A review of the clinical assistant workforce during COVID-19 at a district general hospital

Authors: Mohamed Idil,[A] Nicole Brown,[A] Michaela Rogers,[A] Sebastian Moshtael,[A] Ben Smith,[A] Chris Rimmer,[A] Adeel Hamad[A] and Angela Yan[A]

Table 1. Clinical assistants' self-assessed confidence on practical procedures before and after working at Northampton General Hospital				
Clinical skill	Median self-assessed confidence before time as CA (range)	Median self-assessed confidence after time as CA (range)	Wilcoxon signed-rank test	Effect size
Venepuncture	3 (1–5)	5 (3–5)	Z=5.35; p<0.001	r=0.781
Blood cultures	3 (1–5)	5 (1–5)	Z=4.99; p<0.001	r=0.770
ABGs	2 (1–5)	4 (1–5)	Z=5.16; p<0.001	r=0.800
VBGs	3 (1–5)	5 (1–5)	Z=5.08; p<0.001	r=0.775
Cannulas	2 (1–5)	4 (1–5)	Z=4.76; p<0.001	r=0.726
Catheters	2 (1–5)	3.5 (1–5)	Z=4.08; p<0.001	r=0.681

Likert scale: 1 = 'Not confident at all', 5 = 'Very confident'. ABGs = arterial blood gases; CA = clinical assistant; VBGs = venous blood gases.

Introduction

COVID-19 forced UK medical schools to suspend teaching, placements and exams in March 2020. Left with months of free time, a significant proportion of medical students joined the NHS.[1] At Northampton General Hospital (NGH), a new workforce of paid clinical assistants (CAs) were quickly trained to contribute to the pandemic response from April 2020. This project aimed to explore both participants' and clinicians' perceptions of this novel scheme.

Materials and methods

Two separate questionnaires were designed for CAs and clinicians, investigating their ideas of the scheme's successes, failures and impact on medical education using a mixture of open and closed questions. Additionally, CAs were asked to self-assess their confidence with practical procedures and ward-based tasks before and after working at NGH using Likert scales. Data collection took place between June and July 2020. Data analysis was carried out using MS Excel and SPSS Statistics.

Author: [A]Northampton General Hospital, Northampton, UK

Results and discussion

Forty-nine CA responses were received: 40 (82%) were medical students and the remainder were international medical graduates without General Medical Council (GMC) registration, with one pre-registration physician associate. Sixty clinician responses were received; 54 (90%) were junior doctors.

Key findings included 36 (74%) CAs felt they always or often provided continuity of care for patients by working in one ward or specialty on a regular basis; 53 (88%) clinicians agreed with them. All CAs felt often or always included as part of the clinical team; and 98% of clinicians agreed. 70% of CAs agreed that the CA role could be incorporated into the medical school curriculum before final year; 95% of clinicians agreed the CA role could be incorporated into medical school curriculums, with the majority reporting the best time would be in the clinical years. Finally, a statistically significant improvement after working at NGH was noted in all tasks undertaken by the CAs (Tables 1 and 2). Medical students often have a poorly defined role on short traditional clinical placements which don't generally allow them the opportunity to be directly involved in patient care.[2,3] This creates challenges in actively engaging with the clinical team and the lack of opportunity to gain the skills and competencies expected of a foundation year-1 (FY1) doctor. Consequently,

Table 2. Clinical assistants' self-assessed confidence on ward-based tasks before and after working at Northampton General Hospital

Ward-based task	Median self-assessed confidence before time as CA (range)	Median self-assessed confidence after time as CA (range)	Wilcoxon signed-rank test	Effect size
Preparing notes	2 (1–5)	5 (2–5)	$Z=5.65$; $p<0.001$	$r=0.824$
Documenting in notes	3 (1–5)	5 (2–5)	$Z=5.72$; $p<0.001$	$r=0.834$
Requesting scans	1 (1–5)	5 (1–5)	$Z=5.43$; $p<0.001$	$r=0.809$
Vetting scans	1 (1–5)	3 (1–5)	$Z=4.83$; $p<0.001$	$r=0.719$
Writing EDNs	1 (1–5)	4 (1–5)	$Z=5.28$; $p<0.001$	$r=0.778$
Assessing an unwell patient	2 (1–5)	4 (1–5)	$Z=4.09$; $p<0.001$	$r=0.596$
Clerking: history and examination	3 (1–5)	4 (1–5)	$Z=3.91$; $p<0.001$	$r=0.589$
Clerking: diagnosis and management	3 (1–5)	4 (1–5)	$Z=4.27$; $p<0.001$	$r=0.644$

Likert scale: 1 = 'Not confident at all', 5 = 'Very confident'. CA = clinical assistant; EDNs = electric discharge notifications.

newly qualified doctors feel underprepared to start work.[4] CAs at NGH worked over a longer period of time, allowing them to become directly involved in patient care and integrated into the clinical team. The results suggest that medical students see value in roles which allow greater integration into the day-to-day working of a ward, and gain confidence and preparedness for practice.

The incorporation of such an approach during the student years might significantly help students manage the transition into practice by giving confidence in skills necessary to perform their clinical roles.

Conclusion

The clinical assistant role may help bridge the gap between medical school and qualification. ∎

Conflicts of interest

None declared.

References

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