

Title: Medical Students working as Healthcare Assistants: an evaluation

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INTRODUCTION

The importance of doctors incorporating human values in their practice has been outlined by the General Medical Council (GMC)¹ in the United Kingdom (UK) and the Liaison Committee on Medical Education² in Canada and the United States. Such values-based practice not only relates to patient care, but also underpins interprofessional practice³. Therefore, helping medical students to see the person in the patient^{4,5} is important, since doctors may be separated emotionally from their patients.⁶ Thomas⁷ emphasises the need for medical curricula to help foster human values that represent a set of consistent measures and behaviours chosen and followed in practice, including empathy. The literature reminds us that early practical experience can positively impact on students in this regard⁸ and implicates that healthcare assistants (HCAs) may be particularly effective in supporting medical students in this pursuit.⁴⁻⁷

Created within the UK's National Health Service (NHS) in 1986, HCAs work under the guidance of a qualified healthcare professional providing personal and medical care. The HCA role is found in many other countries, but with different titles.⁹ Experience of their role is reported to help medical students become 'ward-smart',¹⁰ and gain a wider understanding of what different members of the interprofessional team offer to the care pathway. Fearnley reported that his experience while a medical student working as a HCA resulted in more thoughtful prescribing of medicines.¹¹ However, our understanding of how medical students benefit from working as HCAs is still limited.

CONTEXT

To help promote the desired skills and values needed for medical students to work together with others as they care for patients, the Centre for Interprofessional Practice (CIPP) located within the Norwich Medical School (NMS) at the University of East Anglia (UEA, UK) initiated the development of a 'HCA pilot' in 2015. The CIPP director and the course director of medicine and the Bachelor of Science (MB BS) together outlined seven learning outcomes (LOs) (Box 1) that students were to achieve whilst working as HCAs.

Box 1: HCA project Learning Outcomes

1. ... to demonstrate knowledge and skills associated with care delivered by an HCA and thus gain an understanding of the contribution of an HCA to the care pathway.
2. ... to describe how hospital wards 'work' and how different staff members contribute to the care delivery of each patient.
3. ... appreciate the stresses of shift work patterns.
4. ... identify common challenges associated with the role and responsibilities of an HCA.
5. ... describe interprofessional and professional-patient interactions and communications as an HCA within a real clinical environment.
6. ... describe some differences and similarities between own future profession and that of an HCA, in providing high quality and safe care.
7. ... appraise what knowledge, skills, attitudes, values and behaviours a doctor needs in order to enhance the contribution of all members of healthcare staff.

The Learning Outcomes (LOs), initially outlined by the Directors of MB BS and CIPP, were endorsed by all clinical partners. The second LO was amended to include "... hospital wards and/or care homes 'work'..." when the HCA project was expanded to include further stakeholders.

Three local hospitals were invited to take part in the development of the pilot. CIPP worked in close collaboration with the hospitals to agree the content and delivery of the training and logistics surrounding the work shifts (Box 2).

Box 2: HCA training and shifts

Training

- Agreed in collaboration with the clinical sites and CIPP.
- Enables the students to learn the skills and knowledge related to:
 - Confidentiality
 - Diversity and Equality (D&E)
 - Safe guarding
 - Fire safety
 - Basic life support
 - Manual handling
 - Hand washing and infection control
 - Blood pressure
 - Temperature, pulse and respiration
 - Early warning signs
 - Urine analysis
 - Nutrition
 - Feeding and washing
 - Dementia awareness
 - Death and dying
- Majority delivered by clinicians to groups of students at each of the hospitals involved.
- Some training now available online and delivered by NMS e.g. confidentiality and D&E.
- On average, it takes ~ three full days to complete.
- Clinicians assess each students on site to ensure they are adequately prepared

Shifts

- Generally, three six-hour, unpaid shifts, including one late and one early shift.
- Students are allocated to wards, or care homes - as pairs, some as individuals.
- Students are supervised by a HCA mentor during the shifts.
- Each HCA mentor is briefed by clinical staff about the purpose and LOs of the HCA project.
- CIPP provides HCA mentors with a certificate for their contribution after the project.
- CIPP arranges accommodation, travel and uniforms.

All (~170) first-year medical students were invited to take part in the HCA pilot; 31 volunteered and were randomly assigned to one hospital. CIPP developed a feedback questionnaire to evaluate the pilot.

Following excellent feedback, the pilot - now known as the 'HCA project' - was expanded to also include 'foundation' as well as first-year medical students. At UEA, the foundation year acts as a gateway into the five-year MB BS course. A number of smaller community hospitals, providing a range of integrative services including in-patient rehabilitation to local communities, and two care homes were approached to accommodate the additional students.

Since the original pilot, the HCA project has continued to evolve. Core components remain the same to date, but some changes have been made in response to feedback from stakeholders involved in the project. Medical school staff and representatives from all clinical sites meet annually to share good practice, and act on comments from students and staff collated from the evaluation. In this paper we present data collected during 2015-18.

METHOD

Participants

Box 3 provides participant profiles of those who successfully completed this initiative between 2015 and 2018.

Box 3 – Descriptive profile of participants (average age 19)			
Academic Year	Course	Gender	
		Male	Female
2015/16	First-year MB BS*	9	19
2016/17	Foundation Year**	10	15
	First-year MB BS	5	25
2017/18	Foundation Year	10	15
	First-year MB BS	4	19

* MB BS = Bachelor of Medicine and Bachelor of Surgery
 ** Foundation Year = Gateway into the MB BS (also referred to as a 'year 0')

The HCA project is voluntary for first-year MB BS students and compulsory for Foundation students.

All students study at the Norwich Medical School (NMS) and the University of East Anglia.

Collection and analysis of evaluation data

Students completed and returned the feedback questionnaire after their shifts. Upon receipt, students were provided with a certificate. Students were asked to rate the overall experience (1=very poor; 2=poor; 3=OK; 4=good; 5=excellent) and their level of agreement with statements linked to the LOs on a five-point Likert scale (1=completely disagree; 2=disagree; 3=not sure; 4=agree; 5=completely agree).

Students were also asked if all students should complete this project; what they learned; and to elaborate on a situation that had made particular impact. The free text comments were analysed by both authors using principles of thematic analysis.¹²

RESULTS

During 2015-18, 131 students completed this initiative (Box 3). The questionnaire response rate was 91% (119/131). Of these students, 91% (108/119) rated the experience as 'good' (4), or 'excellent' (5) and 98% (117/119) 'agreed' (4) or 'completely agreed' (5) that they had met the LOs. Figure 1 shows the breakdown of students' average response to each of the LOs.

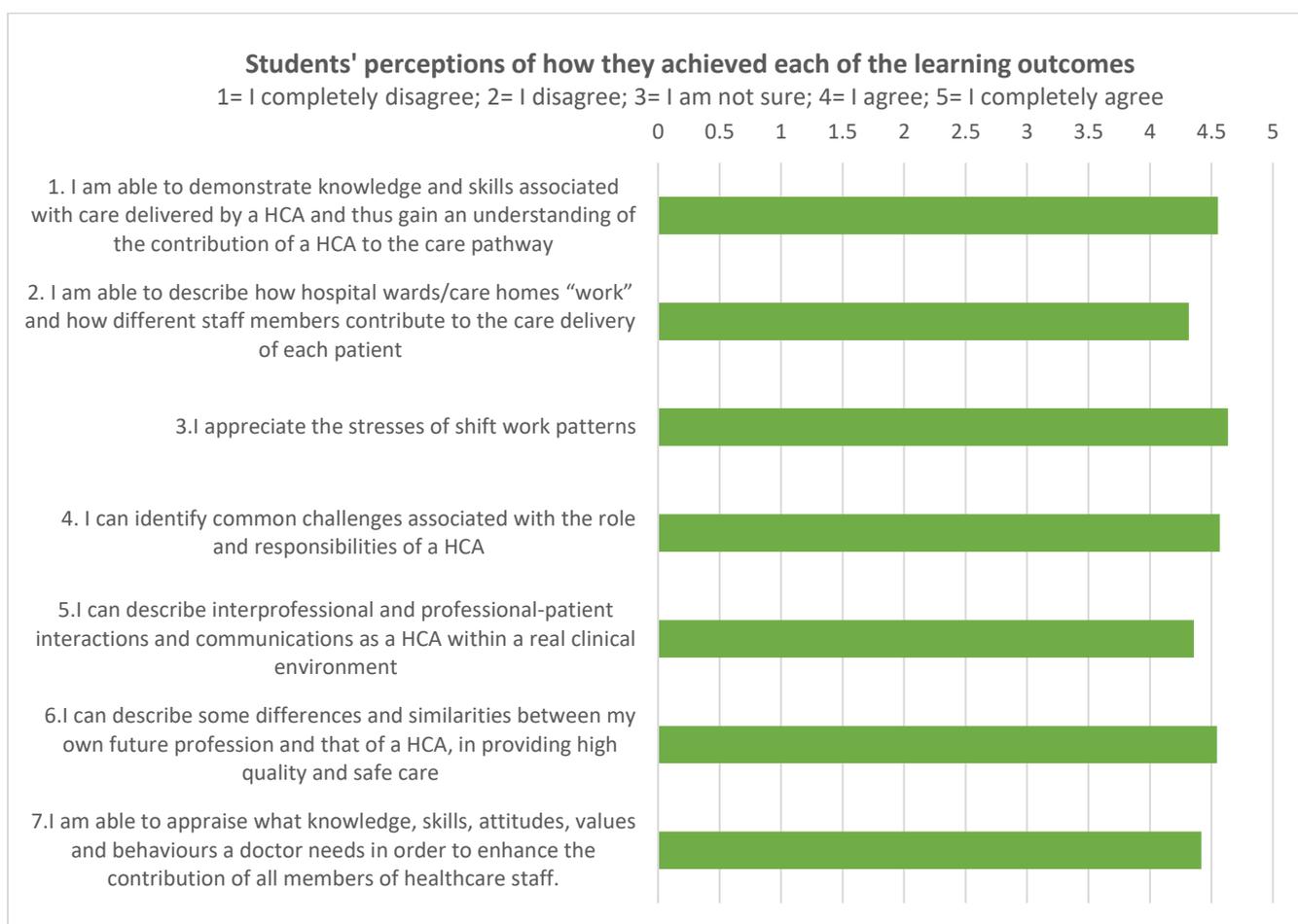


Figure 1. Average response of how students felt they achieved each of the learning outcomes. Each bar shows the average response from the 119 students who completed the questionnaire after successful completion of the HCA initiative.

The open text comments indicated that students viewed their time working as HCAs as memorable and humbling. Four main themes emerged from the data that related to:

1. *Empathy* – opportunity of feeding, washing and supporting the patients; importance of HCAs in fostering compassionate care.
2. *Confidence* – time with patients and to see how the ward works.
3. *The HCA role* – appreciation of the range of roles conducted in a busy environment, yet maintaining a person-centred approach as they provide high quality and safe care.
4. *Future doctor* – recognition of the HCA, how they work with other professionals and how doctors can benefit from their knowledge. Many said that this experience will make them better doctors.

Box 4 provides example extracts from anonymised student comments for each of the four main themes.

Box 4. The four main themes emerging from the comments made by students, along with representative extracts.

Empathy

'Being able to put yourself in someone else's position and simply imagine what they are going through was a humbling experience. Subsequently, while I was on my HCA shift I was able to sympathise with the patients when they would get frustrated or upset'.

'The HCAs I was paired with were all empathetic, hardworking, confident people who were real accolades to the NHS and the service they provided. They completed their jobs with dignity, respect and such enthusiasm that they have inspired me, for the rest of my career to always show that much love to my job – regardless of the hardships'.

Confidence

'I never had such a close contact with patient and I never really experience[d] how working life in the hospital is, but this project gave me the opportunity to learn and get a first-hand experience, which helps improve my confidence in patient-contact even in a very short-period of time'.

'I believe it has helped me so much in being confident in talking to patients and remembering that they are equal to us. Furthermore, it has reminded me exactly why I am at medical school! The experience has grounded me, and I think it would be very beneficial to all first years as they are more likely to respect the whole MDT! '

The HCA role

'I honestly didn't know what exactly the role of the HCAs was and certainly wasn't aware of the extent to which they help the patients.'

'The 3 shifts. They were by far the largest and quickest learning curve, which I have experienced. I enjoyed supporting the patients and helping them with their day-to-day activities, which we take for granted! It was a privilege to work with them'.

Future doctor

'It was clear that they were looked down upon by the doctors – even junior doctors seemed to think they were better than the HCA's, most of which had many more years of experience. I honestly feel that I now have a lot of respect for them, having seen how hard they work and how patient they are. HCA's are certainly not to be undermined'.

'I feel this experience has helped me to understand the importance of HCAs in the NHS and has allowed me to appreciate their roles - I will continue to do so throughout my career'.

When comparing their own future profession and that of a HCA, students had not appreciated some of the clinical skills that both HCAs and doctor perform. Many acknowledged the close contact HCAs have with patients and how much time they spend with patients compared to doctors.

Whilst the majority of students agreed that all medical students should experience working as HCAs (87%, 104/119), a small percentage felt that the HCA project should be optional for medical students.

Examples of rationale given for this included: the length of shifts; that it was very hard work; and that not all students would be able to help patients with some daily HCA tasks e.g. supporting patients with their personal hygiene.

Responses from students completing their shifts in care homes were equally positive to those who completed their shifts on a hospital ward. Similarly, foundation-year students evaluated this initiative on par with the MB BS students.

DISCUSSION

Findings presented here show that medical students see the opportunity to train and work as HCAs as a very worthwhile experience. It suggests that this relatively brief intervention comprising three days' training, followed by three shifts working as HCAs, is sufficient for students to achieve a number of learning outcomes (Box 1 and Figure 1) that are likely to support students' development of the desired human values sought in doctors^{1,2,7} as well as their abilities to practice interprofessionally.³

The HCA project appears to be successful in promoting feelings of empathy (Box 4), which is thought to help students connect the emotional and physical boundaries of taking time to provide good person-centred care whilst also fulfilling their clinical duties.⁶ During this experience students are able to talk and build relationships with patients, which not only play a key role in building empathy⁴, but their confidence too (Box 4). Indeed, findings presented here support previous evidence that suggest that HCAs can enhance students' learning in the workplace by allowing them to become more 'ward-smart'¹⁰

Early exposure working as HCAs appears to help medical students relate to patients as individual people, augmenting findings presented by Littlewood and colleagues regarding the benefits of early patient contact.⁸ Through this close and daily contact with patients, HCA work can help foster important human values,⁷ which are likely to positively influence students' perceptions of compassionate care and interprofessional practice.⁴

Previous findings reported from CIPP show that early exposure to interprofessional learning (IPL) helps students understand their respective roles, whilst fostering positive attitudes between professions in providing high quality and safe patient care.¹³ Although this experience is not IPL, in that it only involves one student profession and with LOs designed for students only rather than the HCAs, it does allow students to achieve a number of LOs linked to interprofessional practice - including the opportunity to appraise what attitudes and values will be important to them as future doctors (Boxes 1 and 4).

As exemplified briefly in Box 4, students express admiration for the HCAs and many were surprised to learn about all the different aspects of care they provide and the valuable information that HCAs contribute to other members of the healthcare team, including doctors.¹⁰ Students mention a number of memorable moments that they believe they will carry with them into their future careers as doctors, which was also discussed by Fearnley.¹¹

Box 5 lists a set of key points based on their experience to date and that may be of help to educators who wish to develop a similar intervention at their university.

Box 5: Some recommendations to those who wish to develop a similar project

- Involve clinical partners from the outset
- Agree learning outcomes
- Identify suitable environments for shifts
- Identify preparation needed for shifts
- Develop training together in light of the above
- Agree process of 'assessment' to ensure adequate preparation for shifts
- Ask clinical partners to identify and prepare HCA supervisors/mentors
- Make sure students know what to expect
- Pilot your agreed approach
- Evaluate appropriately, share data with students, clinical partners and colleagues
- Be transparent about changes made in light of comments
- Allow some flexibility to meet the constraints and/or opportunities of different clinical sites
- Share best practice
- Celebrate success

Interestingly, some students feel that this type of project should be voluntary, as they believe some students may struggle with, for example, dealing with personal hygiene. This warrants further exploration as we investigate the impact of this intervention. Indeed, we appreciate that there are a number of limitations of this paper in that it only presents evaluation data derived from feedback questionnaires from a relatively small number of students. Many of the participants had volunteered, and are thus more likely to give positive responses. An in-depth research study is underway to explore the lived experience of medical students working as HCAs and the perceived impact of this experience on their values and future practice.

Conclusion

Being at medical school is all about becoming prepared for a career as a future doctor. It is reasonable to conclude that findings presented here suggest that students consider working as HCAs a privilege, as well as an enjoyable and meaningful learning experience, that is likely to influence their future careers as doctors.

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