

CLINICAL PRACTICE

Behind our eyes: The voice of the patient care assistant

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ABSTRACT

This is a discussion paper regarding a role that often goes overlooked in many health care environments; the patient care assistant (PCA). This individual is charged with performing highly skilled tasks that may seem mundane and insignificant to some, yet are essential to achieving optimal outcomes for our patients. Nurses depend on the PCA to being properly educated and trained to accomplish the many duties of caring for the complex patients that enter today's health care setting. Ultimately, the day to day responsibilities of the PCA are delegated by the licensed nurse. Therefore, it is imperative for nursing to understand the complicated nature of their role and how to best equip them with essential tools for success. A method that has been introduced at Houston Methodist Hospital to ensure the PCA is seen as an integral part of the health care team is the development of the Patient Care Advancement Program (PCAP), also known as a clinical ladder. The PCAP is a comprehensive platform that was implemented to grow the interprofessional team members at the bedside. In this article, we discuss the passion that the PCA must possess to be committed to perform daily care, how the PCA operates as a part of the health care team and the significance of professional growth opportunities for the PCA.

Key Words: Patient care assistant, Inter-professional, Clinical ladder, Unlicensed staff, Professional development, Certified nursing assistant, Health care team, Empowerment

1. INTRODUCTION

This is a discussion paper regarding a role that often goes overlooked in many health care environments; the patient care assistant (PCA). This individual is charged with performing highly skilled tasks that may seem mundane and insignificant to some, yet are essential to achieving optimal outcomes for our patients. The definition of health care given by Merriam-Webster is "the maintenance and restoration of health by the prevention and treatment of disease especially by trained and licensed professionals".^[1] Without a doubt, the PCA is a part of the health care team. Interestingly, you may find in speaking with a PCA that their definition of health care will include the word patient. This definition is because the patient is the center of everything the PCA does on a day-to-day basis. Nurses lean on proper educa-

tion and training of the PCA to accomplish the many duties of caring for the complex patients that enter today's health care setting. A study conducted by Topping in the United Kingdom (2009) revealed that 80% of the registered nurses (RN) surveyed deemed it is a part of their role to develop the PCA.^[2] In this article, we will discuss the passion that the PCA must possess to be committed to perform their daily care, how the PCA operates as a part of the health care team, and the significance of professional growth opportunities for the PCA.

2. THE PASSION OF THE PCA

The truth of the matter is that most PCAs love their job! They possess an innate quality that draws them to people. Additionally, their passion for wanting to see patients get

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well drives them to provide extraordinary care. Many of the PCAs that you find working in the health care environment have been operating in that role for years and now view it as a profession. The grown connections between patients and the PCA are what feeds the PCA's passion. According to Lovatt *et al.*^[3] PCAs possess the sentiment that one of their essential roles is delivering emotional support for patients. A fire can be seen behind the eyes of PCAs when they begin to speak about the method in which they ensure high-quality care. Right, we can state that all those in health care should have a burning desire to help others, yet the PCAs who work with patients during intimate times are truly allowed to have this passion fulfilled on a daily basis. PCAs value the involvement they have with patient care.^[3] In saying that, it is important to note that the challenges that come with the job description of a PCA can at times make things long and hard. At the lowest moment, it can be very draining. Nevertheless, it is all worth it to be able to make a change and a difference in a patient's life.^[3]

The requirements to become a PCA varies internationally. In fact, one may even be able to find differences in the hospitals around their community.^[2] Through giving of an opportunity of on-the-job training, someone may become a PCA. The person receiving this opportunity may have no experience or certification in health care. The individual would easily apply for a position and be taught all of the necessary skills to care for patients upon hire. It is appropriate to make the statement that most of the training that occur in this scenario will come from a professional nurse. Another route is to attend formal training and receive a certification in health care. Examples of these certifications are the medical care assistant and the certified nurse's aide. The attainment of these certifications gives the person formalized education on how to care for patients. These courses are also often taught by professional nurses. Interestingly, both pathways discussed to become a PCA involves the professional nurse. In saying that, the RN must be invested in the education and training of the PCA.

3. THE ROLE OF THE PCA IN HEALTH CARE OUTCOMES

The role of the PCA in the health care setting is quite dynamic. Although the area in which they practice has a significant influence on their daily duties, the essence of being in the role requires an enormous amount of clinical skill and critical thinking. Professional nurses agree that the PCA performs many functions that are advanced and require a high level of competence.^[3] We must recognize that the role of the PCA is necessary to ensure optimal outcomes for patients. The training of PCAs consists of essential concepts such as safety, emergency procedures, basic nursing skills, personal

care skills, elimination procedures, skin care (dressings), signs and symptoms of common health care issues, and, of course, communication.^[4] These are items that are a must for practicality. The identifying of Catheter-associated urinary tract infections (CAUTIs) as the hospital-acquired infection with the greatest incidence has occurred.^[5] More than 30% of infections that occur in acute care hospitals are CAUTIs.^[5] Recommendations are that any personnel caring for the urinary catheter has the appropriate training.^[6] Imagine having an issue with catheter-associated urinary tract infections at the hospital and not recognizing the vital role of those who manipulate the urinary catheters most often. Any planned interventions to alleviate the issue with CAUTIs will have a decrease in success and may fail altogether without including the PCA. This same principle holds true for any strategic goal of any health care organization. It has been engrained in us to know that professional nurses are advocates for their patients. In the same mindset, we must also understand that this is also applicable for PCAs. Additionally, please don't forget that PCAs play a substantial role in achieving the outcome of high patient satisfaction. It is the opinion of some that a patient may feel more comfortable in speaking with the PCA regarding major health concerns.

Furthermore, to ensure the delivery of cost-efficient high-quality outcomes in the patients the PCA must continually collaborate with RNs to ensure the delivery of cost-efficient high-quality results.^[7] Many examples exist in these regards. Take into consideration The Rothman Index (RI). The RI is a tool that exists to detect early signs of cardiac or pulmonary arrest in patients.^[7] Through this tool a line graph is populated from the patient's medical record and serves as a visual aid for the RN in determining the acuity of a patient.^[7] The PCA and the RN must coordinate care to ensure accurate and timely documentation of vital signs and other care modalities or else this tool becomes invalid.^[7] Another intervention that needs the partnership of the RN and PCA in the care of patients is the performance of hourly purposeful patient rounding. Hourly-rounds is an evidence-based practice initiative to assist with patient safety and satisfaction.^[8] It is a constant checking up on the patient to address their pain, position, toileting needs and if they have their possessions close in their reach.^[8] Without the coordination of the PCA and RN in the rounding the intended outcomes will not come to fruition.

It is most difficult to understand how at times the role of the PCA is not valued as it should. An anonymous quote from a PCA notes that "being in this position and working with people of a particular statute and job titles you can sometimes be belittled, talked down to and always underestimated about everything". In a study conducted by Conway and Kearin,^[4]

there was evidence that not all professional nurses have a clear understanding of the role of a PCA. Additionally, the study revealed that PCAs did not receive adequate feedback regarding their work performance.^[4] We must challenge ourselves to include the PCA as a part of the health care team and make them feel as such. Their role is grand and is a major piece of the puzzle in having success as a health care organization.

4. THE PATIENT CARE ADVANCEMENT PROGRAM

A method that has been introduced at Houston Methodist Hospital, a 900-bed acute care hospital in a large metropolitan area, to ensure the PCA is viewed as an integral part of the health care team is the development of the Patient Care Advancement Program (PCAP), also known as a clinical ladder. We have chosen to invest in the PCA and their career development. The PCAP is a comprehensive platform that was implemented to grow the interprofessional team members at the bedside. This program increases the engagement of the support staff by awarding advancement opportunities through recognition of certification, contributions to practice, and continuing education. It empowers them to participate in hospital-wide shared governance and to develop evidence-based practice changes. A study conducted by Barry *et al.*^[7] determined that when strategies are utilized to empower the nurse aid, there are better outcomes in for patients. This program has positive effects on staff retention and satisfaction. When speaking with a PCA who has chosen to participate in the clinical ladder in regards to the benefits, it was stated that it allowed opportunity that showed value to her daily work. The PCAP was designed for our nonlicensed interprofessional to address the increasing importance that these individuals contribute to patient safety and quality activities. The PCAP focuses on teamwork, accountability, professionalism, and patient satisfaction. Our commitment to advancing education and career progression for all those contributing to the care of patients has resulted in improved staff engagement and patient outcomes.

The process of implementing the PCAP involved stakeholders at all levels of the organization. The initiation of the concept was from the nursing education department. The director along with a team that included nurse education specialists organized the program. An important step was receiving approval from the chief nurse executive. Therefore, before submission of the proposal all components of the program were fully thought out.

The PCAP involves leveling of the PCAs according to their competencies, contributions, and certifications. Competen-

cies refer to the clinical skills they can perform (intravenous catheter removal, electrocardiograms, bladder scanning, phlebotomy, *etc.*). Contributions are about the PCA's investment to the unit above and beyond their required duties (participation in shared governance, providing in-services to staff, being a preceptor, *etc.*). Each contribution is assigned a point value. According to the level, that is the number of points the PCA must obtain before promotion. The certifications that are available to the PCA include the certified nursing assistant (CNA), medical assistant and palliative/hospice care certifications.

All PCAs in the organization have an opportunity to promote to the next level. Willingness and performance in the clinical area are the bases of promotion. The levels include PCA Extern, PCA I, PCA II and PCA III. Through the development of these levels, there was collaboration with the human resource department. This was due to the need to have job descriptions and of course monetary compensation to match the levels. Once the job descriptions were approved by the hospitals' chief nurse officer (CNO) council (consist of all CNO's in the hospital's system) the go-ahead was received to implement the PCAP entirely.

5. PATIENT CARE ASSISTANT LEVEL AND REQUIREMENTS

PCA Extern-Novice level The PCA Extern has six months or less of acute care hospital experience. The position is an eight-week position that allows for increased training in the hospital setting. Enrollment in a CNA program that must be complete before the end of the externship is required. In regards to competencies and contributions, there are no strict requirements as this is a temporary position.

PCA I—Has, at least, six months of acute care hospital experience. Must possess a CNA certification or have at least 18 months of acute care hospital experience. Must have 1 point on the contribution summary form.

PCA II—Must have at least 24 months of hospital experience with CNA certification or 36 months without. Must be able to perform two advanced competencies and have 2 points on the contribution summary form.

PCA III—Must have at least 24 months of hospital experience with CNA or 36 months without. Must be able to perform three advanced competencies and have 3 points on the contribution summary form.

It took much advertisement of the PCAP to get everyone in the organization to buy-in and participate in the program. Giving presentations to nursing leadership, on the nursing units and through information sessions allowed this to occur.

Once everyone was sufficiently aware of the plan; we were ready for full implementation.

The handling of promotions for the PCA Extern through PCA II levels are at the nursing unit level. The unit's leadership controls the process and ensures the appropriate requirements. The PCA III promotion occurs in collaboration with the nursing unit's leadership and a hospital-wide committee. The PCA III level is elite; it includes an interview with a hospital-wide committee.

Through the development of the PCAP, it is evident the PCAs have a hunger for promotion. In fact, other unlicensed professions (unit administrative assistants) are asking for implementation of the same program for their roles.

6. CONCLUSION

The implication for nursing is that we must not overlook the worth that the PCA has in regards to the success of health care organizations. The overall objective in any health care setting is to provide high-quality care to patients. The PCA is an essential support to the professional nurse in achieving this accomplishment.^[7] Recognizing their passion and their role is important. Nurses must ensure proper training and professional development of the PCA.^[9] Do not overlook this essential role when developing plans for your educational activities or practices changes. They can be the spark that sets your care delivery to a higher level. An effective method to ensure the organization includes the PCA in critical initiatives is the utilization of a clinical ladder such as the PCAP implemented at Houston Methodist Hospital.

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