients were assisted and supported with their new dialysis regimes and training in the hospital and community. Another aspect of this process was devising a training program for new HCA's in the dialysis unit – to include the safe operation of dialysis machines, patient care, stock rotation, ordering supplies and in all aspects of Health and Safety.

ASSESSMENT: Portfolios were the assessment tool and included competencies of the new skills. The portfolios incorporated direct observations, testimonials, theoretical input and practical assessments. They were internally verified by Senior Nursing Staff and a NVQ assessor as well as externally examined by ED Excel.

FINDINGS: Having undertaken the above training and gained new knowledge and skills we have gained a sense of achievement. We can now rotate throughout the service providing care and support for patients on all modalities. Waiting times for patients needing dialysis and blood tests were reduced and thereby improving their satisfaction of the service. Trained staff had more time to focus on other activities.

RELEVANCE: In the future, it is hoped that this new role will be developed further as the service develops in accordance with National Service Framework recommendations. As the need for renal replacement therapy continues to rise and the difficulties in recruiting renal trained nurses continues, the role of the RENOGRAPHER will be essential in renal service planning.