Passport to Competency: Brave steps to increasing Safety and Skills in Safe Patient Handling

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Aims of this session

• Explore competency evaluation versus traditional training methods

• Share the results of a 4 year longitudinal study transforming the pedagogical delivery of practical safe patient handling

• Explore alternative strategies to M&H training

• Introduce the University of Salford Competency Passport

Super Visions!

- Standardised approach reducing risks
- Improved core competencies
- Reduction in errors
- Embedded safe single handed care philosophy as the norm
- Improve patient safety
- Less mentoring required

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What is Competency?

Definitions – Competence:

“The combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely. Other factors, such as attitude and physical ability, can also affect someone’s competence.”

(http://www.hse.gov.uk/competence/what-is-competence.htm)
Demonstration time

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Current State of Play

- National Back Exchange
- Professional bodies - curriculum guidance
- Practice placement hours
- NHS NW Core skills
- Educators feedback
- Student confidence levels
Evidence exists to demonstrate that traditional manual handling training is largely *ineffective* in reducing back pain and back injury. *(Clemes, 2010)*.

Techniques and principles often fail to transfer into the workplace. *(Haslam et al, 2007)*

A systemic review determined strong evidence that interventions predominantly based on technique training, have no impact on working practices or injury rates. *(Hignett, 2003)*.
Why is Traditional Training Less Effective?

Lack of learning, problem solving (Haslam et al 2007, Hignett 2003), constructive alignment (Biggs 2003), and relevance to the role, all leads to a disengaged candidate.

Training Granny to Suck Eggs
Influences in the Working Environment

Poor role models (Cornish and Jones 2010), (Swain et al 2003)
The pilot project begins - 2015

Initial experimental study in 2015 with 130 students to measure:

• Level of *skill*

• Number of *errors*

• Levels of *safety*

• Establish the most common manual handling *errors*
An investigation to compare the impact of multimedia learning support on the skill level and perceived self confidence in undergraduate occupational therapy (O.T.) students when performing moving and handling tasks.

Please circle student status / level: **FT**  **PT**  1st yr  2nd yr  3rd yr  4th yr

**Participant Number:** ..................  Assessors initials: ......................  Date: .................................

<table>
<thead>
<tr>
<th>Task</th>
<th>Key Points to Observe</th>
<th>YES=✓</th>
<th>No= X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Sit to Stand</td>
<td>1. Did they communicate clear instructions to the person being handled?</td>
<td></td>
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<tr>
<td></td>
<td>2. Did they position the persons feet prior to standing?</td>
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<td></td>
<td>3. Did they consider moving the person forward in the chair?</td>
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<td></td>
<td>4. Did they ask the person to position their hands on the arms of the chair (to push up)?</td>
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<td></td>
<td>5. Did they stand with soft/ slightly bent knees?</td>
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<td></td>
<td>6. Did they position their own feet one in front of the other?</td>
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<td></td>
<td>7. Did they place their arm across the person’s back? Hand on the opposite hip?</td>
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<td></td>
<td>8. Did they place their far arm on the person's shoulder?</td>
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<td></td>
<td>9. Did they move forward as the person stands? (A mobile base)</td>
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<td></td>
<td>10. Did they step through and end up being stood next to the person at the end of the move?</td>
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<tr>
<td></td>
<td>11. Did the person complete the task without guidance from the assessor?</td>
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<tr>
<td></td>
<td>12. Did they maintain good posture throughout the task?</td>
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</tbody>
</table>

**Total Score**

**Total Number of mistakes**

As an assessor rate how confident you are the participant would be able to complete the task on a scale of 0-100% where 0% = Not at All and 100% = Very confident

Would you consider the participant to be safe carrying out this task?  **YES**  **NO**

(Please circle)
Original Results-2015

All Years Percentage Score

<table>
<thead>
<tr>
<th>Task</th>
<th>Control</th>
<th>Experiment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>67</td>
<td>87</td>
</tr>
<tr>
<td>1b</td>
<td>61</td>
<td>91</td>
</tr>
<tr>
<td>2</td>
<td>46</td>
<td>74</td>
</tr>
<tr>
<td>3</td>
<td>52</td>
<td>70</td>
</tr>
</tbody>
</table>

P-Value

|          | 5.35E-05 | 3.29E-04 | 2.15E-06 | 4.44E-05 |
Original study conclusions

- Results demonstrate statistically significant improvements across all tasks in all year groups, reducing the number of unsafe participants significantly.

- Each error point indicates key areas for training to improve clinical skills and minimise risk – links to tissue viability, H.R / sickness absence, enablement and supervision levels.

- As a result of this study, The University of Salford invested in this tool for all undergraduate O.T. students a change in pedagogy.
Research informed teaching changed pedagogy

• All students given full access to A1 online moving and handling system from September 2015

• Practical training in second and third year stopped

• Competency based classroom evaluations annually

• Longitudinal follow up of one complete co-hort of students as they progress from 1st year to graduation
Research Methodology

Ethical approval by the University of Salford

Access to A1 online system replaced ALL refresher practical M + H training
Data collection process

• Year 1 – Students have practical training in M + H for 6 hours in semester 1
• Year 2 – No practical training
Students assessed at start of semester individually in 4 tasks with service users – data collected
• Year 3 – No practical training
Students assessed at start of semester individually in 4 tasks with service users – data collected
• End of Programme (Leavers)
Students assessed at end of final semester prior to final placement individually in 4 tasks with service users – data collected

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What did we Expect?

Hypothesis:

Access to the online moving and handling system will have an impact on skill level, number of errors and safety in the four moving and handling tasks.
Conclusion

• Results demonstrate statistically significant improvements in skill level across all tasks, reducing the number of errors and unsafe students significantly.

• Highly significant results with more complex tasks 2 + 3

• Students are better equipped and more confident in their moving and handling skills despite LESS actual “hands on” practical teaching of these skills

• Active engagement with the online system and learning tools within it combined with regular “competency assessment” encourages a student centred, problem solving and reflective approach to practical skill development
Where could a passport take you?
Moving and Handling University passport

• The passport is used to reinforce the competency framework approach
• The online system supports the students throughout their undergraduate journey
• Encourages reflection and development of action plan for life long learning
• Single Handed is embedded within the moving handling programme since September 2015

As a result of this Jo is leading a scoping exercise with the professional body RCOT
Are you competent?
### Task 3: Sit to Stand using a shoulder hold from the chair

<table>
<thead>
<tr>
<th>Key Points to Observe</th>
<th>Weighting Guide %</th>
<th>YES=✓</th>
<th>No=X</th>
<th>Actual Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did they communicate clear instructions to the person being handled?</td>
<td>5%</td>
<td></td>
<td></td>
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<tr>
<td>2. Did they position the person's feet prior to standing?</td>
<td>10%</td>
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<td></td>
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<tr>
<td>3. Did they consider moving the person forward in the chair?</td>
<td>10%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Did they check or position the person's hands on the arms of the chair (to push up)?</td>
<td>10%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Did they stand with soft/ slightly bent knees?</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did they position their own feet one in front of the other?</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do they ask the person to look up?</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did they place their arm across the person's back? Hand on the opposite hip?</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Did they place their far arm on the person's shoulder?</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did they step through and end up being stood next to the person at the end of the move?</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total percentage score %**

### Areas for Development
1. 
2. 
3.

### Action Plan
(Identify how you are going to address the above areas for development)
1. 
2. 
3.

**Student Signature**

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The Journey so Far

• Created 24 competency assessment tools
• Weighted according to common risks associated with each individual task
• Key points were created linking risk factors that would impact on the safety of the staff, patient as well as linking into common themes such as:
  • Falls
  • Tissue viability
  • Posture
  • Reablement

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Future Plans

Are we being over ambitious?
A passport to compliment the A1 system completely

• Customised
• Individualised
• Standardised “pick and mix”
• To meet the needs of any service


References and Further Reading


Questions

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