

## **Becoming 'ward smart' medical students through participation as Healthcare Assistants**

*Introduction:* A small number of medical students elect to work as healthcare assistants (HCAs) during or prior to their undergraduate training. There is a significant body of evidence in the literature regarding the impact of HCA experience on student nurses, however little research has examined the effects of such experience on medical students.

*Methods:* All 4<sup>th</sup> year medical students with self-declared experience as HCAs from a single UK medical school were invited to participate in focus groups to explore their experiences and perceptions. 10 students from the year group took part.

*Results:* Participants felt experience as HCAs enhanced their learning in the workplace through becoming 'ward smart'; helping them to become socialised into the world of healthcare; providing early meaningful and humanised patient interaction; and increasing their understanding of multidisciplinary team (MDT) members' roles.

*Discussion:* Becoming 'ward smart' and developing a sense of belonging are central to maximising learning in, from, and through work. Experience as a HCA provides a range of learning and social affordances for medical students and legitimises their participation within clinical communities. HCA experience also benefits in the 'hard to reach' dimensions of medical training; empathy, humanisation of patient care, professional socialisation and providing a sense of belonging within healthcare environments.

## **Introduction**

Healthcare assistants (HCAs) work within hospital and community settings under nurse supervision and assist with day-to-day patient care. Healthcare students sometimes take on this role and studies exploring the impact of HCA experience on student nurses report perceived benefits of increased confidence and clinical experience, and greater awareness of the reality of nursing practice (1). A small number of medical students work as HCAs during or prior to their training, however the impact of this on their education and experiences has not been evaluated. This study aims to explore the perceived educational value of HCA experience for medical students, focusing on the contribution of such activity to their workplace-based learning.

## **Methods:**

This study aimed to explore participants' perceptions and experiences thus a qualitative methodology was adopted with focus groups used as the principal data collection method. Interviews' one-on-one nature may have intimidated students, whereas focus groups consisting of peers were felt to provide an environment that could promote open discussion and exploration of their views and experiences.

An email invitation was sent to all students (n=378) in the first fully workplace-based year of the MBBS programme. The number of students with prior HCA experience was not known making the overall response rate incalculable. 10 students (6=female, 4=male) confirmed they had worked or were working as HCAs and all volunteered to participate. Two focus groups of five students were conducted

in March 2014. A question guide was used as a framework for both groups.

All participants gave written consent and the University's Research and Ethics Committee granted the project exemption from ethical approval. Group discussions were recorded and transcribed verbatim. Thematic analysis of the data was conducted by two of the authors using a combination of paper-based methods and data management software (NVivo) to independently generate codes and identify emerging themes. Both researchers then reviewed any variances and negotiated the final themes.

### **Results:**

Participants' HCA experience ranged from three months to over four years, with six students having worked as HCAs for  $\geq 3$  years. Six participants had started working as HCAs while at school or during a gap year, with the remaining four becoming HCAs early in their undergraduate medical education.

The major themes emerging from participants' perceptions and experiences were common to both focus group discussions. These were grouped into three main domains (figure 1):



Figure 1: Perceived impacts of participants' HCA experience

***Becoming 'ward smart'***

The major perceived advantage of HCA experience was feeling confident and at ease within the ward environment; coined by one participant as being 'ward smart'.

*"I think that being comfortable, you actually learn a lot more because you're not always panicking for example about where you're supposed to be standing"*

***S4FG1.***

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Students gained experience in performing ward-based skills such as measuring clinical observations and electrocardiographs. When faced with unfamiliar clinical settings as a medical student, participants perceived that they were able to adapt

readily; particularly those who had worked 'bank shifts' as HCAs where they could be assigned to a range of wards and specialties.

Participants felt their HCA experience encultured them within the healthcare environment. Knowledge of jargon and awareness of apparent hierarchies were perceived as being helpful for later clinical attachments as medical students. Positive and negative role modelling was described, which provided students with insight into behaviours and values that they hoped to either emulate or avoid in their own professional practice.

### ***Development of empathy and humanising care***

Participants felt that their close interaction with patients as HCAs had not only improved their communication skills but had also fostered a greater awareness of patients' concerns and priorities, encouraging them to see patients as people, rather than diagnoses or bed numbers.

As HCAs, students felt they were able to get to know patients and empathise with personal impacts of their medical conditions compared to the snapshot they saw as students on ward rounds or in clinic.

*“Actually seeing the condition throughout the day...as a HCA  
you really see how much it does affect their daily life”*

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*S4FG2.*

The HCA role also required physical contact for example when washing or turning patients; participants perceived this helped them feel more comfortable and confident when performing clinical examinations as a student.

Participants reported notable differences between their roles as HCAs and as medical students when considering the purpose of their interaction with patients. They felt as HCAs they were there to help the patient, whereas patient interaction as a medical student could sometimes feel 'selfish' in nature, such as when clerking a patient for their own learning purposes. One student described a strategy she used to overcome this feeling; if she had clerked a patient she ensured she did something in return, such as getting them a cup of tea. This was one of many examples of a patient-centred learning approach that these students described as a result of their HCA experience.

A frequent responsibility as a HCA is providing one-on-one supervision for patients at risk to themselves or others, often those with mental health disorders or cognitive impairment. Through providing this one-on-one care, a further advantage of their HCA experience was modifying misconceptions participants may have had regarding patients with mental illness.

*“It helped me...realise that without their condition they're just a normal person and they have interests just like everybody else and they like doing the same things that I like doing”*

**S5FG2**

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### ***Increased respect and understanding towards the nursing role and the MDT***

Working as part of a MDT helped participants gain an understanding and an appreciation of other members' roles and responsibilities; something that they had observed as sometimes lacking amongst their peers without previous clinical workplace experience.

*“I can talk to other members of staff comfortably...I can empathise with their position, their role, what their stresses are”*

***S5FG1.***

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The healthcare role into which participants reported gaining the most insight was nursing. An increased awareness of the pressures of nursing practice and the vital role that effective doctor-nurse communication and collaboration plays was a recurring theme.

### **Discussion:**

This study suggests HCA experience can provide multi-faceted educational value for medical students, especially in relation to maximising workplace-based learning. Lave and Wenger (2) described learning through professional practice is 'situated'; where emphasis is on social interaction and authentic learning. A premise of situated learning is learning through participation in a community of practice: a

group of people with a shared concern or passion about a topic (3). Participation can occur to different degrees; the concept of 'legitimate peripheral participation' describes how a newcomer begins at a community's periphery and through increasing participation acquires its skills and values (2). During clinical attachments, medical students are theoretically transient legitimate peripheral participants in healthcare communities of practice, however Egan and Jaye (4) note that for this to happen meaningfully, "newcomers first must have enough legitimacy to be treated as potential members" (p.116). Feelings of being useless and 'in the way' due to a perceived inability to contribute positively to patient care inhibit participation and have been identified as significant factors contributing to students' stress and anxiety when learning in the workplace (5-6). The literature identifies several factors that can legitimise students' presence, all of which were reported by our participants. Students need to feel that they have a purpose and relevant knowledge and skills to participate (4). As HCAs, the students in our study participated in a clinical community and were 'ward smart' – this experience appears to assist them in gaining legitimacy to meaningfully peripherally participate within workplace communities during student placements.

Our results also concur with evidence in the literature regarding benefits of early clinical contact within medical curricula, including development of empathy, professional identity formation and learning about MDT care (7-9). Early experience of role modelling prior to starting workplace-based learning may allow these students to begin formulating their professional identity at an earlier stage compared to peers without HCA experience.



Seeing patients as individuals rather than diagnoses or bed numbers was a significant theme emerging from our participants' experience; values of empathy, altruism, compassion and respect for patients and colleagues were all described. Learning and developing humanism is an essential aspect of undergraduate medical education, yet one that is difficult to formally teach and tangibly assess (10).

### **Limitations:**

This study was exploratory, consisting of a small, single-site participant group and subjective rather than objective measures of impact were captured. Furthermore, participants were self-selecting both in choosing to work as HCAs and volunteering to discuss this. They may not be representative as certain perceived benefits may have been attributes participants already possessed.

### **Conclusions:**

Participants' HCA experience provided patient-centered contact at an early stage in their professional formation and impacted on some of the 'hard to reach' dimensions of medical training: empathy, humanisation of patient care, professional socialisation and providing a sense of belonging within healthcare environments. HCA experience helped to legitimise these students' participation within clinical communities permitting them to be 'ward smart' medical students comfortable in a clinical workplace thus helping maximize their participation in the situated learning opportunities available.

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