

Evaluation of the Irish Pilot Programme for the Education of Health Care Assistants



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GLOSSARY

Clinical Assessor The clinical assessor assesses trainees' skills within the clinical setting.

Co-ordinator A co-ordinator is in place at each pilot site to co-ordinate, develop and organise the training programme at that particular site.

DoHC Department of Health and Children

FETAC Further Education and Training Awards Council (formerly NCVA)

Health Care Agencies Health organisations working in a variety of clinical fields.

Healthcare Support Certificate Programme for the training of health care assistants in Ireland.

HCA Health Care Assistant

National Pilot Programme The pilot Healthcare Support Certificate in Ireland in 2001–2002

NCVA National Council for Vocational Awards (incorporated into FETAC in 2001)

Studies Mentor Mentoring is the process by which an experienced person provides advice, support and encouragement to a less experienced person. A mentor is a teacher or adviser who leads through guidance and example.

Teaching Staff Teaching staff (internal or external) deliver teaching material as part of the training programme.

ABSTRACT

The purpose of this study was to evaluate the National Pilot Programme for the Education of Health Care Assistants in Ireland. This evaluation covered the period from the beginning of the programme (November 2001) through to the completion of year one (August 2002).

The terms of reference of the study were as follows:

- To examine the processes, content, delivery, and evaluation of the programme in practice at each pilot site;
- To determine the degree of congruence between the programme and the emerging role of the Health Care Assistant;
- To establish whether or not the programme meets the objectives as specified in the 2001 Report of the Review Group on Health Service Staff;
- To determine whether or not the findings derived from an evaluation of the pilot sites are representative of the spectrum of health care agencies likely to employ Health Care Assistants in the immediate future;
- To make recommendations based on the findings with particular reference to (i) the role and personal profile of the Health Care Assistant and (ii) extension of the programme across the health services.

The aims of the study were achieved through a mixed methodological approach using quantitative and qualitative approaches. The study had three distinct phases that were completed over a period of 10 months. Participants involved in the study included trainee health care assistants, co-ordinators, teaching staff, clinical assessors and relevant health care agencies.

KEY FINDINGS

The key findings of this study are based on interviews with trainee Health Care Assistants (HCAs), co-ordinators, teaching staff and clinical assessors and survey questionnaires with trainee HCAs undertaking the programme and health care agencies across Ireland likely to employ HCAs.

Demographic Findings

- The majority of trainees were female (89.2%, n=198) with the largest percentage aged between 35 to 44 years old (35.1%, n=78).
- Over 75% (n=168) stated that they had relevant previous experience working as a HCA.
- 40.5% (n=90) of trainees were educated to Leaving Certificate standard.
- Most co-ordinators, teaching staff and clinical assessors were registered nurses and had extensive clinical training experience. Others described themselves as teachers.
- Prior to the start of the course, co-ordinators, clinical assessors and teaching staff were not familiar with the HCA role or the trainees' level of education.

Selection Criteria

- There were four types of selection procedures employed across the pilot sites: standard application and interview procedure; no application process; decision made or influenced by external bodies, and selection based on seniority.
- Recruitment numbers of trainees varied across the pilot sites.

Health Care Assistant

- There was a general consensus that the course would provide HCAs with the skills and knowledge necessary to undertake duties required of a HCA.
- The primary benefits of participation were highlighted as contributing to the development of the HCA role in providing benefits to patients and other staff in the clinical setting.
- Nursing staff working alongside trained HCAs and patients receiving care from trained HCAs in maternity and theatre wards felt that the role of the HCA focuses on supporting qualified members of nursing staff in the clinical setting.
- Nursing staff working alongside trained HCAs within the clinical setting felt that they allowed nursing staff to spend more time with patients.
- Nursing staff expressed overall satisfaction with the standard of work and level of expertise from trained HCAs.
- The overall majority of health care agencies (92.9%, n=65) felt that the role of the trained HCA was to assist and support qualified nursing staff.

Provision of Information

- All participants (trainees, co-ordinators, teaching staff and clinical assessors) highlighted the lack of information available at the outset of the course.
- FETAC (NCVA) held information days for staff, but these were perceived as not being beneficial or relevant as the information days were aimed at all FETAC courses.
- Some trainees, co-ordinators, teaching staff and clinical assessors felt unable to prepare for the course due to the lack of information available and this appeared to have an impact upon their perceptions and experiences of the course.

Duration of Healthcare Support Certificate

- FETAC (NCVA) promotes flexible learning. However participants indicated that the course duration was six months.
- All participants (co-ordinators, trainees, teaching staff and clinical assessors) perceived the six months timeframe for the course as unrealistically short.
- Participants felt that the timeframe affected preparation, teaching and quality of learning.

Practical and Academic Skills

- Some trainees, co-ordinators and teaching staff commented that the course should be more practical and contain less theory.
- Nearly half of the trainees (48.6%, n=107) felt that the course emphasised practical skills.
- Theory identified as being useful to the HCA role related to undertaking patient tasks such as feeding, bed making and understanding how to deal with challenging behaviour.

Organisation of the Course

- The majority of trainees agreed that they understood the aims and objectives of the course (88.3%, n=195) and that the aims and objectives were all covered (73%, n=161).
- Almost all trainees (91.4%, n=201) felt that the course helped them to use their own initiative.
- 50% (n=111) of trainees believed that the course was well organised. However, trainees acknowledged that this was a pilot programme and that it was inevitable that some initial problems would be encountered.
- Participants highlighted the lack of resources in place to assist with course delivery.
- Co-ordinators and teaching staff within some pilot sites had responsibility for delivering the course as well as maintaining normal working duties.

Assignments and Assessments

- Most trainees (83.8%, n=185) did not think that the course was too difficult for them, with almost all agreeing that they understood how the course was marked and that they understood FETAC (NCVA) assessment regulations.
- Some trainees identified that it had been many years since attending formal education and they felt that this was a drawback.
- Trainees, co-ordinators and teaching staff commented on the difficulty in delivering, completing and assessing the Learner Record.
- Teaching staff felt that they had not received adequate training to prepare them for setting or marking assessments.

Specific Modules

- Trainees ranked health and safety in the workplace as being the most useful module for them.
- Some aspects of the communications module were perceived by participants as irrelevant to the training needs of a HCA.
- The rehabilitation module was considered by participants to be too general with limited practical skills training.
- The anatomy and physiology module was criticised by participants as being irrelevant and pitched at the wrong level for HCA training.
- Recognition of the skills and knowledge overlap within modules delivered was not identified until the latter stages of the course delivery.

Module Descriptors

- Certain elective modules were offered at specific pilot sites based on service setting, needs and the level of resources available.

- Most trainees were generally satisfied with the format and content of the programme and most thought that the right topics were included in the course (71.6%, n=158).

- Over 63% (n=139) of trainees felt that the order of the topics delivered was appropriate and 62.6% (n=138) felt that the modules on the course fitted together.

- Teaching staff commented that they thought the content and topics were appropriate, assignments were relevant and reflected the HCA role in the workplace.

- Co-ordinators and teaching staff viewed some module descriptors as unclear.

Orientation of Teaching staff

- Most of the teaching staff stated that they received no training from FETAC (NCVA) or from within their own pilot site with regards to their role. Of those teaching staff who did attend the FETAC (NCVA) information days, most felt that they were not beneficial and not targeted towards the Healthcare Support Certificate.

- This lack of training was perceived by teaching staff to cause problems in assessment and course delivery.

Support

- Co-ordinators, teaching staff and clinical assessors were in agreement that it was necessary to provide a high level of support to trainees.

- Almost all trainees were in agreement that staff (co-ordinators, teaching staff and clinical assessors) provided support to them throughout the course.

- Teaching staff and clinical assessors felt that support for them within and between sites could be improved.

- The majority of co-ordinators felt the level of support received from FETAC (NCVA) should be improved and better co-ordinated.

Future Course Provision

- The vast majority of participants felt that the course should continue to be delivered.

- Over ninety percent (92.3%, n=203) of trainees felt that the course was valuable.

- 87.4% (n=193) of trainees thought that the overall quality of the course was good.

- 90% (n=63) of health care agencies stated that they would employ a HCA who had successfully undertaken such a programme.

- Health care agencies felt that the provision of modules on the course should be extended to include areas such as care of the elderly, health promotion, mental health, prevention and management of violence, and dealing with challenging behaviour.

BACKGROUND TO THE STUDY

The orientation and growth of the HCA role in Ireland stems from a number of social, cultural and economic trends affecting healthcare delivery globally. To date, the recruitment, training and professional development of the HCA has been ad hoc and dependent upon individual hospitals and employers. The Department of Health and Children (DoHC) have defined the role of the HCA as:

“The role of the health care assistant is to assist nursing/midwifery staff in the delivery of patient care under the direction and supervision of the Clinical Nurse Manager 2/1, Staff Nurses/Midwives/Public Health Nurses and community Registered General Nurse as appropriate” (DoHC, 2001a, p25).

To date, HCAs do not have standardised, multi-faceted job descriptions. Therefore, the development of a training programme to suit the needs of this role is not straightforward. Such a programme is required to safeguard patient care and to prepare HCAs to work with nurses and midwives. Based on the Report of The Commission on Nursing: A Blueprint for the Future (1998) which recommended the effective utilisation of the professional skills of nurses and midwives, a working group was established to set standards for the training of HCAs.

A pilot level 2 training programme, specifically for HCAs, was developed by FETAC (NCVA) in conjunction with key stakeholders. This training programme is modular in structure and consists of three mandatory modules, two general studies modules, one work experience module and a series of elective modules. FETAC (NCVA) provide the standards for certification. The education providers are responsible for the design of learning programmes, course duration and delivery to suit local needs. Fourteen pilot sites participated in the delivery of this pilot training programme. The FETAC (NCVA) level 2 Healthcare Support Certificate is designed to produce a competent HCA and to enable trainees to develop a broad range of skills that are vocationally specific and require a general theoretical understanding.

METHODOLOGY AND DATA ANALYSIS

To address the terms of reference for this study a variety of qualitative and quantitative methodological approaches were employed. The study was conducted over a ten-month period in 2001–2002. The research was divided into three distinct phases and will be presented in this way. The first phase outlines the evaluation of data collected during the training programme, and phases two and three outline the information collected after completion of the training programme.

Phase One

In phase one, a self-administered postal questionnaire was sent to all trainees undertaking the pilot programme across the 14 pilot sites. Out of a total of 273 trainees who received the postal questionnaire, 221 responded, a response rate of 81%.

Thirteen trainees were selected randomly from all trainees on the course to keep retrospective diaries from February 2001 to the end of the course. This enabled trainees to record their views about their experience of participating in the training programme.

One to one semi-structured interviews were conducted with four separate sample groupings: co-ordinators (n=17), clinical assessors (n=48), teaching staff (n=54), and trainees (n=38). With participants' permission, interviews were audiotaped and supplemented with researcher field notes. Interview schedules were used to explore the issues raised from the research literature and aims of the research.

While FETAC (NCVA) is responsible for devising the modular descriptors, the education providers are responsible for the design and delivery of the learning programmes. The course comprises three mandatory modules, ten elective modules, two general studies modules, and one work experience module. Elective modules allow education providers to customise the course, taking into account local needs (see Appendix one).

Module descriptors delivered as part of the HCA training programme were audited and issues of coherence examined using module survey audit forms. These forms were employed to collect evidence of the application of the module descriptor used by each of the pilot sites.

Data Analysis:

The purpose of data analysis is to impose some order on the information gathered so that conclusions can be reached. A combination of methods were used to analyse the data. The results from questionnaires were converted into frequencies and descriptive statistics using the Statistical Package for Social Sciences (SPSS Version 10). The transcribed interviews and reflective diaries were analysed using content analysis as described by Weber (1990).

Phase Two

The research for phase two was undertaken within two clinical settings (maternity and theatre units within one large general hospital pilot site). This section of the research focused on evaluating whether trained HCAs had the relevant repertoire of skills as taught in the programme and whether they were using these skills competently.

To complete phase two an activity analysis of eight trainees who completed the course was undertaken. This non-participant structured observation took place over a two-day period and explored the dimensions and changes to the function of the trained HCAs. Two research tools were devised to record the activities of HCAs. These were based on current job descriptions, a review of the module descriptors, the core skills attributed through the modules, and the literature review.

Twenty-five nursing staff working alongside trained HCAs within the maternity and theatre unit wards were asked to complete a one page self-administrated questionnaire to record their views on the role of the trained HCA in the workplace. Supervision, delegation and accountability issues were addressed. Six patients currently receiving care from trained HCAs in maternity wards were interviewed to evaluate their acceptance of the HCA role and the extent and satisfaction of the level of care received.

Data Analysis:

Data collected through the activity analysis were analysed using SPSS Version 10. This was to identify the patterns of tasks related to the trainees' role and to ascertain if the HCA was competent in undertaking that activity. Nursing staff survey findings were also analysed using SPSS Version 10. Group frequencies were calculated for each question. Interview transcripts were subject to content analysis and general themes within the data recorded.

Phase Three

Phase three involved surveying a non-random sample of 103 health care agencies operating outside of the training programme pilot sites. This was to ascertain if these health care agencies would be willing to employ HCAs who had the knowledge and skills obtained through the training programme. The views of health care agencies were collected through a self-administrated postal survey. The survey instrument was designed from the study's research questions and incorporated a profile of a trained HCA and a brief description of the modules taught on the course.

Data Analysis:

The closed questions were analysed using descriptive statistics supported by SPSS Version 10. In order to construct an analytical framework that could account for the qualitative and quantitative data, all the open-ended questions were analysed through an iterative process.

ETHICAL CONSIDERATIONS

Ethical guidelines were strictly adhered to in relation to the methods employed. Informed consent was obtained from all participants. Assurances were provided that information obtained would be treated in a confidential manner and that no identifying features would be reported. All participants were reminded that they were free to withdraw their participation at any point during the study without detriment. Where possible, participants were informed of how the data would be analysed. Specific attention was placed on the ethical issues of questioning and observing patients. Permission was obtained from the Ethical Committee within the hospital where the patient interviews were carried out.

FINDINGS

DEMOGRAPHIC FINDINGS

The majority of trainees were female (89.2%, n=198) with the largest percentage aged between 35 to 44 years old (35.1%, n=78) followed by the age group 25 to 34 years old (28.4%, n=63). Most trainees (75.7%, n=168) stated that they had relevant previous experience working as a HCA. With regards to the highest educational level attained, responses illustrate that 40.5% (n=90) had the Leaving Certificate. Sixteen percent of trainees identified themselves as having no qualifications (n=37).

Co-ordinators, teaching staff and clinical assessors had varying levels of experience and educational backgrounds with most being registered nurses with extensive clinical experience. Some teaching staff and co-ordinators were not registered nurses and described themselves as teachers. Before the course began, few co-ordinators were familiar with the role of the HCA or the trainees' level of education or training. They perceived this as a disadvantage with regard to developing the content of the course to suit the trainees' educational needs and capabilities.

SELECTION CRITERIA

The Report of the Review Group on Health Service Care Staff (DoHC, 2001b) states that:

“Pilot sites were advised that staff participants on the pilot programme should be selected on a seniority, experience and suitability basis” (p.9).

However, across the pilot sites, different selection procedures and criteria for entry to the course were employed. These were viewed by some co-ordinators to be one of the key factors leading to future difficulties and increasing their workload.

Four variations of selection procedures were utilised across the pilot sites. These included standard application and interview procedure; no application process; decision made or influenced by external bodies and selection based on seniority. Selection criteria were unique to each pilot site with some sites specifying record of service, qualifications, communication skills, and commitment as the basis on which selection was made. The variances in the level of knowledge upon entry led co-ordinators and trainees to suggest that a basic education standard be established at entry to the course and that the course be tailored to be either for beginners or more experienced HCAs.

The actual number of trainees selected within each site varied according to resources (i.e. places available on the training programme and service demands). Co-ordinators suggested recruiting smaller numbers of trainees for future programmes to ensure reduced workload.

PROVISION OF INFORMATION

Overall, there was a perceived lack of information provided to trainees, co-ordinators, teaching staff and clinical assessors regarding what the course entailed; the content; the timetable; the level of assessment and the necessary skills needed to complete the course. This generated anxiety among all participants.

Trainees, co-ordinators, teaching staff and clinical assessors perceived that the lack of information provided at the beginning of the course did not enable them to prepare well. This had an unfavourable impact upon their perceptions and experiences of the course. Although it was reported that FETAC (NCVA) held information days for co-ordinators and teaching staff, some claimed they did not attend. Those who did attend did not find them beneficial or feel that they were targeted towards the health care sector. Consequently, teaching staff and clinical assessors reported being made aware of the principles of FETAC (NCVA) assessment on an ad-hoc basis. Participants felt that it was imperative that more information about the course be available before its commencement.

COURSE DURATION

Although FETAC (NCVA) promotes flexible learning, the pilot course duration was six months. All participants believed that there was a high level of work involved in undertaking the course and that this was an unrealistic timeframe (see Figure 1). Participants suggested that the duration of the course should be either an academic year or a calendar year.

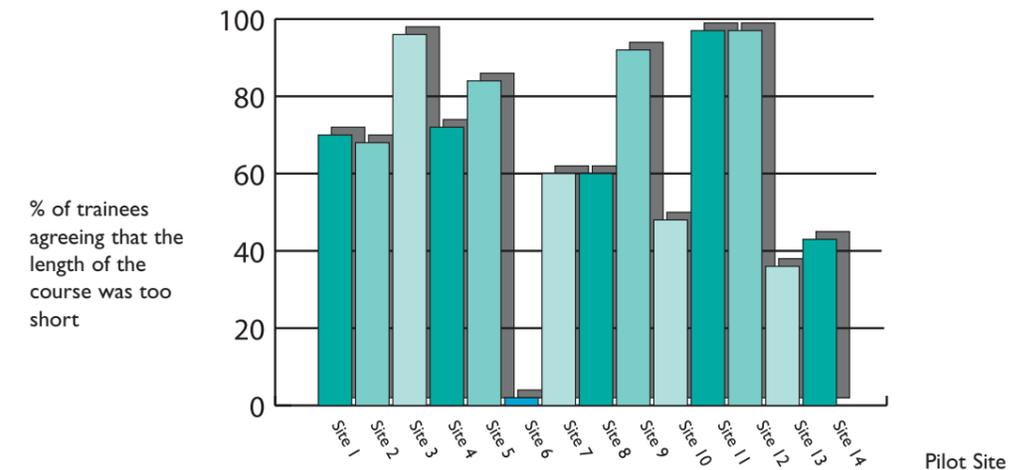
Some trainees maintained that the tutors did not have enough time to prepare the course materials and that this impacted upon the quality of their learning experience. Trainees, co-ordinators and teaching staff recognised and commented upon the difficulties encountered by those trainees, who continued to maintain a full time job and meet personal commitments while also meeting the demands of the training programme.

PRACTICAL AND ACADEMIC SKILLS

Nearly half of the trainees (48.6%, n=107) felt that the course emphasised practical skills. However, 37.8% (n=83) felt that the course was not practical enough and suggested that the writing and paperwork required should be reduced. These views reflect a lack of understanding that assignments do not have to be written and can be submitted in a wide range of formats. It also demonstrates a lack of understanding that one assignment can be submitted for more than one module. These points are addressed within the recommendations.

Theory commonly listed as useful by participants related to patient tasks such as feeding, bed making and dealing with challenging behaviour. Theory regarded as having limited use included verbal presentation, file review, nappy changing on a doll, sociology and referencing. Many trainees viewed their role as a practical one and they were therefore intrinsically motivated to learn practical tasks and only theory that had a direct relevance to practice. This is an important finding and one that is pivotal to the success of the course.

Figure 1: Responses by pilot site in agreement with the length of the course being too short



ORGANISATION OF THE COURSE

The majority of trainees agreed that they understood the aims and objectives of the course (88.3%, n=195) and that the aims and objectives were all covered (73%, n=161). Almost all trainees (91.4%, n=201) felt that the course helped them to use their own initiative.

Fifty-percent (n=111) of trainees believed that the course was well organised. However, those trainees who felt that the organisation of the course could be improved acknowledged that this was a pilot programme and it was inevitable that some initial problems with organisation would arise.

Most participants (78.8%, n=174) were happy with the teaching environment used and the course materials provided. However, some pilot site co-ordinators, trainees and teaching staff commented on the lack of resources available to help them deliver and complete the course. Examples of this included administration support, information technology, library facilities, video cameras and audio recorders for assessment.

Many co-ordinators indicated that resources for the day-to-day running of the course, teaching and clinical staff time and administration support were only available on the basis of goodwill. This was dependant upon good working relationships between the co-ordinators, teaching staff and clinical assessors.

Some co-ordinators and teaching staff were seconded but most participated whilst still maintaining and undertaking their normal duties. This dual workload brought many comments relating to stress among co-ordinators and suggestions that a full time course co-ordinator be appointed.

ASSIGNMENTS AND ASSESSMENTS

The majority of trainees stated that they understood the way that assignments were marked (86.5%, n=191) and that they felt assessment on the course was fair (74.8%, n=165).

Many trainees identified that they had been out of the learning environment for a number of years and therefore felt a great deal of apprehension about undertaking the course. These trainees felt that this put them at a disadvantage and was not considered fully by tutors.

Trainees were divided over the statement 'assessment deadlines are too close together', with 58.1% (n=128) agreeing

and 35.1% (n=78) disagreeing.

In addition, trainee respondents were split over whether there were too many assignments on the course with 48.6% (n=107) believing that this was the case and 41.9% (n=93) thinking that it was not. The difference in agreement may be attributed to different pilot sites operating different deadlines for submission of coursework.

51.4% (n=114) of trainees felt that there were too many topics covered during the training programme, while 42.8% (n=95) disagreed. These findings are related to the perceptions held by some participants regarding course duration. Within the six-month pilot programme, trainees felt that too many topics were covered. Nonetheless, it is interesting to note that most (83.8%, n=185) did not think that the course was too difficult for them, with almost all agreeing that they understood how the course was marked and that they understood FETAC (NCVA) assessment regulations.

Some trainees suggested that the wording of the modules and assignments needs to be made simpler and more understandable. More specifically, comments were recorded from trainees, co-ordinators and teaching staff regarding the irrelevance and difficulty in delivering, completing and assessing the learner record. Trainees felt annoyed that tutors were unclear as to the structure or format and that no guidance was available in the form of a sample Learner Record.

Most co-ordinators indicated that they understood the FETAC (NCVA) principles of assessment. However, some explained that it was only through marking the assessments and consulting other internal staff (teaching and other co-ordinators) and external sources (FETAC (NCVA)) that they learned the correct process of assessment.

Teaching staff felt that they not had received adequate training to prepare them for setting or marking assessments. Indeed, many comments focused on the limited nature of the training available in the form of information days held by FETAC (NCVA) and the limited guidance in the assessment handbook.

MODULE DESCRIPTORS

Findings show that the elective modules selected for delivery within each of the pilot sites were based on service setting, service needs and the level of resources available. Few co-ordinators, teaching staff or clinical assessors had any influence on decision making as to which modules were delivered within their pilot site.

Most trainees were generally satisfied with the format and content of the programme and most thought that the right topics were included in the course (71.6%, n=158). Over 63% (n=139) felt that the order of the topics delivered was appropriate and 62.6% (n=138) felt that the modules on the course fitted together. Most trainees felt that what they learned in their course of study was relevant. Interestingly, 57.7% (n=128) felt that the assignments they were asked to do were relevant to the course but 32.4% (n=71) felt that they were not. However, teaching staff commented that they thought the content and topics were appropriate, assignments were relevant and reflected the HCA role in the workplace.

Analysis of co-ordinators' responses revealed diverse opinion with regards to module descriptors. Some felt that the modules were clearly written, whereas others found them very vague. For example, mandatory modules (Safety and Health at Work, Care Skills, Care Support and Work Experience modules) although viewed as being appropriate to the training needs of the HCA, many felt that the criteria were unclear and experienced difficulties in meeting the requirements of the portfolio and learning outcomes.

According to the modular descriptors, a prerequisite of the Care Support module is that trainees must have completed a recognised Certificate in Manual Handling and Moving, and a First Aid certificate recognised by the Health and Safety Authority. It is unclear whether all trainees participating on the course held these qualifications before undertaking this module.

In relation to the communications module, all co-ordinators stated that while they did adhere to the specified

portfolio of assessment, there was a general dissatisfaction in meeting the requirements of the portfolio. Some felt this module was not appropriate to the training needs of the HCA.

SPECIFIC MODULES

Co-ordinators commented in relation to specific modules delivered. The communications module was viewed as providing theory and skills training that a HCA would not require in the workplace such as emailing.

Other co-ordinators felt that the rehabilitation module was too general with limited practical skills training. Although the importance of studying anatomy and physiology was acknowledged, the content of the module was felt to be irrelevant to the role of the HCA and pitched at too high an academic level for trainees.

In contrast, practical skills' training was viewed by teaching staff as highly relevant to the role of the HCA. A few co-ordinators commented on the overlap in the skills and knowledge within the modules delivered. However, this was only recognised in the later stages of delivery. It was felt that this overlap could be avoided, thus helping to reduce the number of assessments undertaken. This reflects a lack of understanding that one assignment can be submitted for more than one module. Trainees commented on taught modules that they found particularly useful Table 1 shows the top five ranked responses.

Table 1: Specific parts of Course Trainees found Useful (Top 5 ranked views)

Part of course found useful	Number of responses	% of responses
1. Health and safety in the workplace	90	16.7%
2. Communication skills	73	13.5%
3. First Aid and CPR	54	10%
4. Care skills	45	8.4%
5. Palliative care	41	7.5%

ORIENTATION OF TEACHING STAFF

The actual number of teaching staff and clinical assessors recruited to help deliver and access the training programme varied across the pilot sites and recruitment was based upon the goodwill of teaching staff. With regard to teaching on the course, it would appear that for teaching staff and clinical assessors little training was provided. As of consequence, trainees reported that clinical assessors and teaching staff did not understand the assignments (especially the learner record) and situations arose which illustrated confusion among teaching staff over the structure of the course and the assessments. For some clinical assessors, the lack of training caused difficulties in the application of ward-based assessment procedures and the application of objectivity when assessing someone they possibly knew well or had worked with for a significant period of time.

SUPPORT

Most trainees (71.2%, n=157) commented positively on the accessibility and assistance of teaching staff in providing emotional and practical support throughout the course. Indeed many co-ordinators, teaching staff and clinical assessors reported that they allocated time outside of their designated teaching /co-ordinator time to speak to and advise trainees. Teaching staff viewed this level of support as necessary to respond to problems or questions that arose. 96.8% (n= 213) of trainee in all pilot sites stated that they felt free to ask questions on the course and over 94.6% (n=209) stated that they found the course interesting.

Teaching staff were asked if they had any contact with clinical assessors and other teaching staff involved in the

course. Again responses varied and contact ranged from a great deal, to infrequent contact, to none at all. Participants felt that contact and support with other staff would have been beneficial for teachers and clinical staff on the course.

Comments from co-ordinators show that the level of support received from FETAC (NCVA) was diverse. Most co-ordinators were happy with the support and guidance offered in relation to, assessment procedures and programme delivery. However, some criticised the lack of support. There were reports of some co-ordinators having ongoing contact with FETAC (NCVA) throughout the training programme (via meetings, telephone and emails) while others reported they had not received any such contact. The lack of support led to dissatisfaction among some co-ordinators. Many participants provided examples of the support and information that they would have liked to receive. This included samples of marking and information on compiling course and assessment materials.

ROLE OF THE HEALTH CARE ASSISTANT

91.9% (n=203) of trainees agreed that they felt that the course would provide them with the skills and knowledge necessary to carry out the duties required of a HCA (see Figure 2).

All participants (trainees, co-ordinators, teaching staff and clinical assessors) commented upon the benefits of increasing the theoretical knowledge of HCAs as having direct benefit to patients and to other staff in the clinical setting. Clinical assessors and trainees cited numerous examples of the transfer of theory to having workplace duties, including bed making, bed bathing and moving and handling skills training. This important finding should be emphasised as it highlights the fact that the course is successfully training HCAs to carry out their job more efficiently, effectively and with an understanding of why they are undertaking certain tasks.

It was perceived that the course enabled trainees to understand the rationale for their actions and the benefit of performing their duties to a high quality. The course appeared to increase trainees' confidence and enhance their ability to be part of the team. The course certificate was seen as an essential qualification for providing evidence that they could do their job to a specified level.

Participants felt that the role of the HCA was to support the qualified staff member. It was considered that completing the training course would equip them with the knowledge to understand why particular tasks were undertaken. Comments from some co-ordinators, clinical assessors and teaching staff highlights their perception that education provided in this format will prepare trainees with relevant skills and theory.

Analysis of trained HCA activity within a theatre unit revealed that 91.3% of their activities could be categorised as

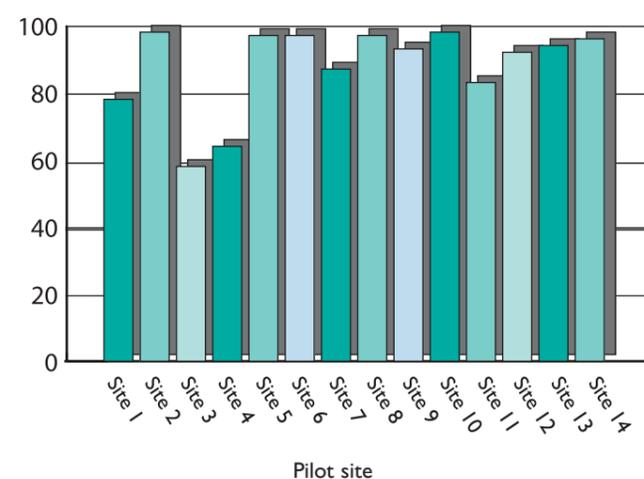
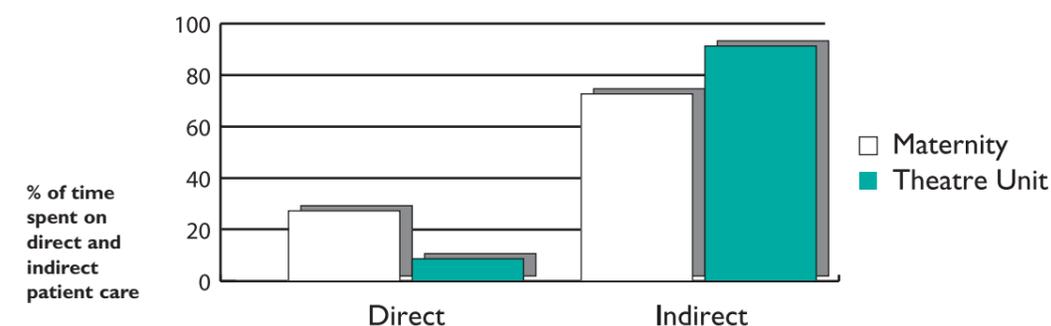


Figure 2: Percentage of respondents across all pilot sites who believe that the course has provided them with the skills and knowledge to carry out HCA duties

indirect care activities. This is compared with 72.7% of the activities recorded at the maternity unit. Therefore, only 8.7% (theatre unit) and 27.3% (maternity unit) of activities at the two study settings involved direct contact with patients (see Figure 3). The smallest amount of observed frequencies related to the direct patient care, with both study settings reporting extremely small amounts of direct care activities. All duties observed were considered undertaken in a skilled and proficient manner and all trained HCAs were deemed to be undertaking the duties competently. Furthermore, 96% (n=23) of the nursing staff felt confident supervising HCAs undertaking direct patient care duties.

Figure 3: Direct and Indirect Activities



Patients receiving care from trained HCAs in the maternity unit felt that the role of the HCA should be about supporting the qualified member of staff in the clinical setting. Most of the nursing staff believed that having trained HCAs allowed them to spend more time with patients (see Table 2). Results reveal that trained HCAs provided valuable assistance to nursing staff by taking over non-professional tasks, thus allowing qualified nursing staff more time in direct contact with patients (96%, n=22).

Nursing staff expressed overall satisfaction with HCAs in relation to standard of work (96%, n=24) and level of expertise (91.6%, n=23).

Table 2: Impact of HCAs on nursing time with patients

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Trained HCAs allow me to spend time with my patients	•	2 (8.3%)	•	10 (41.7%)	12 (50%)
HCAs free the nurses from some duties and allow them more time with patients	•	•	1 (4%)	13 (52%)	11 (44%)

FUTURE COURSE PROVISION

In terms of training over ninety percent (92.3%, n=203) of trainees felt that the course was valuable. In relation to the quality of the programme, 87.4% (n=193) of trainees felt that the overall quality of the course was good.

As an overall evaluation of the course, over fifty percent (50.9%, n=112) of trainees rated the programme as good and a further 33.8% (n=75) rated it as excellent.

For co-ordinators, teaching staff and clinical assessors the most satisfactory aspect of the course was the development of skills and theoretical knowledge of a HCA which would help to provide quality care.

The limited timeframe, lack of preparation, dual staff roles, lack of understanding of modules and the excessive

number of assessments were areas identified as needing improvement.

Surveyed health care agencies suggested that the training course be extended to include modules such as mental health, care of the elderly, health promotion, management and prevention of violence and skills for dealing with challenging behaviour.

Health care agencies considered the profile of a trained HCA and were asked to state if they would employ a health care assistant who had successfully undertaken such a programme. Table 3 outlines the responses:

Table 3: Would you employ a health care assistant who had successfully undertaken such a programme?

	Number	Percentage
Yes	63	90%
No	6	8.6%
Don't know	1	1.4%

It is clear that the most of the surveyed health care agency would employ a health care assistant with the profile obtained through the training course (90%, n=63). Overall, health care agency responses to the training programme were positive with many recommending that the programme be rolled out to include all hospitals.

MODEL OF GOOD PRACTICE

PRE-COURSE ARRANGEMENTS

- The co-ordinator should ensure that they have all necessary information from FETAC (NVCA) well in advance of the beginning of the course, including dates and times of all FETAC (NCVA) orientation/study days.
- The co-ordinator should liaise closely with the support service (NCVA) to overcome any problems and to clarify relevant issues before the course commences.
- The co-ordinator should select and confirm the team of tutors who will teach on the course in advance of the course beginning.
- The co-ordinators should liaise with clinical nurse managers to select clinical assessors in the clinical areas in advance of the beginning of the course.
- When clinical assessors have been identified, co-ordinators should meet with them either individually or as a team to brief them on what will be expected of them. Clinical assessors should also be given an overview of the course and details of all modules. Any potential problems should be raised and if possible resolved.
- Clinical nurse managers should be briefed and given information relating to the course prior to the course commencing. They should be informed that it will be necessary to make other staff on the ward aware that the course is running and that there will be a clinical assessor and trainee(s) from the course based in the ward. Clinical nurse managers should also be briefed as to the nature of informing patients about the course and the presence of trainee(s) on the ward if this is deemed appropriate.
- Appropriate teaching rooms and facilities for the course should be identified and booked when the timetable for the course is completed.
- Selection criteria for the course should be decided before the course is internally advertised. These criteria should be made clear to potential applicants.
- The co-ordinator should ensure that interested parties are sent as much information as possible about the course. This information should include:
 - start date of the course;
 - course timetable;
 - what will be expected of the trainee on the course;
 - contact details for co-ordinator, teaching staff and clinical assessors;
 - details of the trainee's work placement;
 - details of the modules that will be undertaken on the course;
 - how the course works in terms of assessment;
 - information on FETAC (NCVA);
 - the duration of the course.
- There should be active involvement of students, practitioners, patient representatives, and employers in course planning.

TROUBLESHOOTING DURING THE COURSE

- The co-ordinator should meet with all tutors either individually or as a team to brief them on what they will be teaching and assessing. They should also be provided with assignment briefs and what will be expected of them in terms of quality provision. Any potential problems should be raised and if possible resolved.
- Dates, times and venue should be arranged for the team of tutors and clinical assessors to meet periodically throughout the course.
- The co-ordinator should make the tutors and clinical assessors aware of the dates, times and venue of the orientation/study days and staff should attend these where possible.
- The co-ordinator should make it clear to the tutors and clinical assessors that he/she can be contacted whenever necessary.
- The co-ordinator should meet the trainees as a group on the first day of the course to welcome them and to answer any queries that arise.
- The co-ordinator should liaise with support services (NCVA) throughout the course to resolve any problems that arise.
- The co-ordinator should visit clinical assessors on the wards periodically throughout the course to resolve any potential problems and provide support where necessary.
- There should be trainee-staff liaison committees where concerns can be raised and addressed.
- A studies mentor system should be introduced to provide support and encouragement to trainees.
- There should be a course committee meeting every three months. This course committee should include representatives of all the major stakeholders.

PRE-EXTERNAL EXAMINER

- Assignments and deadlines should be made clear to the trainees by the relevant teaching staff. As far as possible these deadlines should be spread out across the training period.
- Feedback on assignments and assessments should be given to trainees by teaching staff and clinical assessors within a reasonable timeframe inline with the FETAC (NCVA) guidelines.
- Co-ordinators should ensure that they have all the necessary information from FETAC (NCVA) regarding the external examiners visit and should brief all relevant staff well. As FETAC (NCVA) specifies a period of time in which the external examiner could arrive and not a specific date, co-ordinators and relevant staff should be prepared well in advance.

- There should be a mock internal examination board before the main board.
- The external examiner should attend the main examination board.
- External examiners should sample course work across a number of sites.

POST COURSE EVALUATION

- Annual reviews of the programme should take place.
- A system of placement audit should be undertaken to evaluate the quality of the clinical learning environment.
- At the end of the course, co-ordinators and other relevant staff should make the trainees on the course aware of when their results will be available and how they will receive them. Trainees should also be given an opportunity to speak to the co-ordinator about any outstanding issues relating to the course.
- At the end of the course, all staff should be briefed on the outcome of the course and the overall results of the class.

To help identify actual or potential quality problems, data should periodically be collected on:

- Employer feedback;
- Entry Qualifications of Students;
- Student Results;
- Student Attrition.

RECOMMENDATIONS

Recommendations are outlined under each term of reference.

1. To examine the processes, content, delivery, and evaluation of the programme in practice at each pilot site.

1.1 It is recommended that within reason the course length be flexible in accordance with FETAC guidelines and that this be communicated to sites providing the course.

1.2 It is also recommended that the course length be at least one academic year but should not last any longer than two years.

1.3 It is recommended that content and relevant information be made available to co-ordinators, teaching staff and clinical assessors a reasonable length of time before the course begins. It is further recommended that this information includes module outlines, course content, assessment procedures, guidelines for support, location, timetables, expectations and available training.

1.4 It is recommended that selection criteria for this course be clear and uniform and that the responsibility for adherence to this be the responsibility of the employer in partnership with the course provider.

1.5 The Report on the Commission of Nursing (DoHC, 1998) recommended that Schools of Nursing in Ireland should become Centres of Nursing Education with a major function of these centres being to provide education and programmes of professional development across all divisions of nursing. The report also recommended that Nursing and Midwifery Planning and Development Units be established in each health board area with responsibility for strategic planning and quality assurance of nursing and midwifery services. It is therefore recommended that the Healthcare Support Certificate be delivered and administered by the Centres for Nursing Education. It is further recommended that they liaise with the Nursing and Midwifery Planning and Development Units in relation to the Healthcare Support Certificate.

1.6 It is further recommended that a person be identified at each site to co-ordinate the delivery of the course.

1.7 It is recommended that suitable rooms and equipment and other resources be made available for teaching and learning.

1.8 It is recommended that the teaching staff are informed with regard to their remit on the course.

1.9 It is recommended that, where necessary, writing skills be taught to trainees at the beginning of the course. If this is implemented, the implications for teaching time should be addressed.

1.10 It is recommended that, where possible, the care support module be taught near the beginning of the course.

1.11 It is recommended that the role of the external examiner be clarified and that the external examiner samples work from across a number of sites.

1.12 It is recommended that feedback on work submitted or assessed should be provided to the trainee within a reasonable timeframe.

1.13 It is recommended that the wording of the modules and assignment briefs be clear and simple to understand.

1.14 It is recommended that the instructions and guidelines for the Learner Record be clarified.

1.15 It is recommended that information relating to the format in which assignments and assessments can be submitted be clarified and made explicit to the co-ordinators.

1.16 It is recommended that information relating to the flexibility of assignments being submitted for more than one module be clarified and made explicit to the co-ordinator.

1.17 It is recommended that the Certificate in Manual Handling and the First Aid Certificate be incorporated into a relevant mandatory module.

1.18 It is recommended that the anatomy and physiology module is reviewed.

1.19 It is recommended that some components of the communications module be re-evaluated.

1.20 It is recommended that there be a greater focus on the development of the learners' core skills and competency in individual modules and that the criteria be made more explicit within the assessment.

1.21 It is recommended that inexperienced teaching staff have their teaching and assessing knowledge and skills developed.

1.22 It is recommended that briefing or orientation meetings be held for teaching and clinical staff as separate groups prior to the start of the course.

1.23 Guidelines need to be drawn up for the role of the clinical assessor.

2. To determine the degree of congruence between the programme and the emerging role of the Health Care Assistant.

2.1 It is recommended that the balance between practical and academic skills and theory be reviewed.

2.2 It is recommended that health care assistants need education and training for the clinical area in which they are employed.

3. To establish whether or not the programme meets the objectives as specified in the Report of the Review Group on Health Service Staff (DoHC, 2001).

3.1 The Healthcare Support Certificate meets the objectives of the Report of the Review Group on Health Service Care Staff and it is recommended that this be communicated to the relevant agencies.

- 3.2 It is recommended that the benefits to staff and patients/clients of the training of health care assistants are made explicit and communicated as such.
- 3.3 It is recommended that health care assistants work closely with nursing personnel and strive to create an integrated, high quality service.
- 3.4 It is recommended that the role and responsibilities of health care assistants be clarified.

4. To determine whether or not the findings derived from an evaluation of the pilot sites are representative of the spectrum of health care agencies likely to employ Health Care Assistants in the immediate future.

- 4.1 It is recommended that the content of the course be expanded in the future to adapt to growing and changing needs within healthcare. Recommendations for future content include the areas of care of the elderly, health promotion, mental health, management and prevention of violence and challenging behaviour.
- 4.2 It is recommended that a larger number of health care agencies be involved in providing training for health care assistants.

5. To make recommendations based on the findings with particular reference to (i) the role and personal profile of the Health Care Assistant and (ii) extension of the programme across the health services.

- 5.1 It is strongly recommended that, due to the success of the Healthcare Support Certificate it should be delivered again.
- 5.2 Due to the final results and the success of the pilot Healthcare Support Certificate, coupled with the fact that the majority of trainees found it valuable, it is recommended that the course be delivered again on a wider basis.
- 5.3 It is recommended that the perceptions and experience of trainees undertaking the Healthcare Support Certificate be considered in relation to the delivery of modules on the Healthcare Support Certificate in the future.

CONCLUSION

The aim of this research was to conduct an evaluation of the Irish national pilot programme for the education of health care assistants. A mixed methodology approach was employed using semi-structured interviews, reflective diaries, questionnaires, activity analysis, and audit of module descriptions. The rationale for this multi-method approach was to provide more information than would have been possible by the use of any one method. The methodology was divided into three distinct phases, the first phase outlines evaluation data collected during the training programmes, and phases two and three represent information collected after completion of the training programme.

The main recommendation of this report is that due to the success of the Healthcare Support Certificate, it should be delivered again and should be developed and extended to train health care assistants across Ireland.

REFERENCES

- Department of Health and Children (1998) The Report of the Commission on Nursing: A Blueprint for the Future. Dublin: The Stationary Office
- Department of Health and Children (2001a) Effective Utilisation of Professional Skills of Nurses and Midwives: Report of Working Group. Dublin: The Stationary Office
- Department of Health and Children (2001b) Report of the Review Group on Health Service Care Staff Issued by General Support Services Section Personnel Management and Development. Dublin: Department of Health and Children
- Weber R.P. (1990) Basic Content Analysis. 2nd edition. California: Sage

APPENDIX ONE

Healthcare Support Certificate

Module descriptions of the level two Healthcare Support Certificate are available from FETAC (NCVA) and available online - <http://www.ncva.ie>.

Course Modules

Mandatory Modules

- Care Skills
- Care Support
- Safety and Health at Work

Elective Modules

- Human Growth and Development
- Anatomy and Physiology
- Child Development
- Caring for Children 0-6 years
- Caring for Children in Hospital
- Intellectual Disability Studies
- Operating Department Skills
- Maternity Care Support
- Palliative Care Support
- Rehabilitation Support

General Studies Modules (Mandatory)

Communications and one other General Studies module.

Work Experience Module (Mandatory)

Work Experience