

# Unit Five

## Education and training of health care assistants from the health care assistant's perspective

### Key messages

Reading this unit will:

- *help you to understand what is involved in returning to formal learning*
- *explain what you will learn when you become a health care assistant (HCA)*
- *explain the different ways in which you can learn.*

As an HCA, you have the potential to make an important contribution to the care of patients. You will be undertaking tasks that previously would have been undertaken by the nurses working in the practice. The nurse will be responsible for your work and will want to be satisfied that you are trained for the tasks that you undertake.

Taking on the role of HCA will mean committing to a programme of education and training. This unit explains more about the education and training that you might have to undertake. This unit links with units 3, 4 and 6, which deal with competence, personal development and career planning, respectively. All four elements combine to prepare you for your role and keep you up to date throughout your working life.

## Returning to learning

Returning to formal learning can seem a daunting prospect – you could have concerns about being able to manage or there might also be memories of unpleasant situations where a teacher undermined your confidence.

Adult education should be very different. Most people learn best through experiential learning – learning through doing, rather than passively receiving. This approach also involves learning through reflecting on what you have done. Your previous experience plays an important role because you will be building on, and adding to, the knowledge and skills you have already developed (see Box: *Developing staff* for an example of how furthering knowledge and skills can be gained).

## Example: Developing staff

Margaret left school at 15 years of age and worked, until she married, as an office junior. When the youngest of her three children was 5 years old, Margaret got a job as a dinner lady. She was still there 15 years later, but left to look after her mother who was seriously ill. After that, she applied for a job at the surgery as a cleaner.

The practice manager then asked her if she would like to become a HCA. This came as a bit of a shock as she had not thought she was capable of working alongside nurses and doctors.

With a lot of support from the practice manager, the course tutor and all the staff, she worked through the course arranged by the PCT. Gradually, she began to take over tasks in the surgery from the nurses. Looking back, she thinks she learned something new every day – and still does.

Both her parents died from smoking-related diseases so she found herself being angry with people who smoked and were ill through it. Since doing the HCA course, she understands that her beliefs, culture and attitudes made her react in this way. Now, she can be more constructive in helping people to change. Margaret can hardly believe that she is doing something that she always wished she could do, but never thought she would be capable of doing.

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An access course at a local college or the course from Unison can help you to find out how to learn and they will also offer support. For further information, see [Tool – Information about training courses](#), which gives details on how to access these courses.

## What you need to learn

Your learning will normally begin with an induction course (see [Unit 2: Employment – Good employment practice from a general practice employer perspective](#)) to enable you to start your job and carry out some of the tasks listed in your job description. The induction will usually be carried out under the supervision of a practice nurse.

As your competences develop, some of the tasks that you do and the skills you require will be signed off as not requiring further training at this stage. Your learning needs assessment (see [Unit 3: Competences](#) and [Unit 4: Personal and professional development](#)), personal development plan (PDP) and appraisal will help you and your employer to plan what training you require for your post now and also in the future.

# Informal learning

Most learning occurs in informal situations. It can happen, for example, by:

- *observing other people as they work*
- *asking the person in the next room for advice*
- *discussing work with others – you might phone someone to ask what to do in a particular situation.*

Remember that repeating tasks that you have learnt makes them easier to undertake.

When you join in with team discussions or work with people 'in the know', you are learning. It is not only what happens in the training course, workshops or classrooms that is important. You may learn as much from talking to someone over the break in a formal learning activity as you do in the session itself, or from someone not involved in your workplace at all (see Boxes: *Coffee break solutions* and *Learning in unexpected places*).

## Example: Coffee break solutions

Rob and Jane talked over their cups of tea in the break. They had just watched a video explaining how to take blood pressure. Jane said that she couldn't see how she was going to support the patient's arm at the level of the heart as shown on the video.

The room she used in the practice had a worktop on which the electronic machine sat. The patient sat next to the worktop. They would need to support their arm on the worktop, but this would raise it too high unless the patient was very tall. Rob asked if Jane could move the machine, but was informed that the electrical lead wouldn't reach to the desk used for taking bloods.

On talking the issue through, they realised that Jane had a chair with arms and could use a pillow under the arm for support when undertaking both tasks. Jane looked astonished. 'Why didn't I think of that before?' she said, 'I can move the chair with arms over to the worktop'.

## Example: Learning in unexpected places

Tina had recently started working part time as an HCA. She was out shopping with her friend Joyce who worked as a receptionist at another surgery. The woman serving recognised Joyce and asked her if her X-ray results were back. Joyce smiled and said, 'All thoughts of work go right out of my head when I leave the building. Why don't you give the practice a call tomorrow and I can sort it out for you then'. Tina thought, 'What a good way to answer'.

You may learn useful information or skills in other settings that you can transfer to your workplace. You will be building on your previous learning experiences all the time. The creation of a stock list, for example, is not much different from planning your own shopping list. The skills needed to ensure that everything is ready for a clinic are similar to those used when making sure that the children have everything they need before they go to school in the mornings (see Boxes: *Learning transferable skills* and *Making the most of existing skills*).

## Example: Learning transferable skills

Pat had helped at the toddler and baby group that her daughter attended. She found that lots of the mums at the group were shy and lacking in self confidence. She noticed how the health visitor made them feel comfortable by chatting about everyday things and gradually developed her own way of doing the same. When she started work taking blood samples, she found that her skills with people were very useful in settling anxious people.

## Example: Making the most of existing skills

Jackie used to do voluntary work at a local society before she started back to paid work. The secretary had shown her how to put names, addresses and subscriptions on a computer database and, with practice, she had become confident, quick and accurate. She found this excellent training when she came to use a computer for work. She had also learned about the importance of keeping information confidential and always checking the identity of anyone who telephoned.

You can keep a record of your informal learning and any transferable skills in a diary, as suggested in [Unit 4: Personal and professional development](#), so that you can use this information for your PDP or in your learning log (see section on *Work-based learning*).

## Support networks

Some areas provide support groups for HCAs where they can meet to exchange ideas, look at problems, and help each other to do their jobs more efficiently and effectively. Such HCA groups, or forums, may have an expert facilitator to help them function more effectively.

People often find it helpful to join a group so that they can study with other people. Everyone approaches problems differently, so working with a team may allow you to see the problem in a way that you would otherwise not have considered. If you identify an area in the way your team works that could be improved, make sure you involve your team in appreciating the problem so that you can get them to help with identifying solutions and agreeing the steps that can be taken to resolve it. Look at [Unit 7: Integration of health care assistants in the general practice workforce](#) for other ideas about teamworking.

## Work-based learning

Much of what you learn will be learnt during the normal course of your work in the practice. It is useful to keep a journal or learning log to record this learning so you can check that subjects are covered from the point of view of your supervisor and yourself. This record will also help with your learning needs assessment (see [Unit 3: Competences](#)).

The purpose of the journal or learning log is for you to identify what mattered most on a particular day and record what you learned from the experience. You may want to reflect on areas such as:

- *what was most significant*
- *why this was significant for you in particular*
- *what you learned*
- *any actions you propose to take as a result.*

You need not restrict yourself to one event. You can also use the log to record other days' activities and events. Additional observations might include the relevance of the learning to your work or personal life – don't worry about colleagues reading your learning log, it is private. You may select items from the log to help with your personal development plan, but you can keep your personal feelings to yourself if you prefer.

The one-to-one relationship you develop with your supervisor in the practice gives you the opportunity to ask about queries as they arise and to precisely tailor your learning to your needs (see [Tool – Supervision for health care assistants](#) for more information on supervision). During supervised practice and teaching sessions, you are the only other person there so you have to participate in the learning process – no 'sitting at the back and hoping nobody will notice you'. One disadvantage of this method is that neither of you may notice gaps in your learning. You can remedy this with discussion with other HCAs, external tutors, others in the practice, and, particularly, patients who will mention to you if they see gaps in your knowledge and skills.

## Coaching

Coaching<sup>3</sup> may be available from a suitably qualified supervisor who has expertise in the skills and knowledge that you need to acquire. A coach will stretch and challenge you so you will be encouraged to solve problems and make changes for yourself. You will learn how to focus on facts, outcomes and performance – rather than on personal attributes.

The framework for a coaching session might consist of:

- *telling the coach what has happened with your learning since the last session*
- *agreeing with the coach what to work on during the session*
- *deciding with the coach what should be achieved by the end of the session*
- *agreeing what is most important if there is too much for one session (and learning how to rate priorities in the process)*
- *using problem-solving skills to discuss a specific situation*
  - *obtain all the information about the problem*
  - *break it up into manageable pieces*
  - *look together at what has already been achieved, what would be the ideal outcome and what prevents the ideal from being realised*
  - *explore the options and skills needed to resolve the problem*
  - *agree a schedule for making progress and include appropriate targets.*

## Mentoring

A mentor<sup>4</sup> may be a more experienced HCA or a practice nurse who can help to guide and encourage you.

Mentoring usually consists of:

- *talking about what is concerning you so that your mentor can listen, prompt and question you to draw out all the relevant information*
- *being challenged to think clearly and logically, while the mentor is actively listening – your mentor will help you to identify your strengths, weaknesses, priorities and development needs, and to share your experiences, while giving advice and information*
- *drawing up your action plan together, while your mentor encourages you to think more widely, reach solutions and agree targets.*

It is preferable for a mentor not to be involved in the assessment of your competence, although in a small practice this may be difficult. You may find a mentor in the local HCA group or forum, or from another practice. Agree with your mentor the ground rules and what you need out of your meetings. They could take place face-to-face, by telephone or by email, as appropriate.

## Observation

You can learn by observing how others carry out tasks and how they interact with people (see Box: *Learning through observation*). However, the best learning occurs when you do the task yourself and reflect on how you are doing it, either by yourself or with help from your supervisor, mentor or a patient. Time for reflection on, and thinking about, what you are learning needs to be built into any learning or supervised activity.

### Example: Learning through observation

David had agreed at the review of his PDP that he needed to learn more about motivating people to change. Identifying and giving brief advice to people who smoked, were overweight or had other unhealthy lifestyles was part of his role during new patient checks. He had recorded in his reflective diary (journal or learning log) that people often became angry or made excuses about not changing and he needed to find ways past this defensiveness.

He arranged to sit in with the practice nurse who was advising patients with newly diagnosed diabetes on lifestyle changes and observe how she operated. The practice nurse first gave him some material to read about identifying the stages of change and then, with patient consent, David sat in on the clinic. He recorded which patient was at what stage of change and jotted down some observations about how the practice nurse interacted with each one.

At the end of the first session, they discussed what she had observed about each interaction. In the second session, David talked to two of the patients with the practice nurse observing and intervening when required.

Gradually, David became more confident and better at identifying the stages of change and how to interact with the patient appropriately. He was able to talk with more of the patients without the need for the practice nurse to intervene. When he was working on his own, he used the observation experience to reflect on how he managed his own patients.

## Learning from patients

This is an ongoing form of learning. To gain the most benefit from it, capture the learning, at least occasionally, by recording it in your diary or learning log. Sometimes patients provide direct information from their own knowledge that it is useful to record (see Box: *Gaining knowledge from patients*).

### Example: Gaining knowledge from patients

Sue was asked to do a repeat ECG on Mr Jones. She asked him to wait in the only spare room. When she returned with the ECG trolley, Mr Jones remarked on how cold the room was because the radiator was not working. He told her she would not get a good reading if he was shivering and asked if they could move to another room. Sue asked the practice nurse, as she was unsure if this was true. The practice nurse agreed a cold room might affect the reading because of increased muscle movements and arranged to do the ECG in the treatment room.

At other times, patients may stimulate you to find out new information or to learn a new skill because of their questions (see Box: *Learning new skills*).

### Example: Learning new skills

Lian's mother was having problems with the stoma on her son's stomach and asked Lena for help. He had had a bowel operation and a temporary opening onto the abdomen. He was on the waiting list to have it closed, but the skin was getting very sore and the bags would not stick. He was coming in to see Lena, the HCA, on a regular basis for blood tests and weight monitoring. Lena asked the stoma nurse to look at the problem and learned several tips so that she was able to support Lian's mother better.

## Formal learning

Courses, workshops and distance learning packs should all be available to you. You may have to wait to get on a course run by the PCT on a topic identified as a learning need until there are enough HCAs to justify running it. However, if you have missed the in-house session at your own practice, it may sometimes be possible to join courses arranged elsewhere, for example a course on recording ECGs for HCAs at the hospital, or on resuscitation at another practice. Look at [Unit 5: Education and training from the PCT's perspective](#) and see [Tool – Information about training courses](#) for more details on courses that may be available. Find out from your employer how your training will be funded and what the funding includes.

## Types of formal training

- **National Vocational Qualifications (NVQs)** – see [Tool – Information about training courses](#) for more information about this nationally recognised qualification, which is transferable to other work situations in healthcare.
- **Courses for practice nurses** – you may be able to join the practice nurses on the courses they attend. Pharmaceutical companies often fund meetings for nurses who have prescribing responsibilities and you may be able to join your practice nurse at one of these meetings, where appropriate.
- **PCT-organised training** – most PCTs organise half days when whole practices are closed and join with others for an education session on specified topics. You should be able to attend these multidisciplinary learning days on specific subjects.

## Ways of learning

Everyone has a slightly different way of learning – but using variety in acquiring new information or skills will help you to utilise your time with maximum efficiency. See

[Tool - Identify your learning styles – the health care assistant's perspective](#) to identify your distinct learning styles and ways you can approach learning.

There are a number of other techniques that can be used to aid learning and these are summarised below

### 1. Creating bite-sized chunks

You may find that you organise things into parcels of particular sizes. If you feel overwhelmed by a particular task, try breaking it down into smaller sections.

### 2. Seeing the bigger picture

On another occasion, you may feel irritated by the detail involved in trying to achieve something. If so, you need to be able to draw back and see how it fits into a bigger picture.

### 3. Putting things into a framework

It is also a good idea to put the things you see into a framework so that you can connect them to what you already know. It does not matter in which direction you build this framework, but the existence of the structure increases your feeling that you are in control of this new material, makes it feel less overwhelming and also reduces what you have to remember at any one time. Demonstrating to yourself that you really do understand and remember can increase your confidence that your learning is really working.

### 4. Reinforcing learning

There are some useful techniques to reinforce learning. These are:

- *teaching someone else*
- *writing about new information*
- *demonstrating new skills.*

Try some of these methods to help give you confidence that you have learned and remembered new concepts.

After a learning session, review the process you followed. What worked, what did not and what would you do differently next time. At the end of a lecture or workshop session, use the feedback sheets to reflect on what happened and why. Make notes of what you've learned and use them to improve your next learning session.

## Be organised and set yourself achievable targets

This applies to everything from taking notes to solving problems. Below are some useful tips to help you feel confident and in control of your learning.

- **Understand your notes and your research** – make sure you can find the information that you spent so long retrieving, and are able to read and understand it.
- **Manage your filing** – you should be able to look at a problem you worked on, and know what you were doing and why. Keep your files – paper or computer – labelled clearly.
- **Make sure you have achievable targets** – talk through what you have set yourself to do with at least one other person to check that you have made it achievable. Build in staging posts to measure how well you are doing on the way to your goal. If you find you are trying to do too much in too short a time, revise your targets and postpone some of the tasks to later.

Learning is fun and can give you a real buzz of excitement as you realise that you have learnt new information or a new skill

### Summary

- Education and training will be essential to your role as an HCA.
- Although returning to learning can seem daunting, there are lots of alternatives to traditional ways of learning that you may find easier to use.
- At your induction you will be introduced to your role and prepared for training.
- The range of tasks you undertake will grow as you learn and develop.
- There are many ways in which you can learn so you should think about which style of learning works best for you.

### References

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