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Inviting Health Care Assistants to Participate in Infection Control: Teaching Guidelines

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Abstract: The importance of effective infection control has been stressed since the SARS episode. Tremendous effort has been put into manufacturing protective devices and disinfectants. Clinical training has been systematically delivered to health care professionals. However, little has been written about what the contents of training courses -- specifically for health care assistants (HCAs) – should be, how to encourage them to actively participate in executing infection control measures. This paper highlights appropriate content, teaching skills and four teaching guidelines: (1). Appreciate the participants' effort in serving health care sectors, (2). Recognize the nature of their work, (3). Revisit their views on SARS and infection control, and (4). Discern their level of understanding of infection control which can raise HCAs' self-esteem and emphasize their pivotal role in preventing infection. More effort should be made to investigate what course content and teaching skills are well-received by HCAs and prove effective in infection control. 150 words

Keywords: Infection control, health care assistants, teaching guidelines, training, & Hong Kong

Infection control has been widely recognized as one of the pivotal means for preventing cross infection and controlling the spread of causative agents in hospital settings and communities. Doctors, nurses, pathologists, professors and scientists have made a great effort to understand how, in both knowledge and practice, to implement infectious control measures effectively. One category of health care team members -- health care assistants -- are very much at the front line and play an important role in providing basic patient care and performing disinfectant duties to keep health care settings as clean as they can. However, the significant roles of health care assistants (HCAs) in infection control have been underestimated and the teaching skills for holding an infection control workshop for them have not been reported in health care education.

HCAs and Infection Control

Infections can cause preventable deaths and economic loss of varying severity.[1] In particular, Severe Acute Respiratory Syndrome (SARS) has caused sharp drops in societal stability and economic depression in several countries.[2] It brought out tremendous, negative psychological and behavioral responses from staff and patients.[3] Although infection control is everyone's business, some are disinterested.[4] Through effective teaching, students can be motivated to learn and acquire new skills.

The SARS epidemic in Hong Kong in 2003 threatened citizens' health and caused a high mortality rate. Possible reasons for its deadliness are the high population density, rodent pests and southwest wind.[5] A retrospective descriptive study suggested that the cumulative incidence was higher among HCAs when compared to physicians and nurses in Hong Kong.[6] The rate of clinical SARS-CoV in nurses was 11.6% and for HCAs it was 11.8%.[7] Infection control education should be offered to health care providers in various settings such as home–based care training,[8] nursing schools[9] and ward-based nursing education.[10] Inadequate knowledge of infection control is one of the reasons for a rapid spread of cross infection in nursing homes.[11] Infection control programs can be regarded as a crucial means of preventing SARS.[7] Standard precautions can protect caregivers and patients from being infected.[8,12] Hand washing is universally known as the most effective strategy to prevent infection [13] However, the literature lacks information about how to structure infection control courses, and how to conduct such courses for HCAs.

An exploration of the nature of the work of HCAs in a hospital setting can enhance its long-term development and raise the standard of health care services.[14] Roles and functions of HCAs have a broad range, including

Table 1. Infection Control Course Content and Outline

	Lecture One	Lecture Two	Lecture Three
Objectives	1. To state the importance of infection control 2. To equip participants with a theoretical knowledge of infection control 3. To explore the opportunities and hurdles to carrying out infection control in participants' own workplaces	1. To ensure participants can practice infection control in their daily routines 2. To provide chances for practice and learning from peers regarding infection control in different health care settings	1. To learn various types of cleansing, disinfectants and sterilization techniques 2. To encourage participants to share their comments and learning experiences 3. To evaluate the participants' level of understanding of the course objectives and contents
Contents	1. Overview of various transmission routes 2. Measures for stopping infections 3. Comparisons between the process and outcome of effective and ineffective infection control by considering various types of infectious diseases such as SARS, H5N1, AIDS, Hepatitis A&B and Dengue Fever.	1. Demonstration of proper handwashing skills 2. Practice using various protective gowns, masks and gloves	1. Demonstration of the pros and cons of the above-stated methods and techniques 2. Discussion time for all participants to express their views on infection control 3. A 30-minute test with 20 multiple choice questions
Activities	1. Lecture with PowerPoint presentation 2. Video 3. Group discussion	1. Lecture with PowerPoint presentation 2. Video 3. Practicum in the classroom	1. Video 2. Sharing 3. Closed book examination

offering support to registered nurses in performing bedside nursing care[15] Proper supervision and education for HCAs can ensure that they maintain patient safety and provide quality care[16] Making sure HCAs have a degree of competence can in turn help raise the standard of patient care.[17] On-the-job training for HCAs has been found also to benefit registered nurses and patients.[18] Regarding the learning experience and outcome, HCAs were committed and their knowledge and skills were increased significantly in the Healthcare Support course [18] Therefore, a well-planned infection control course can offer a significant learning experience with a positive outcome for HCAs.

Appreciation for all health care providers' courage and commitment to serve patients and ensure the smoothness of health care service should be shown. Doctors' roles in combating SARS have been stated[19] and nurses' roles in preventing SARS have been credited in Hong Kong. [9] However, this article hopes to show the deep sorrow of the self-sacrificing HCAs during the SARS period. It also states the need for ongoing infection control training that can minimize their chances of getting any kind of infection and can equip them with theoretical knowledge and practical skills in order to be confident and competent working with patients and with other health care providers in a partnership approach.

Objectives

This article shares four teaching guidelines for motivating HCAs to pursue infection control knowledge and practice infection control measures, by regarding HCAs as our dear colleagues on a health care team.

Infection Control Course

To reveal what HCAs have to say about the subject, and share some practical teaching skills that help HCAs understand their role in infection control, I wish to share my teaching experience with three classes on infection control for HCAs in Hong Kong: one class was conducted

in December 2005 with 20 participants, the second class in March 2006 with 24 participants, and the final class in July and August 2006 with 25 participants. The age of the participants ranged from 24 to 50; the gender ratio of female to male was about 96% to 4%. Their working experience in health care settings ranged from one to twenty years. The majority were working in hospitals, while others worked in out-patient clinics and a few in elderly homes.

The infection control course was eight hours long with three morning lectures: the first lecture was three and a half hours, the second lecture was three hours, and the final lecture was one and a half hours. The medium of instruction was Cantonese, the participants' mother-tongue, and the course's written materials were also in Chinese. The objectives and contents of the three lectures are shown in Table 1.

Teaching Guidelines

HCAs have little systematic and academic training about the etiologies of various diseases, treatment assumptions of various types of modalities, clinical nursing practice and especially theories and skills in infection control. Additionally, they seldom have degree training; most of them have a high school diploma. Therefore, the course contents should be at a level they find understandable, and the teaching skills should be more interactive and student-centered. An effort to encourage them to build their self-esteem as an important team member in health care services should be made. Their learning motivation should be assessed and facilitated during the course. Then, the question must be addressed of how to help them realize that their participation in infection control is truly necessary. How can we make use of this learning experience to ignite their commitment to providing quality patient care? I hope the following guidelines can offer some insight.

Guideline One: Appreciate the participants' effort in serving in the health care sector - HCAs choose to work in health care settings and serve patients, a decision that proves they have a commitment to helping those who are sick or in need of health care services. The fact is that HCAs are situated at the bottom level in the management organizational chart; they have little say and power, and even their contribution is seldom acknowledged. Infection control is every person's business. HCAs should be regarded as a core member of the health care management team not rhetorically, but actually. Therefore, educators who teach courses for HCAs should be aware of these points and show them due respect. Appreciation of HCAs' efforts is shown in the following comments when I expressed my heartfelt thanks to them as my teammates in health care settings:

Narrative One

"*Without your continuous effort and hard work, patients would never have quality care, stay in comfortable and clean wards or benefit from lowered chances of infection.*"

Narrative Two

"*Every doctor, nurse and allied health worker can function properly and maximize their professional knowledge and clinical practice only with your support and commitment to take part in that work.*"

These comments were made in order to reflect my personal conception and reinforce HCAs knowing their efforts are noted and honored.

Guideline Two: Recognize the nature of their work - Generally, people believe that the work HCAs do is less professional and sophisticated and requires little intellectual capacity. However, their work -- such as cleansing, offering bedside patient care, disinfecting instruments and many other tasks -- requires a significant level of physical work (consuming their energy and sometimes causing muscle pain and general fatigue), humanistic belief (empathetic understanding of patients' needs and their family's concerns) and self-discipline (complete tasks properly, manage own stress and negative psychological feelings during work time). I recognized their work with the comments below.

Narrative One

"*When a patient wants to pass urine, your prompt provision of a clean bedpan or urinal is more significant care than complex medical treatment or advanced medication. So do not look down upon the nature of your work, which is very meaningful and essential*."

Narrative Two

"*I know, mopping the floor or cleaning instruments or washing patients' clothes and bed sheets can be boring and energy consuming work; however, good patient care and a positive hospital environment can only be achieved when this work is done.*"

Most of the participants agreed with these thoughts about their work, and were reminded that their roles in

the health care system cannot be replaced. For example, one participant replied, "Sometimes, I consider my work much less important than the doctors who have high qualifications and use lots of English medical jargon I don't understand. This is the first time I've attend a training course where I've heard someone say our work is crucial for patients."

Guideline Three: Revisit their views on SARS and infection control - Learning via a reflective process -- in particular to recall some unforgettable events -- is useful based on my teaching experience. Definitely, SARS is the best issue for reinforcing the need for practicing infection control measures seriously and in an ongoing manner in order to lower the threat of getting it oneself and of spreading it to others. I intended to learn the HCAs' views on SARS and then help them realize that their involvement in infection control can make a difference in controlling cross infection in hospitals and communities. The following are several questions I asked in the class.

Questions

- "What did you do during the SARS period in 2003?"
- "What were the changes brought to your daily life and work during and after SARS?"
- "What were the strategies you adopted in order to lessen the chances of being infected with SARS in your family and workplace?"
- "Do you have or know friends or others suffering from SARS? If yes, how did you feel?"
- "What did you learn from SARS?"
- "Was your experience of infection control measures in your workplace positive or negative?"
- "What measures can be taken by your hospital administrators or the government in order to prevent a return of SARS?"

I did not judge the participants' feedback; rather, I encouraged them to share their views with their peers and me. Most importantly, they had a chance to consolidate their past experiences with SARS and remind themselves of the need to be equipped with knowledge of infection control and be prepared for any future infectious diseases.

Guideline Four: Discern their level of understanding of infection control - A formal and informal ongoing evaluation of the participants' understanding of the knowledge and practical capability of infection control measures was implemented during the class. For the formal evaluation, the participants had to take a multiple choice examination with twenty questions, with four options for each question. The reason I did not use any written texts was because their educational level was below or just at high school level. It is hard for them to write in detail and their actual work requirements have not been focused on their literary ability. After the examination was completed, they had to fill in a course evaluation form in order to assess the quality and contents of the course and the lecturer's teaching skills and knowledge in infection control. The examination and course evaluation offered an objective and formal assessment of their understanding level of infection control, and allowed them to offer comments on my teaching skills. In brief, the first two-class course evaluations were overall rated around 5-4 (5 is excellent, 1 is poor). The third class course evaluation is not yet released. Due to the limited space of this article, I have not included the details (I would be delighted to send you the two class evaluation reports, which are written in Chinese and will be prepared by the university upon request). For the informal evaluation of the participants' understanding level, I cultivated a dialogue between them and me, and among their peers. Not only does this help a teacher learn their level of understanding of the course contents, but it allows educators to revise their course outlines and contents in response to participants' needs, and they can modify their teaching skills to be more effective, from the participants' perspectives.

These four teaching guidelines emerged from my in-class observations and personal reflections. I have a habit of keeping a personal journal where I jot down significant occurrences in class, in order to improve my teaching and respond to students' needs. As I taught only three classes on this subject, for a total of 7.5 hours per class with a half hour for the examination (which a third person monitored), this article is based on my 22.5 contact hours with forty-four participants from two separate classes. The four guidelines might not apply to teaching all HCAs, but I hope this article will highlight the need to offer infection control training to them, to appreciate their contribution to health care, to give them verbal reinforcement and to learn from their responses during the course.

Conclusion

This paper presents the contents and teaching skills used when teaching infection control to HCAs in Hong Kong. It also highlights the four teaching guidelines which can raise HCAs self-esteem and emphasize their pivotal role in preventing infection. I hope this paper can shed some light on similar types of training across geographical boundaries. Finally, more effort should be made in curriculum development, based on an exploration of what course contents and teaching skills are well-received by HCAs and effective in infection control. And while we're

at it, shall we all thank HCAs for their contributions to health care?

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