



D4.3 PRACTICAL TRAINING MATERIALS AND CURRICULUM

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1. Executive summary

Task shifting and skill-mix innovations are functional methods that can contribute to more effective care and sustainable human resources for health. Skill-mix innovations focus on changes to the skills, roles or clinical activities involving at least two professions and are characterized by novelty, disruptive process redesign, and aiming to improve the value of at least one health outcome. Task shifting includes delegation, (re)sharing roles between health professionals (with or without transfer of responsibilities) and shifts from professionals to patients and their carers or machines.

The learning activities and “Curriculum for task shifting in healthcare” provided in this report builds on the findings of an explorative study published in “Collection of useful tools and practices in task shifting”(1), co-creation of the learning design in the TaSHI consortium, feedback from the TaSHI Advisory Board, and development, testing and evaluation of the learning activities in collaboration with the TaSHI pilot implementation sites in Estonia, Italy and Norway.

This report describes the generic task shifting curriculum, the learning design, the learning outcomes, and an outline for training materials applied in three pilot implementation sites in three different countries. It presents the first results of a co-creation process for developing context-specific curriculum content and learning materials for task shifting. The curriculum aims to improve four learning domains: knowledge, skills, competences, and attitude. The learning design facilitates flexible learning and promotes shared, interprofessional and collaborative learning. Two task shifting learning modules were developed: “Fundamentals of task shifting” and “Tailoring task shifting to context and conditions”.

Moreover, we describe how the TaSHI pilot implementation sites adopted the curriculum framework, defined specific learning outcomes, and collaborated in co-creating training materials based on their needs. As well as, how the piloting of the curriculum and learning materials provide a better understanding and transferable knowledge about professionals’ experience of task shifting, facilitators and barriers for task shifting, and change and progress of attitudes and maturity towards task shifting.

2. Introduction

Task shifting and skill-mix innovations are functional methods that can contribute to more effective care and sustainable human resources for health. Skill-mix innovations focus on changes to the skills, roles or clinical activities involving at least two professions and are characterized by novelty, disruptive process redesign, and aiming to improve the value of at least one health outcome(2). Task shifting includes delegation, (re)sharing roles between health professionals (with or without transfer of responsibilities) and shifts from professionals to patients and their carers or machines (3,4).

The project “[Empowering EU health policies on Task SHifting](#)” (TaSHI) aims to provide a novel understanding and up-to-date knowledge about task shifting and the transferability and uptake of good practices in implementation. This report builds upon Deliverable D4.1 “Collection of useful tools and practices in task shifting” (1), D4.2 “Pilot materials of the practical training materials and curriculum” and D5.1 “*Case studies of implementations sites*”(5) and presents a task shifting curriculum, a learning design model and training materials based on the knowledge, stakeholders’ needs assessment and prioritisation, and input and feedback from the TaSHI Advisory Board. Additionally, the report complements deliverable D5.2 “*Guidebook of task shifting*” (Apuzzo et al. forthcoming).

3. Background

Collection of useful tools and practices in task shifting

The TaSHI report “[Collection of useful tools and practices in task shifting](#)” presented the results of an explorative study on the need for curriculum development in task shifting by providing an overview of existing good practices using a mixed-methods approach, including desk research of evidence in the scientific literature, findings of previous EU projects and stakeholder interviews (1).

The following sections summarise the findings in the “[Collection of useful tools and practices in task shifting](#)”.

We identified five critical elements for task shifting found in academic literature and international research projects:

1. The pre-requisites for task shifting; suitable leadership, necessary resources, documentation, evidence-based guidelines, communication skills, right patient referral systems and record-keeping.
2. Interdisciplinary training, collaborative practice, and shared learning
3. Transversal skills, including critical and innovative thinking, inter-and intrapersonal skills, global citizenship, and media and information literacy.
4. Skills needed for task shifting and successful collaborative practice; effective communication between teams, multidisciplinary collaboration, team learning, coordinated patient care, and management support.
5. Cultural sensitivity, flexibility, innovative attitudes, openness, trust, compassion, willingness, and readiness.

Interdisciplinary training and collaborative practice were identified as beneficial for task shifting, and shared learning that can be effective in engaging and facilitating learning.

Previous EU-funded projects provided input for the TaSHI curriculum development to support task shifting, recommending a revision of competency frameworks to enhance teamwork, coordination and communication skills (6), as well as multidisciplinary collaboration, innovative attitudes, team learning and on-the-job training (7,8).

The stakeholders' consultations, including interviews and a Delphi exercise, mirrored that an open culture, a well-structured organisation, and trust to share or re-distribute tasks are the main facilitators for task shifting. Whereas main barriers are internal disagreement, lack of supporting leadership, the resistance of professional bodies, internal opposition to sharing the scope of practice and working habits. Further, multidisciplinary training, system and organisational awareness, enhanced teamwork, supportive leadership, knowledge about the professions and scope of professions skills, innovation, and digital transformation were considered the most relevant content for a task shifting curriculum (1).

The stakeholders also concluded that models for collaborative learning across disciplines need further research. Evidence suggests that *knowledge, skills, and competence* (education alone)

may be insufficient to change culture, and training should address attitudes and clarification of roles and responsibilities as a priority. Multi-professional training using case-focused scenarios provides a richer understanding and appreciation of the role of others and allows the practice of negotiating role differences and may therefore facilitate individual professional competence and effective teamwork.

Adult learning

Health professionals are adult learners. Adult learning differs from the process of acquiring mastery in a new field. Adult learners have a basic knowledge and plenty of experience in the field. They do not only obtain new information and skills but do also replace or adapt the existing information and skills. Taylor & Hamdy (2013) propose five stages in that the adult learner must go through during the learning experience (9) (Figure 1):

1. The dissonance phase, where existing knowledge is challenged and found to be incomplete.
It ends with the learner reflecting and determining their learning outcomes.
2. The refinement phase, where the learner elaborates on a problem and refines the new information into concepts that are new to the learner.
3. The organisation phase, where the learner develops or restructures ideas to account for the acquired knowledge by reflection in action and organisation in a schema.
4. The feedback phase that is most crucial, as the learner articulates and tests their newly acquired knowledge against peers' and teachers' beliefs.
5. The consolidation phase, where the learner reflects upon the process and identifies what they have learned, both the increased knowledge base and the learning process (reflection on action).

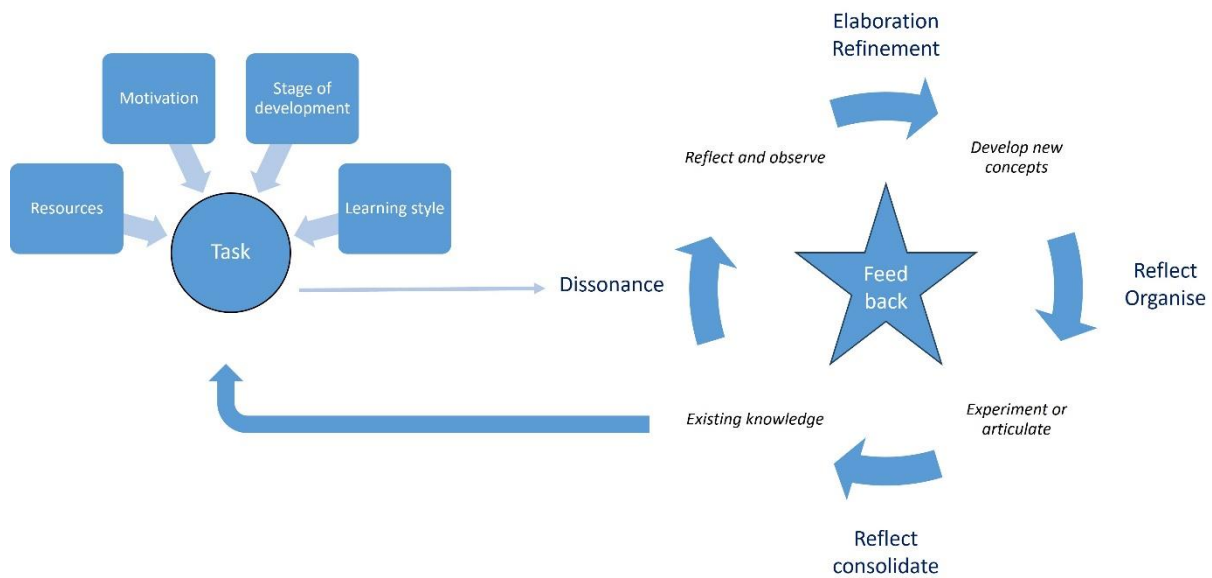


Figure 1 – Taylor and Hamdys proposed model of adult learning (9)

Flexible learning pathways

Lifelong learning requires multiple and flexible learning pathways. The *Knowledge, Process, Practice model* is a learning design model, which fits to the knowledge, skills- and competence-focused European Qualifications Framework and adult learning. The model is developed by the Workforce Education and Development Group at the University of Sydney (10) and has been used in developing flexible postgraduate education in the health sector. In short, the model displays how the learning activities unfold, the fit of assessment, and the educational resource elements needed to support delivery. In that way, the model can also be applied as a reference point for program evaluation, revision, and further development.

Curriculum development

A *curriculum* describes *what, why, how, and how well* learners should learn systematically and intentionally, and is a means to foster quality learning (11). Definitions of a curriculum range from a planned course of a study to a comprehensive view that includes all the learning experiences. Further, a curriculum can be considered as a political and social agreement that reflects a society's general vision adapted to local, national, and global needs and expectations

(11). Here we distinguish the “*why*” by the *aim of the curriculum*, the “*what*” and “*how well*” by the *learning outcomes* and the “*how*” by the *learning activities*.

The process of curriculum development should be planned and systematic, value the input of stakeholders, and cater for sustainability and long-term impact. The process can be viewed as a comprehensive cycle of development, implementation, evaluation and revision to ensure that the *aim of the curriculum* is informed and relevant (11).

The *learning outcomes* define the entire information, knowledge, understanding, attitudes, values, skills, competencies, and behaviours the learner has mastered upon the successful completion of an education programme (11). In the European Qualifications Framework (EQF), learning outcomes are specified in three categories, *knowledge*, *skills* and *competences* and defined as *what a learner knows, understands, and can do* on completion of a learning process (9). According to the EQF, competencies are learning outcomes “*achieved and validated through the ability of the learner to autonomously apply knowledge and skills in practice, in society and at work*” (12). “*Attitudes, together with knowledge and skills, inform competencies for effective performance*” (13). UNESCO defines attitude as “*a learned tendency or readiness to evaluate things or react to some ideas, persons, or situations in certain ways, either consciously or unconsciously. Attitudes are underpinned by values and beliefs and have an influence on behaviour*” (11).

Teaching and *learning activities* should be linked to the learning outcomes by applying the most appropriate methods to achieve improvement. Moreover, the learner should be required to build on what they already know, be relevantly active, receive formative feedback, and be engaged in monitoring and reflecting on their learning (14).

4. Objectives

The main objectives of this report to provide a generic curriculum and practical training material for task shifting. We also describe the co-creation process for developing context-specific curriculum content and training materials for task shifting, the learning material, and the assessment of the practical training material. The “Curriculum for task shifting in healthcare” is designed in a way that it could apply to different task shifting related processes, regardless of the participating professions and the specific clinical topics.

Methods

As a theoretical foundation for the learning design model, we applied theories about adult learning (9), the Knowledge, Process and Practice- model (10) and principles of an open-access repository. The curriculum and learning outcomes are based on the knowledge presented in The TaSHI report [“Collection of useful tools and practices in task shifting”](#) (1), stakeholders’ needs assessment and prioritisation, and input and feedback from the TaSHI Advisory Board.

The University of South-Eastern Norway led the work including conducting an exploratory study and drafting the curriculum during the first project year. In the second and third year, the TaSHI pilot implementation sites participated in creating and tested relevant learning activities of the curriculum. We developed the learning material in an iterative co-creation process, a *“collaborative generation of knowledge by academics working alongside stakeholders from other sectors”* (15), including ourselves as researchers, trainers, and academics (the TaSHI consortium), the stakeholders (partners from the TaSHI pilot implementation sites on task shifting), and international experts (the TaSHI Advisory Board). The TaSHI team drafted the learning design model and curriculum, discussed the framework with the experts, revised the framework based on the expert opinion, and further developed and finalised the framework in a face-to-face meeting with stakeholders. Then, the stakeholders provided input on what parts of the curriculum and training material were relevant for them and their specific training needs. Finally, we created the training material in collaboration with the partners from the implementation sites.

The curriculum and training materials were then tested, and evaluated at three TaSHI pilot implementation sites, Estonia, Italy, and Norway. In the Estonian and Italian pilots, the module *“Fundamentals of task shifting”* were tested and assessed as face-to-face and online courses in the context of mental health care and primary care, respectively. In the Norwegian pilot, the module *“Tailoring task shifting to context and conditions”* was tested and evaluated as an online course tailored to advanced wound care. This approach ensured the testing of the curriculum in community care and primary care, for newly initiated and already ongoing task shifting initiatives, for one profession and an interprofessional group, and in online and on-site settings. This is described in the next chapter.

5. Results

Learning design model and curriculum

We have developed a learning design model and “Curriculum for task shifting in healthcare” to provide practical skills related to task shifting, facilitating interprofessional learning and promoting successful implementation of task shift and skill-mix innovations in health care, offering a framework for task shifting training.

The learning design model

The learning design model represents a flexible module-based learning design based on theories of adult learning (9) and the Knowledge, Process and Practice-model (10). The model provides a map of how the educational features relate to each other and form a complete learning sequence (Table 1). That is:

1. Knowledge; sampling and reviewing a new knowledge base.
2. Process; processing and linking the new and existing knowledge using a cognitive or practice-based framework.
3. Practice; shared learning making practice explicit.

In practice, the model can work in sequence or in cycles as new topics and learning outcomes are introduced and the learner goes through the phases of knowledge, process, and practice (Figure 2). The assessment of the learning can be formative or summative (11). A formative assessment is conducted throughout the educational process to enhance learning from knowledge to practice. It helps to close the gap between current and desired performance, provide feedback and involve participants in the assessment and learning process. A summative assessment evaluates the learner’s achievement at the end of the programme (the ‘practice’ phase) and usually involves formal testing or examinations used for ranking, grading, and certification purposes.

	Knowledge	Process	Practice
	Dissonance Phase Sampling and reviewing a new knowledge base	Refinement - Organisation - Feedback phase Processing and linking the new and existing knowledge using a cognitive or practice-based framework	Consolidation phase Shared learning making practice explicit
Learning outcomes	Knowledge Knowledge-based learning outcomes	Skills Process based learning outcomes	Competency Practice based learning outcomes
Learning activities	Knowledge test Review knowledge	Case presentations Digital simulation Promote observation, reflection, discussion, and tailor feedback	On-the-job training Assessment of practice Promote reflection, discussion, shared learning, and feedback
Presentation	Video lectures/ demonstrations	Video cases presentations Digital simulations	Real patients Video recordings from practice
Key resources	Guidelines and protocols Professional qualifications	Guidelines and protocols Professional qualifications	Guidelines and protocols Professional qualifications
Assessment	Formative Self-assessment with pre-prepared feedback	Formative Expert assessment and feedback	Formative or summative Expert judgements
Learning management system and resource repository			
Open access to learning and training material			

Table 1 - The TaSHI learning design model based on the theory of adult learning and the Knowledge, Process and Practice model

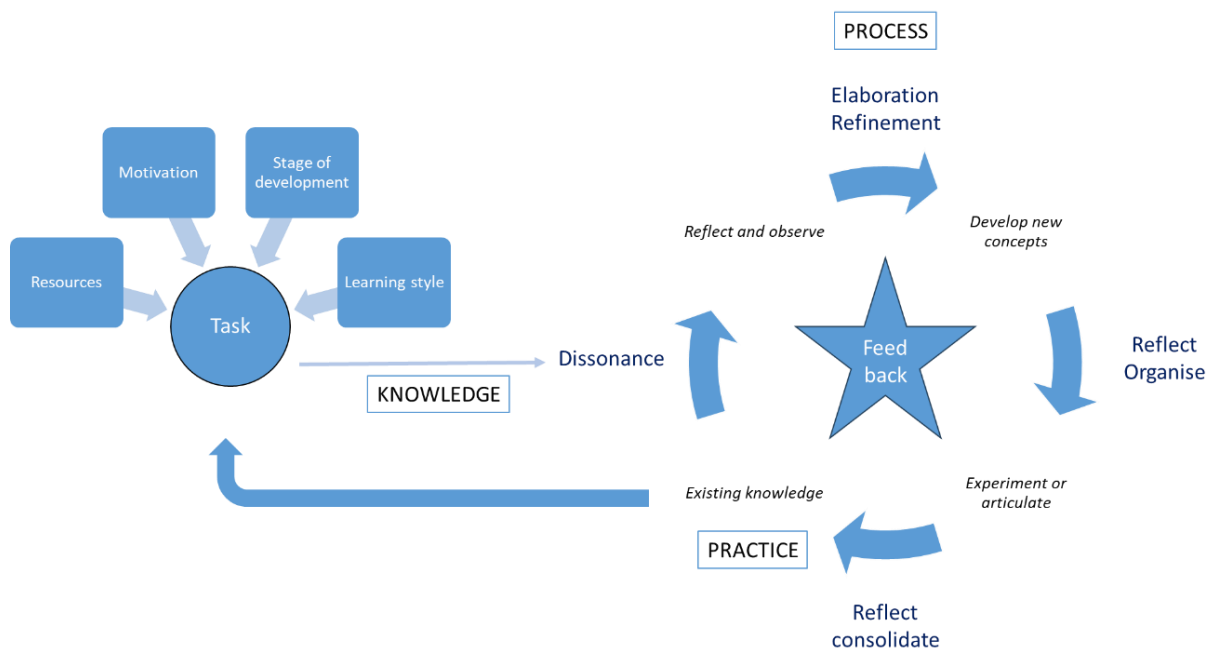


Figure 2 - The TaSHI learning design model based on the theory of adult learning and the Knowledge, Process and Practice model

The curriculum for task shifting in healthcare

The scope and organisation of the curriculum

The curriculum is a continuous education with a flexible, module-based structure with task generic and specific learning units. A selection of elements of the programme was piloted at the TaSHI pilot implementation sites in Estonia, Italy and Norway using English and Estonian; English and Italian; and Norwegian as language of instruction, respectively.

Training materials and “Curriculum for task shifting in healthcare” are prototyped for the workforce in the health services and policymakers. The target audiences for the programme are mixed, including professionally active healthcare personnel, technical personnel, managers, policymakers, systems analysts, professional bodies, academics, and researchers involved in the innovation and implementation of task shifting in healthcare.

Content of the curriculum

The content of the curriculum for task shifting in healthcare includes the five critical elements for task shifting:

1. The pre-requisites for task shifting; suitable leadership, necessary resources, documentation, evidence-based guidelines, communication skills, right patient referral systems and record-keeping
2. Interdisciplinary training, collaborative practice, and shared learning
3. Transversal skills, including critical and innovative thinking, inter-and intrapersonal skills, global citizenship, and media and information literacy
4. Skills needed for task shifting and successful collaborative practice; effective communication between teams, multidisciplinary collaboration, team learning, coordinated patient care, and management support
5. Cultural sensitivity, flexibility, innovative attitudes, openness, trust, compassion, willingness, and readiness

Learning outcomes

The curriculum that was developed within the TaSHI project on task shifting in healthcare aims to educate professionals that can take part in task delegation and sharing roles within health professions, different health professions, and in shifts to patients or machines and help change and foster task shifting process.

The task shifting curriculum has adapted the overarching European Qualification Framework for higher education mapped out in the Bologna Process and the European Qualification Framework for lifelong learning. The prescribed categories contained in the EQF are knowledge, skills, and general competence. The task shifting curriculum was developed according to these categories. In addition, the category of “attitude” was incorporated as the fourth learning domain. Figure 3 shows the learning outcomes of the task shifting curriculum.



Knowledge

Has evidence-based knowledge about the condition, diagnosis and treatment

Has thorough knowledge about relevant qualifications, legislations, guidelines and protocols

Has thorough knowledge about relevant professions, organization of health care, inter-professional practice and culture



Skills

Has advanced clinical and decision making skills

Has advanced digital skills

Has advanced coordination and communication skills

Has advanced co-production and team work skills

Has advanced leader and management skills



Competency

Can take part in task delegation and sharing roles within health professions, different health professions, and in shifts to patients or machines

Can facilitate change and foster task shifting process



Attitude

Mindset
Compassion
Trust

Figure 3 – The learning outcomes for the task shifting curriculum

Learning modules

The task shifting curriculum includes two modules, one generic module and one module is adaptable to the context for task shifting at any levels (micro, meso and macro levels). Table 2 presents the structure of the curriculum and the modules offered. The structure of the TaSHI learning design model (Table 1) ensures that the educational features relate to each other and form a complete learning sequence for each module.

Task shifting Module	Content
Fundamentals of task shifting	Generic
Tailoring task shifting to context and conditions	Specific

Table 2 - Generic and content specific modules in “Task shifting curriculum in Healthcare”

Learning activities

The learning activities are based on a participant-centred approach. The learning activities of the curriculum include various methods, such as lectures, workshops, seminars, group work, plenary sessions, clinical practice, reflection and discussion, presentation and peer-review of

individual work, and feedback by academic staff (e.g. tutors, mentors or supervisors). Learning activities facilitate possibilities for interprofessional collaboration.

Assessment

The task shifting curriculum can include various formative and summative assessments using a constructive alignment approach.

Authorisation/certification

Certification can be ensured by an accredited training institute offering the task shifting curriculum, solely after the completion of the learning modules.

Module 1. Task shifting: Fundamentals of task shifting

Task shifting, and skill-mix innovations are functional methods that can contribute to more effective care and sustainable human resources for health. Skill-mix innovations focus on changes to the skills, roles or clinical activities involving at least two professions characterised by novelty, disruptive process redesign and improving the value of at least one health outcome. Task shifting includes delegation, (re)sharing roles between health professionals (with or without transfer of responsibilities) and shifts from professionals to patients or machines. This module covers non-context-specific requirements for task shifting.

Learning outcomes:

- has evidence-based knowledge about the conditions relevant for task shifting, diagnosis and treatment
- has knowledge about legislations and organization of health care for implementation of task shifting understands and applies shared decision-making
- understands and takes part in interprofessional and collaborative practice
- applies enhanced co-production and teamwork skills
- uses professional and person-centred coordination and communication skills
- uses digital information and communication technology
- powers resilience, attitude, organisational climate, and culture for task shifting
- practices supportive leadership, good governance, and agile management skills

- demonstrates ability, openness, and willingness to participate and develop task delegation, sharing roles within the own health profession and to different health professions, and shifts to patients and machines, with an attitude of trust, empathy, and compassion and in line with professional ethical standard and values

Learning activities

Selection of synchronous and asynchronous tailored learning activities including theory (e.g. online teaching, interactive lectures, self-study and individual reading), presentation (e.g. groupwork, co-creation exercise and group presentations), problem-based learning (e.g. case study analysis and case discussions, mapping exercises, individual home works), work-based learning (e.g. onsite projects, reflective writing), discussion (e.g. online discussion forum, debates, brainstorming exercises), research (e.g. critical reading, data collection), innovative methods (e.g. digital simulation games, online quizzes, role playing and group challenges). Attendance at the synchronous scheduled learning activities is mandatory.

Forms of assessment

Based on the selected leaning activities assessment types can be specified, including essays, written reflection papers, written or oral tests, brief reports on policy or data analysis, group work presentations, case presentations, and completed e-learning units.

Suggested literature and supporting material

DISH project. Planning and Implementation Tool. Available: <https://www.dishproject.eu/>

EHFG 2020 - S6: Universal health coverage and the role of the health workforce.
https://www.youtube.com/watch?v=VZL_U5PK_zY

EuroHealthNet Conference 2020 - Skills for Health.
<https://www.youtube.com/watch?v=ec79eeUqtR4>

European Commission, Directorate-General for Health and Food Safety, Task shifting and health system design, Publications Office, 2019, <https://data.europa.eu/doi/10.2875/42878>

European Observatory on Health Systems and Policies: Skill-mix for health system resilience: How can innovations foster integrated care?
<https://www.youtube.com/watch?v=TLb7JJ5J8Oo>

European Observatory on Health Systems and Policies – “Rethinking Staff Shifting” Session of Summer School 2020. <https://www.youtube.com/watch?v=5tIMyuT03mc&t=3s>

INHWE Virtual Conference of Health Education and Research 2021. Sessions on IPE. <https://www.youtube.com/watch?v=fvvtQy-sTLA&list=PLnlvZ4M7nJZCPqyrT1oLXj1MBpXxoJJR>

Maier, C., Kroezen, M., Busse, R., & Wismar, M. (Eds.). (2022). Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care (European Observatory on Health Systems and Policies). Cambridge: Cambridge University Press. doi:10.1017/9781009031929

OECD Feasibility Study On Health Workforce Skills Assessment - Supporting health workers achieve person-centred care. <https://www.oecd.org/health/health-systems/Feasibility-Study-On-Health-Workforce-Skills-Assessment-Feb2018.pdf>

Module 2: Task shifting: Tailoring task shifting to context and conditions

Task shifting and skill-mix innovations are functional methods that can contribute to more effective care and sustainable human resources for health. Skill-mix innovations focus on changes to the skills, roles or clinical activities involving at least two professions characterized by novelty, disruptive process redesign and improving the value of at least one health outcome. Task shifting includes delegation, (re)sharing roles between health professionals (with or without transfer of responsibilities) and shifts from professionals to patients or machines. This module covers context-specific requirements for task shifting.

Learning outcomes:

- has evidence-based knowledge about the specific condition relevant for task shifting, diagnosis and treatment
- understand the relevant qualifications, legislations, guidelines, and protocols for management of the specific condition relevant for task shifting
- can demonstrate how professions and organization of health care can be aligned for task shifting of the specific condition

- uses specific digital technology
- applies evidence-based assessment, make clinical decisions and justifiable documentation for effective and appropriate pathway management for specific conditions for task shifting
- demonstrates ability, openness, and willingness to participate and develop task delegation, sharing roles within the own health profession and to different health professions, and shifts to patients and machines, with an attitude of trust, empathy, and compassion and in line with professional ethical standard and values

Learning activities

Selection of synchronous and asynchronous tailored learning activities including theory (e.g. online teaching, interactive lectures, self-study and individual reading), presentation (e.g. groupwork, co-creation exercise and group presentations), problem-based learning (e.g. case study analysis and case discussions, mapping exercises, individual home works), work-based learning (e.g. onsite projects, reflective writing), discussion (e.g. online discussion forum, debates, brainstorming exercises), research (e.g. critical reading, data collection), innovative methods (e.g. digital simulation games, online quizzes, role playing and group challenges). Attendance at the synchronous scheduled learning activities is mandatory.

Forms of assessment

Based on the selected leaning activities assessment types can be specified, including essays, written reflection papers, written or oral tests, brief reports on policy or data analysis, group work presentations, case presentations, and completed e-learning units.

Co-creation of specific learning outcomes and materials

To apply the framework and curriculum in practice, we co-created specific learning outcomes and outlined training materials to be developed and tested together with three pilot implementation sites in three European countries. The first step was to perform a needs assessment in bilateral workshops. The further steps were to define learning outcomes and then learning activities depending on the pilot implementation site, taking context-sensitivity into account (Figure 4).

In the following, we briefly present the aims and approach of the pilots. Then, we identify their context-specific learning outcomes needs, list the learning activities, and assess the training materials and the outcome of the training. Task shifting pilots vary by sector, target group and professional focus and the specific elements of the “Curriculum for task shifting in healthcare” are adapted to the identified training needs and relevant clinical knowledge, skills and competencies and profession-specific content were incorporated.

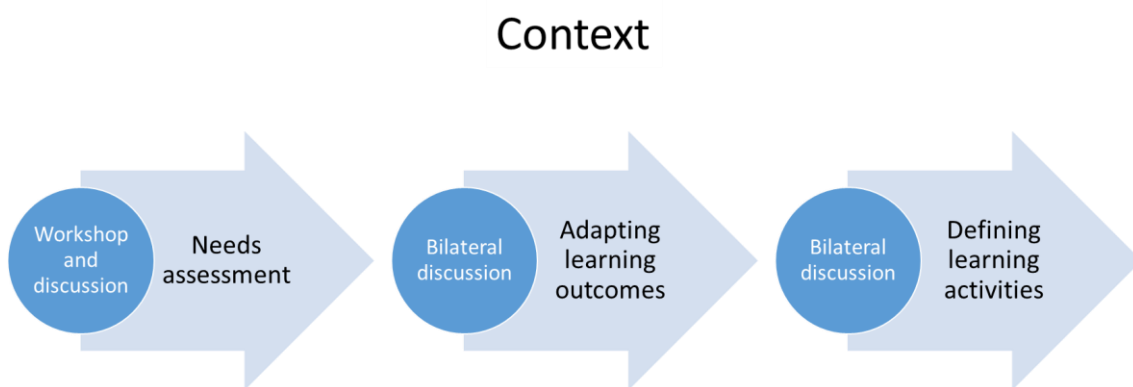


Figure 4 - The co-creation process of the specific learning outcomes and materials

The Estonian pilot

Aims and scope of the pilot

The scope of the Estonian pilot is to describe the role of mental health nurses (MHNs) in primary care settings and find the prerequisites for having them work in primary care health centres. This includes assessing the master's curricula in terms of its adequacy for preparing the nurses for work as MHNs without extra practice in specialized psychiatric care units for gaining clinical experience (5).

Context and innovation

Part of the pilot project was to analyse mental health nurses work and tasks shared and shifted in the centre and take their compound experience as a basis for describing the role on a national level. This was in part analysis was undertaken by creating, testing, and evaluating the curriculum and training material.

Description of the learning materials, training, and evaluation

The context-specific learning outcomes and learning activities for training materials was co-created by the Ministry of Social Affairs, Estonia and the TaSHI consortium (Table 3). The training material is provided in Annex 2. Then, the curriculum and training material was tested and assessed during a two-day face-to-face seminar (Figure 5). Finally, we evaluated the mental health nurses' satisfaction with the training and their readiness for task shifting.

Evaluation of the seminar

The seminar was evaluated using Mentimeter. The Mentimeter comprised short instructions, open-ended questions, scales, and multiple choice. The evaluation session was facilitated by one project member, while the other project members contributed with clarifying information.

	Knowledge	Process
	Dissonance phase Sampling and reviewing a new knowledge base	Refinement - Organisation - Feedback phase Processing and linking the new and existing knowledge using a cognitive or practice-based framework
Learning outcomes	Knowledge Has evidence-based knowledge about the conditions relevant for task shifting, diagnosis and treatment Has knowledge about legislations and organisation of health care for implementation of task shifting	Skills Understands and applies shared decision-making Understands and takes part in interprofessional and collaborative practice Applies enhanced co-production and teamwork skills Uses professional and person-centred coordination and communication skills Uses digital information and communication technology (Tools for sharing and presenting) Powers resilience, attitude, organisational climate, and culture for task shifting Practices supportive leadership, good governance, and agile management skills
Learning activities	Review knowledge 1. Survey Maturity, barriers, and facilitators using TaSHI and MIDI questionnaires	Promote reflection and discussion 1. Presentation 2. Group discussions – all parties involved Facilitators and barriers for task shifting 3. World café – all parties involved - “Reciprocity and knowledge sharing” 1. Professional competency 2. Guidelines and protocols 3. Organisation of health care 4. Management and leadership 5. Facilitators for task shifting 6. Barriers for task shifting 4. Future directions
Presentation	Interactive lecture 1. Skill-mix and task shifting	Oral presentation 1. “The vision” by the Ministry of Social Affairs Workshop 1. Group discussion 2. World café 3. Future directions
Key resources	1. European Commission, Directorate-General for Health and Food Safety, Task shifting and health system design, Publications Office, 2019 2. Maier CB, Kroezen M, Busse R, Wismar M, editors. Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care [Internet]. 1st ed. Cambridge University Press; 2022	
Assessment		
Learning management system and resource repository Open access to learning and training material		

Table 3 – The Estonian adaptation of the TaSHI learning design model and learning activities



SOTSIAALMINISTEERIUM

Seminar: "Task-shifting in mental health in Estonian primary care centers"

March 16-17 at Tallink Spa&Conference Hotel, address: Sadama 11a Tallinn

Conference room "Meloodia"

Thursday, 16.03

Time	Topic
11.00 – 11.30	Arrival of participants, registrations, coffee break
11.30 – 12.00	Introduction, EST
12.00 – 12.30	Getting to know each other, EST/ENG
12.30 – 13.15	Vision and experiences with task shifting, EST
13.15 – 14.00	Lunch
14.00 – 14.45	The fundamentals of task shifting: 1. What is skill-mix and task-shifting. Presentation and group work, ENG
14.45 – 15.00	Comfort break
15.00 – 15.45	The fundamentals of task shifting: 2. The steps towards developing national regulation underpinning task shifting. Presentation and group work, ENG
15.45 – 16.00	Coffee break
16.00 – 17.00	Quiz: Barriers and facilitators of task shifting (MIDI) questionnaire, ENG
17.00 – 17.05	Ending the day
17.05 – 19.30	Free time, possibility to visit Aqua Spa
19.30 – 22.00	Dinner

Friday, 17.03

08.00 – 09.00	Breakfast
09.00 – 10.30	World café "Reciprocity and knowledge sharing", ENG
10.30 – 10.45	Coffee break
10.45 – 12.00	World café "Reciprocity and knowledge sharing", ENG
12.00 – 12.15	Comfort break
12.15 – 12.45	Consensus and further directions, EST
12.45 – 13.00	Evaluation, ENG
13.00 – 14.00	Lunch
14.00	End of the seminar

Figure 5 - The agenda for the seminar "Task shifting in mental health in Estonian primary care centers"

The Italian pilot

Aims and scope of the pilot

The aim of the pilot project is to investigate the possibility of introducing task shifting practices in primary care between general practitioners and family nurses in Lombardy. The main objectives are: to assess the maturity level and readiness of the Lombardy context, to identify the tasks which may be shifted and/or shared between general practitioners and family nurses by a first survey, to identify facilitators and barriers, to identify learning needs among general practitioners and family nurses, to test a learning module developed in TaSHI project and to assess the training through a second survey (5).

Context and innovation

The target group was defined as general practitioners and family nurses enrolled in a training program at Polis-Lombardia. The innovation in terms of task shifting was to provide an opportunity for interdisciplinary training and shared learning.

Description of the learning materials, training, and evaluation

The context-specific learning outcomes and learning activities for training materials was co-created by Polis-Lombardia, Italy and the TaSHI consortium (Table 4). The training material is provided in Annex 3. Then, the curriculum and training material was tested and assessed during two online seminars using Google Meet (Figure 6). Finally, we evaluated the general practitioners' and the nurses' satisfaction with the training and their readiness for task shifting.

Evaluation of the seminar

The seminar was evaluated using Mentimeter. The Mentimeter comprised short instructions, open-ended questions, scales, and multiple choice. The evaluation session was facilitated by one project member, while the other project member contributed with clarifying information.

	Knowledge	Process
	Dissonance phase Sampling and reviewing a new knowledge base	Refinement - Organisation - Feedback phase Processing and linking the new and existing knowledge using a cognitive or practice-based framework
Learning outcomes	Knowledge Has evidence-based knowledge about the conditions relevant for task shifting, diagnosis and treatment Has knowledge about legislations and organisation of health care for implementation of task shifting	Skills Understands and applies shared decision-making Understands and takes part in interprofessional and collaborative practice Applies enhanced co-production and teamwork skills Uses professional and person-centred coordination and communication skills Uses digital information and communication technology (Tools for sharing and presenting) Powers resilience, attitude, organisational climate, and culture for task shifting Practices supportive leadership, good governance, and agile management skills
Learning activities	Review knowledge 1. Survey Maturity, barriers, and facilitators using TaSHI and MIDI questionnaires	Promote reflection and discussion 1. Presentation 2. Group discussions – all parties involved Facilitators and barriers for task shifting 3. World café – all parties involved - “Reciprocity and knowledge sharing” 1. Professional competency 2. Guidelines and protocols 3. Organisation of health care 4. Management and leadership 5. Facilitators for task shifting 6. Barriers for task shifting
Presentation	Interactive lecture 1. Skill-mix and task shifting	Oral presentation 1. Organization, facilitators, and barriers Workshop 1. World café 2. Future directions
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Assessment		
Learning management system and resource repository Open access to learning and training material		

Table 4 – The Italian adaptation of the TaSHI learning design model and learning activities

"Task-shifting in primary care in Italy"

Thursday October 5

Time	Topic
15.00 – 15.45	The fundamentals of task shifting: What is skill-mix and task-shifting. Presentation and individual reflection – Part 1
15.45 – 16.00	Comfort break
16.00 – 16.45	The fundamentals of task shifting: What is skill-mix and task-shifting. Presentation and individual reflection – Part 2
16.45 – 17.00	Comfort break
17.00 – 18.30	Quiz: Barriers and facilitators of task shifting (MIDI) questionnaire,

Thursday November 13

Time	Topic
14.00 – 14.30	Summary of quiz and introduction to World Cafe
14.30 – 15.30	World café "Reciprocity and knowledge sharing" 3 conversation of 20 minutes each
15.30 – 15.45	Comfort break
15.45 – 16.45	World café "Reciprocity and knowledge sharing" – part 2 3 conversation of 20 minutes each
16.45 – 17.00	Comfort break
17.00 – 18.00	Summary and evaluation 5 minutes per conversation topic (30 minutes in total) Evaluation quiz

Figure 6 - The agenda for the seminars "Task shifting in primary care in Italy"

The Norwegian pilot

Aims and scope of the pilot

The pilot project originally aimed to describe a digital wound care service (telemedicine) in terms of task shifting potential between wound care specialists and municipality health workers, assess learning needs among stakeholders and test a learning module based on generic knowledge, curriculum and learning materials developed in TaSHI project, as well as specific learning materials on how to guide home care nurses by real time video conferencing.

Context and innovation

Based on mapping of learning needs among stakeholders in the digital wound care service, and consequently defined learning outcomes (Figure 7), we developed a “learning guide” with designated learning material comprising instructive text, video clips, journal articles, podcasts, and reflection exercises. The target group was defined as nurses and nurse assistants working in municipal health care settings who performs wound care, and potentially involved in digital wound care services.

The innovation in terms of task shifting was to provide an easy-to-use digital learning resource addressing basic wound assessment and treatment principles as the first module, and interdisciplinary team collaboration as the second. Making such resources available for busy healthcare staff was proposed to make them better prepared for taking part in task shifting initiatives facilitated by telemedicine/videoconferencing technology.

Description of the learning materials

We developed a four-page PDF-document in Norwegian gathering a collection of already existing learning materials (Annex 4). The first part focused on wound assessment and treatment had the following foci: 1) Wounds and wound healing principles 2) the TIMES approach (a clinical decision tool to provide systematic assessment and documentation of wounds), 3) choosing the appropriate wound dressing, 4) compression therapy, and 5) holistic wound care approach. The second part comprised the following topics a) task shifting in health care services, b) basic communication skills, c) core competencies for interdisciplinary collaboration, and d) communication and collaboration during digital wound care consultations.

Participants

We invited 30 students admitted into 30 ECTS postgraduate wound management course at the University of South-Eastern Norway to pilot test and evaluate the feasibility of the learning guide prior to commencement of the course. Participation involved 1) a one-hour introductory meeting, 2) a two-week trial period and 3) a 1.5-hour evaluation meeting. The participants who agreed to participate gave oral consent based on having received both written and oral information about the project. In all, thirteen participants agreed to participate, while nine completed the trial period and evaluation.

Digital introductory meeting

The participants took part in a digital introductory meeting on Zoom platform, where the learning guide was demonstrated. The students were encouraged to ask any questions. They were instructed to write down their reflections/responses while trying out the learning guide, suggestions for change and improvements and how much time they spent on specific content and the overall trial period.

The two-week trial period

The students had access to the study guide between 31. August – 18. September 2023. Each participant could make their own decisions about when and where they wanted to use the training material, how much content they preferred to make use of, and what specific content they considered most useful to spend most time with.

Evaluation meeting

The participants were invited to a digital meeting on Zoom to evaluate the learning guide in terms of perceived usefulness, learning outcomes and suggestions for improvement. The Mentimeter was comprised short instructions, open-ended questions, scales, and multiple choice. The evaluation session was facilitated by one project member, while the three others contributed with clarifying information.



Knowledge

Has evidence-based knowledge about the condition, diagnosis and treatment

Has thorough knowledge about relevant qualifications, legislations, guidelines and protocols

Has thorough knowledge about relevant professions, organization of health care, inter-professional practice and culture



Skills

Has advanced clinical and decision making skills

Has advanced digital skills

Has advanced coordination and communication skills

Has advanced co-production and team work skills

Has advanced leader and management skills



Competency

Can take part in task delegation and sharing roles within health professions, different health professions, and in shifts to patients or machines

Can facilitate change and foster task shifting process



Attitude

Mindset

Compassion

Trust

Figure 7 - Learning outcomes for the Norwegian advanced wound care pilots

6. The participants' evaluation of the task shifting training

The Fundamentals of task shifting module enabled a common understanding of skill-mix innovation and task shifting, identification of learning needs, organisational structure, and facilitators and barriers for task shifting. *The Tailoring task shifting to context and conditions* module enables training for task shifting in a specific context. In general, the participants' rating of both learning activities and seminars were high for all the pilot implementation sites. Moreover, participants reported high confidence in participating, initiating and disseminating task shifting after completing the seminars (Figure 8).

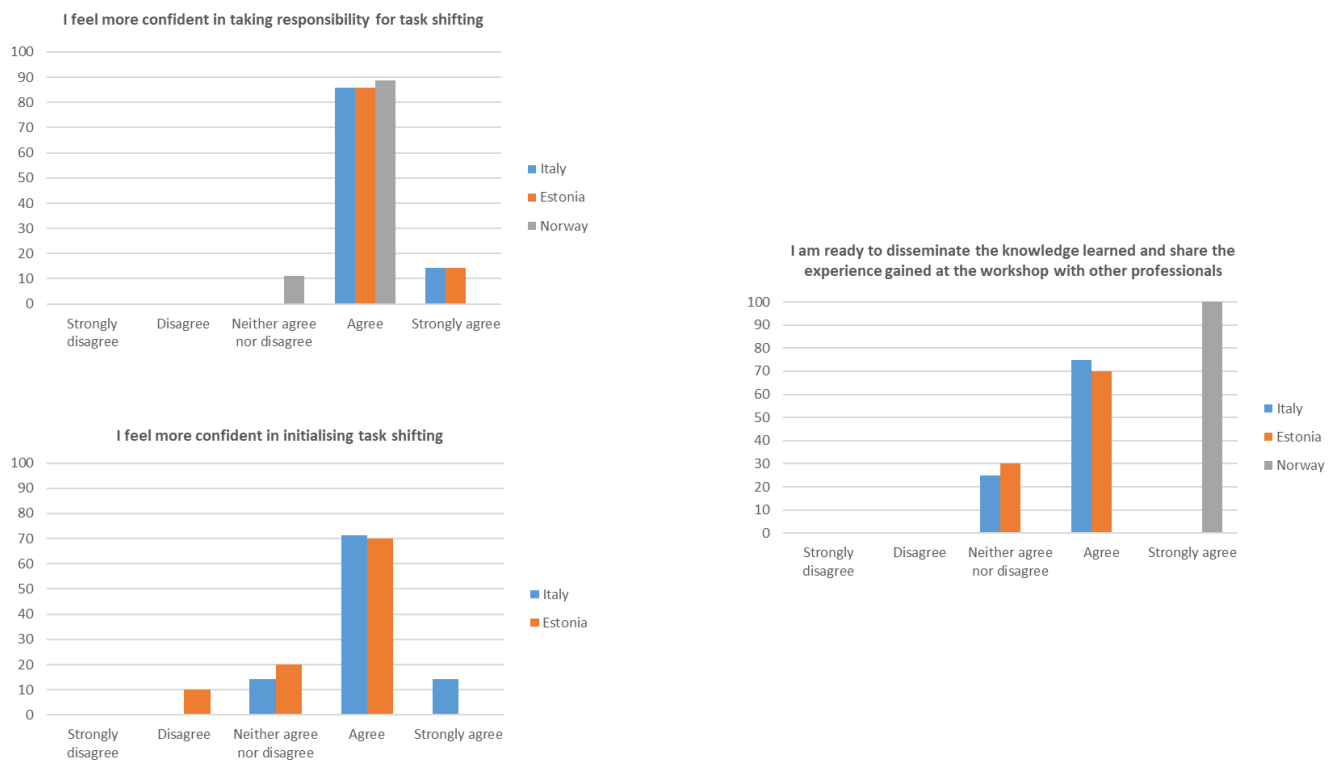


Figure 8 - The participants' confidence in participating, initiating and dissemination task shifting after completing the training

7. Conclusions

In this report, we described the concepts developed in the TaSHI project to design a generic task shifting curriculum, identified learning outcomes, established a learning design, and developed training materials to enhance task shifting in different settings through context-sensitive learning and education.

The “Curriculum for task shifting in healthcare” targets four learning domains: knowledge, skills, competencies, and attitude, and consists of two task shifting learning modules “*The fundamentals of task shifting*” and “*Tailoring task shifting to context and conditions*”. The modules incorporate learning units for enhanced knowledge, practical skills, and competencies on the conditions relevant for task shifting and maturity for task shifting.

Applying these concepts to various pilot implementation sites of the TaSHI project, we found that the proposed framework for the curriculum development and learning design model is applicable and feasible. The framework provides an opportunity to develop generic and specific learning outcomes for learning materials and tailor learning activities to learners’

needs. Although there are huge differences between the TaSHI pilot implementation sites by country, sector, occupation, and type of shifting, the framework could be applied in a context-specific manner and completed with specific content. Further, the task shifting training materials provide an understanding and transferable knowledge about professionals' experience of task shifting, facilitators and barriers for task shifting, as well as change and progress of attitudes and maturity towards task shifting.


8. References

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9. Annexes

Annex 1 – The learning task shifting learning material for the Estonian pilot site



Empowering EU health policies
on Task Shifting

**Task shifting in mental health in
Estonian primary care centers**

Professor Vibeke Sundling
Associate Professor Linda Hafskjold
University of South-Eastern Norway

In collaboration with
Sotsiaalministeerium in Estonia



Face-to-face Task Shifting Workshop

Fundamentals of task shifting – Lecture and group discussion
Barriers and facilitators for task shifting – Quiz / survey
Reciprocity and knowledge sharing – World cafe



SOTSIAALMINISTEERIUM



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17.05 – 19.30	Free time, possibility to visit Aqua Spa
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10.30 – 10.45	Coffee break
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12.00 – 12.15	Comfort break
12.15 – 12.45	Consensus and further directions, EST
12.45 – 13.00	Evaluation, ENG
13.00 – 14.00	Lunch
14.00	End of the seminar

Day 1

Empowering EU health policies on Task Shifting



Empowering EU health policies
on Task Shifting

The fundamentals of task-shifting: Skill-mix and task shifting

Professor Vibeke Sundling
Department of optometry, radiography and lighting design
University of South-Eastern, Norway



What is skill-mix?

- Skill-mix is defined as **directly changing the skills, competencies, attitudes, roles or tasks within and across individuals and teams**
- To qualify as **innovation** 3 criteria must be met:
 - Novelty
 - Disruption
 - Aim to improve health / health system outcome

Maier CB, Kroezen M, Busse R, Wismar M, editors. Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care [Internet]. 1st ed. Cambridge University Press; 2022

Empowering EU health policies on Task SHifting



Skill-mix innovations

- Task re-allocation
 - Task shifting
 - Task sharing
- Task supplementation
- Shared care

Maier CB, Kroezen M, Busse R, Wismar M, editors. Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care [Internet]. 1st ed. Cambridge University Press; 2022

Empowering EU health policies on Task SHifting



What types of skill-mix are happening in mental health care?

In groups:

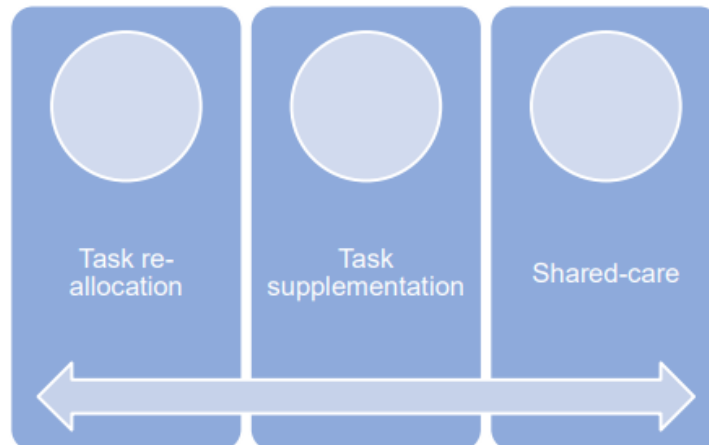
2 minutes to reflect individually

15 minutes to discuss in the group.

Write each topic you discuss on a separate sticky note, and place the sticky note on the poster that you think the topic apply

In plenary:

Summary of the 3 posters, 5 minutes per poster



Empowering EU health policies on Task Shifting



Why skill-mix?

- Access to and the quality of health services are closely linked to the density and skill-mix of a country's health workforce
- Necessity of having a well-qualified health workforce that has surge capacity, competencies and flexibility to react to short-term crises

Empowering EU health policies on Task Shifting



Policy-making

- The past
 - Required density and distribution of specific health professions to ensure universal access to and coverage
- The present
 - Right skills, Right jobs, Right places
 - An integrated approach to density, distribution and skill-mix of health professions

OECD (2016). Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places. OECD Health Policy Studies. Paris, Organisation for Economic Co-operation and Development (OECD).

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Why do we need knowledge?

- Lack of common understanding of skill-mix
- Knowledge is critical to identify:
 - The effects of skill-mix on outcomes
 - Lessons for implementation
 - Contextual factors

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Task-shifting

- The EU expert opinion (2019) on task-shifting
- One element of skill-mix
- Task-shifting: from one health professional to another, to patients or caregivers or to machines, hence including digital transformation

European Commission (2019). Task Shifting and Health System Design. Report of the Expert Panel on effective ways of investing in Health (EXPH). Brussels: European Union.

Empowering EU health policies on Task Shifting



What types of task shifting are happening in mental health care?

In groups:

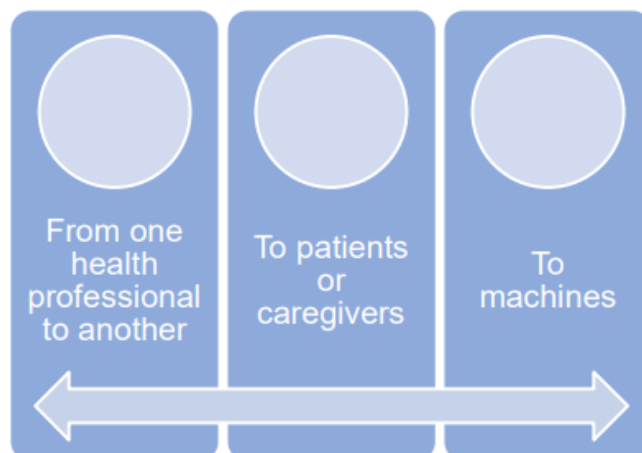
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In plenary:

Summary of the 3 posters, 5 minutes per poster



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Role development and scope-of-practice across Europe

- Roles and tasks have expanded
- Broader skill-mix in primary care
- Reforms of education and training has facilitated task-shifting

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Diversity and skill-mix

- Strengthening primary care
- New models of primary care practice
- Even within the same country, ways of working and responsibilities of different professions often vary between practices and settings

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Aim of TaSHI

- TaSHI aims to provide a **novel understanding** and **up-to-date knowledge** on task shifting and the **transferability** and **uptake** of good practices in implementation.

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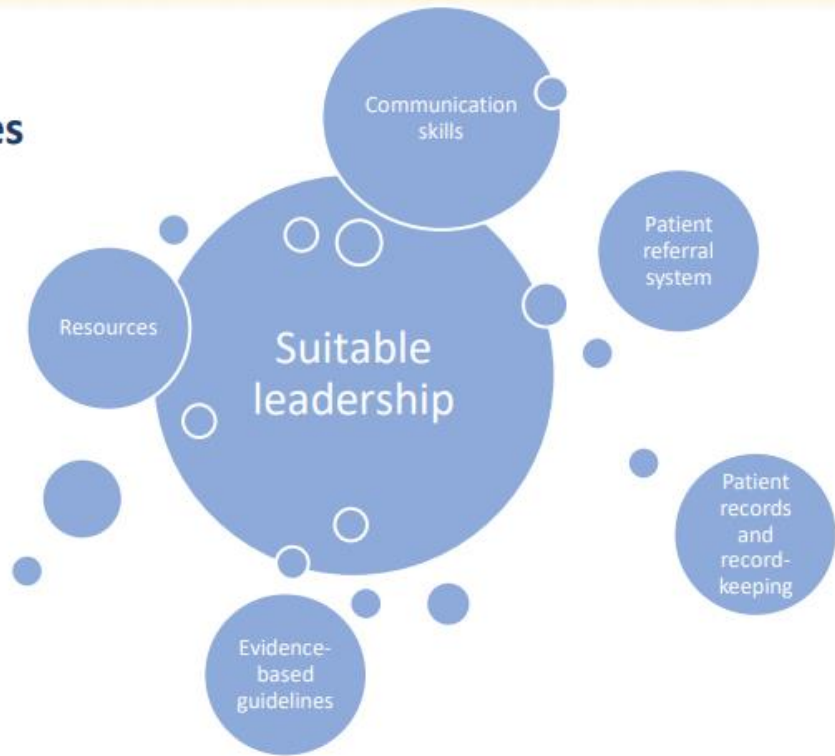


Literature and State of the art

- Interprofessional education is beneficial, and shared learning may be more effective in engaging health professionals and facilitating learning
- Learning outcomes for task shifting should enhance teamwork skills, coordination and communication skills, and learning activities that will foster inter-professional training

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Pre-requisites for task shifting



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Foundations for task shifting



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Curriculum learning outcomes



Empowering EU health policies on Task Shifting

What topics related to training are most critical for task-shifting in mental health care?

In groups:

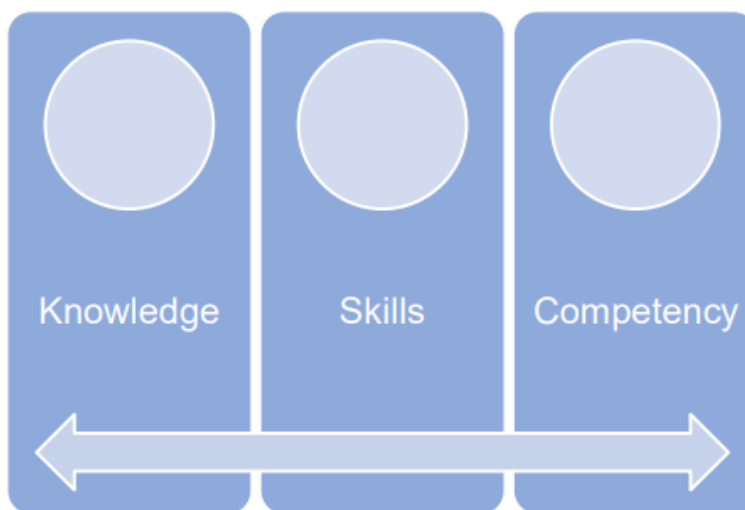
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Write each topic you discuss on a separate sticky note, and place the sticky note on the poster that you think the topic apply

In plenary:

Summary of the 3 posters, 5 minutes per poster



Empowering EU health policies on Task Shifting



Empowering EU health policies
on Task Shifting

Measurement Instrument for Determinants of Innovations (MIDI) Mentimeter Quiz

Associate Professor Linda Hafskjold
Professor Vibeke Sundling
University of South-Eastern Norway

Measurement Instrument for Determinants of Innovations (MIDI).
M.A.H. Fleuren; T.G.W.M. Paulussen; P. Van Dommelen; S. Van Buuren. Leiden: TNO, 2014



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12.45 – 13.00	Evaluation, ENG
13.00 – 14.00	Lunch
14.00	End of the seminar

Day 2

Task-shifting: organisation, barriers and facilitators

Summary of the results of the group discussion and MIDI questionnaire
Professor Vibeke Sundling
University of South-Eastern Norway

Empowering EU health policies on Task Shifting

What types of skill-mix are happening in mental health care?

Task re-allocation

- Task-shift: Mental health coaching
- Task-share: Prescriptions and referral to psychology

Task supplementation

- Cognitive behaviour therapy
- Dialectical behaviour therapy
- Family therapy
- Motivational interviewing

Shared-care

- Referral to therapy or treatment
- ALVAL
- Lifestyle coaching
- Treatment monitoring
- E-consultations and consultation with other health care providers

Empowering EU health policies on Task Shifting



What types of task shifting are happening in mental health care?

From one health professional to another

- Recurring prescriptions
- Referral to psychologist or specialist nurse
- Sick leave
- Suicidal and eating disorder patient care
- Medication and condition monitoring

To patients or caregivers

- Self-monitoring
- Taking of medication
- Lifestyle hacks and treatment regimes
- Psychoeducation
- Appointments

To machines

- Websites
- Smartwatch
- Applications

Empowering EU health policies on Task Shifting



What training are critical for task-shifting in mental health care?

Knowledge

- Different mental health conditions and syndromes
- Treatment instructions and guidelines

Skills

- Hospital practice
- Sharing experiences
- Clinical skills
- Decision-making skills

Competency

- Supervision
- Networking
- Sharing roles
- Prescribing recurring prescriptions

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Facilitators for task shifting

- Task shifting is not too complex
- Task shifting is a good match for the current practice
- Outcomes of task shifting is observable
- Task shifting is relevant for the patients

- Task shifting is a professional responsibility
- Patients are generally satisfied
- Patients generally cooperate
- Adequate assistance is available
- Nurse self-efficacy

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Barriers for task shifting

- Lack of clear descriptions of activities

- Lack of plans for continuity

- Lack of regulations and legislation

Empowering EU health policies on Task Shifting



Empowering EU health policies
on Task Shifting

The fundamentals of task-shifting: World cafe

Vibeke Sundling, Professor
Department of optometry, radiography and lighting design
University of South-Eastern Norway



World Cafe

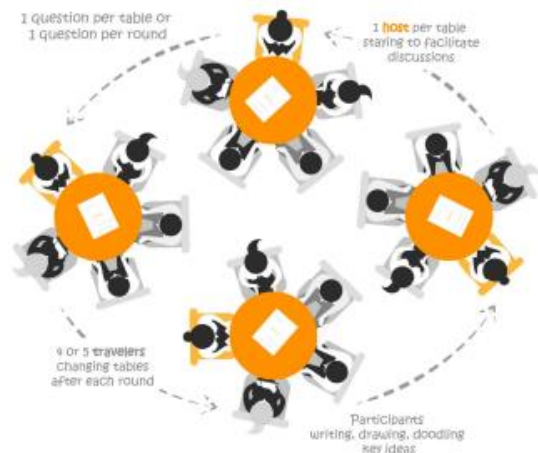
- Introduction to World Cafe method
- 3 x 6 «Break-out rooms»
- 6 rounds of conversations
- 1 host per «Break-out rooms»
- Reciprocity and knowledge sharing
 - Professional competency
 - Guidelines and protocols
 - Organisation of health care
 - Management and leadership
 - Facilitators for task shifting
 - Barriers for task shifting

WORLD CAFE METHOD

3 Or more rounds of conversation,
approximately 20 minutes each

1 question per table or
1 question per round

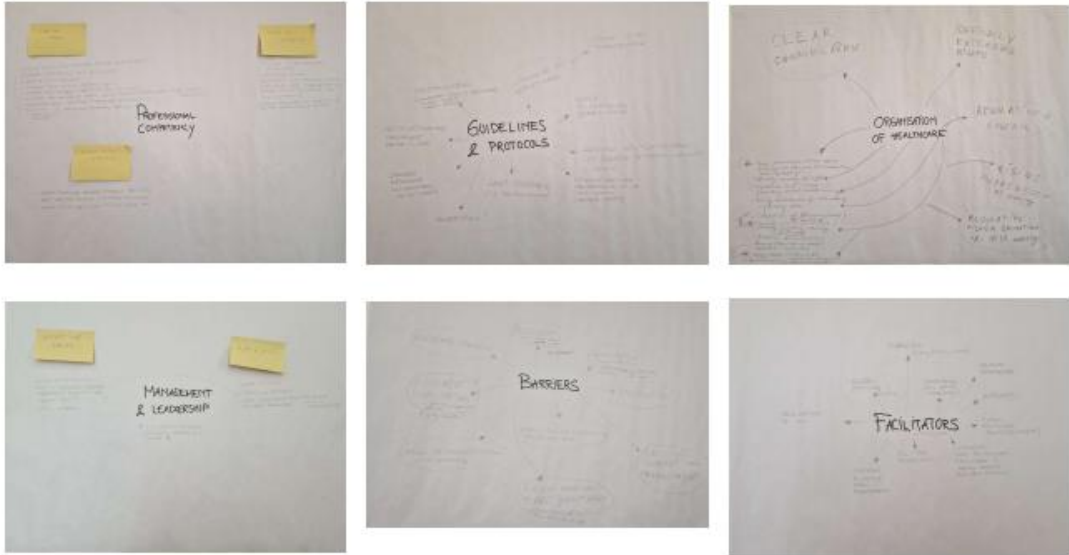
1 host per table
starting to facilitate
discussions



4 Or 5 travelers
changing tables
after each round

Participants
writing, drawing, doodling
key ideas

TASX Knowledge sharing





Empowering EU health policies
on Task SHifting

Task shifting in primary care in Italy

Professor Vibeke Sundling
University of South-Eastern Norway

Vittoria Viganò
Training Academy for the Lombardy Social and Health Service
PoliS-Lombardy



Online Task Shifting Workshop

Fundamentals of task shifting – Lecture and group discussion
Barriers and facilitators for task shifting – Quiz / survey
Reciprocity and knowledge sharing – World cafe

"Task-shifting in primary care in Italy"

Thursday October 5

Time	Topic
15.00 – 15.45	The fundamentals of task shifting: What is skill-mix and task-shifting. Presentation and individual reflection – Part 1
15.45 – 16.00	Comfort break
16.00 – 16.45	The fundamentals of task shifting: What is skill-mix and task-shifting. Presentation and individual reflection – Part 2
16.45 – 17.00	Comfort break
17.00 – 18.30	Quiz: Barriers and facilitators of task shifting (MIDI) questionnaire,

Day 1

Thursday November 13

Time	Topic
14.00 – 14.30	Summary of quiz and introduction to World Cafe
14.30 – 15.30	World café "Reciprocity and knowledge sharing" 3 conversation of 20 minutes each
15.30 – 15.45	Comfort break
15.45 – 16.45	World café "Reciprocity and knowledge sharing" – part 2 3 conversation of 20 minutes each
16.45 – 17.00	Comfort break
17.00 – 18.00	Summary and evaluation 5 minutes per conversation topic (30 minutes in total) Evaluation quiz

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Empowering EU health policies
on Task Shifting

The fundamentals of task-shifting: Skill-mix and task shifting

Professor Vibeke Sundling
Department of optometry, radiography and lighting design
University of South-Eastern, Norway



What is skill-mix?

- Skill-mix is defined as **directly changing the skills, competencies, attitudes, roles or tasks within and across individuals and teams**
- To qualify as **innovation** 3 criteria must be met:
 - Novelty
 - Disruption
 - Aim to improve health / health system outcome

Maier CB, Kroezen M, Busse R, Wismar M, editors. Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care [Internet]. 1st ed. Cambridge University Press; 2022

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Skill-mix innovations

- Task re-allocation
 - Task shifting
 - Task sharing
- Task supplementation
- Shared care

Maier CB, Kroezen M, Busse R, Wismar M, editors. Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care [Internet]. 1st ed. Cambridge University Press; 2022

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What types of skill-mix are happening in mental health care?

In groups:

2 minutes to reflect individually

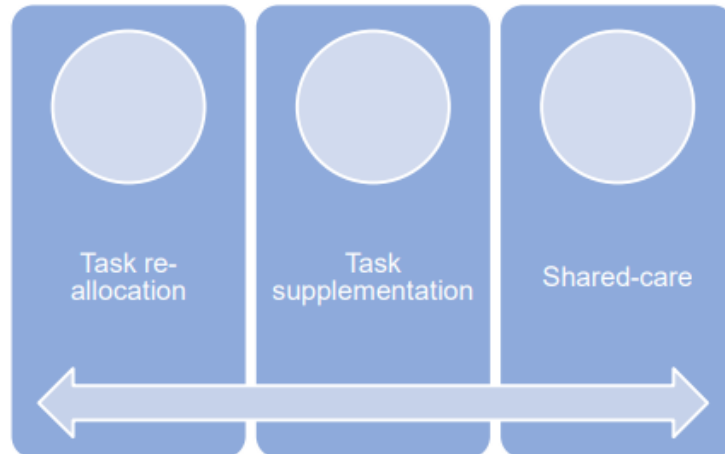
15 minutes to discuss in the break-out room groups

Write each topic you discuss in the Powerpoint presentation provided in Google Docs.

In plenary:

Summary and reflections of the 3 topics

Discussion in Italian
Summary and reflection in English



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Why skill-mix?

- Access to and the quality of health services are closely linked to the density and skill-mix of a country's health workforce
- Necessity of having a well-qualified health workforce that has surge capacity, competencies and flexibility to react to short-term crises

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Policy-making

- The past
 - Required density and distribution of specific health professions to ensure universal access to and coverage
- The present
 - Right skills, Right jobs, Right places
 - An integrated approach to density, distribution and skill-mix of health professions

OECD (2016). Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places. OECD Health Policy Studies. Paris, Organisation for Economic Co-operation and Development (OECD).

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Why do we need knowledge?

- Lack of common understanding of skill-mix
- Knowledge is critical to identify:
 - The effects of skill-mix on outcomes
 - Lessons for implementation
 - Contextual factors

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Task-shifting

- The EU expert opinion (2019) on task-shifting
- One element of skill-mix
- Task-shifting: from one health professional to another, to patients or caregivers or to machines, hence including digital transformation

European Commission (2019). Task Shifting and Health System Design. Report of the Expert Panel on effective ways of investing in Health (EXPH). Brussels: European Union.

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What types of task shifting are happening in mental health care?

In groups:

2 minutes to reflect individually

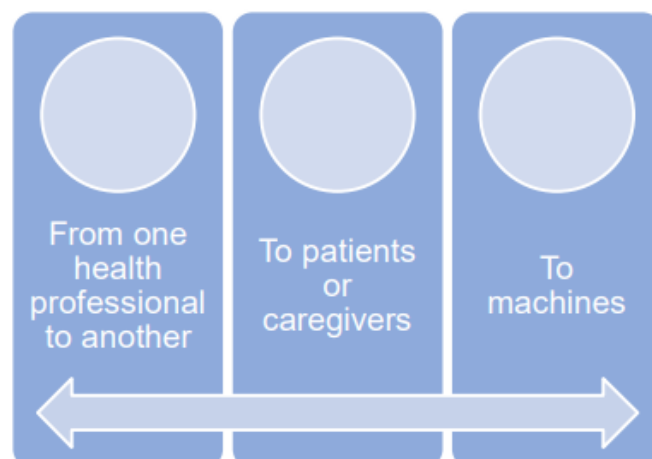
15 minutes to discuss in the break-out room groups

Write each topic you discuss in the Powerpoint presentation provided in Google Docs.

In plenary:

Summary and reflections of the 3 topics

Discussion in Italian
Summary and reflection in English



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Role development and scope-of-practice across Europe

- Roles and tasks have expanded
- Broader skill-mix in primary care
- Reforms of education and training has facilitated task-shifting

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Diversity and skill-mix

- Strengthening primary care
- New models of primary care practice
- Even within the same country, ways of working and responsibilities of different professions often vary between practices and settings

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Aim of TaSHI

- TaSHI aims to provide a **novel understanding** and **up-to-date knowledge** on task shifting and the **transferability** and **uptake** of good practices in implementation.

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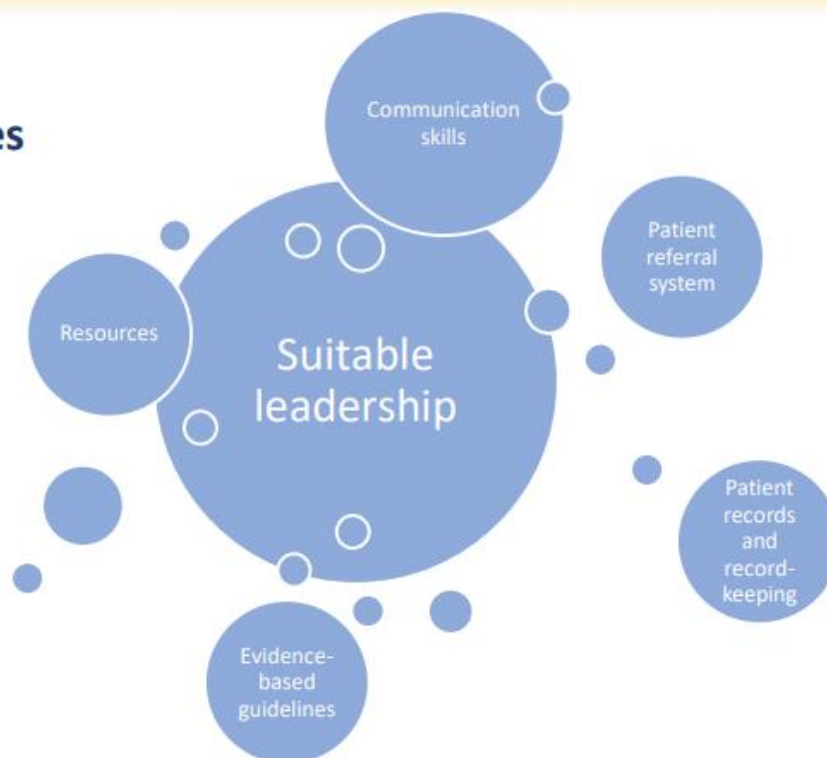


Literature and State of the art

- Interprofessional education is beneficial, and shared learning may be more effective in engaging health professionals and facilitating learning
- Learning outcomes for task shifting should enhance teamwork skills, coordination and communication skills, and learning activities that will foster inter-professional training

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Pre-requisites for task shifting



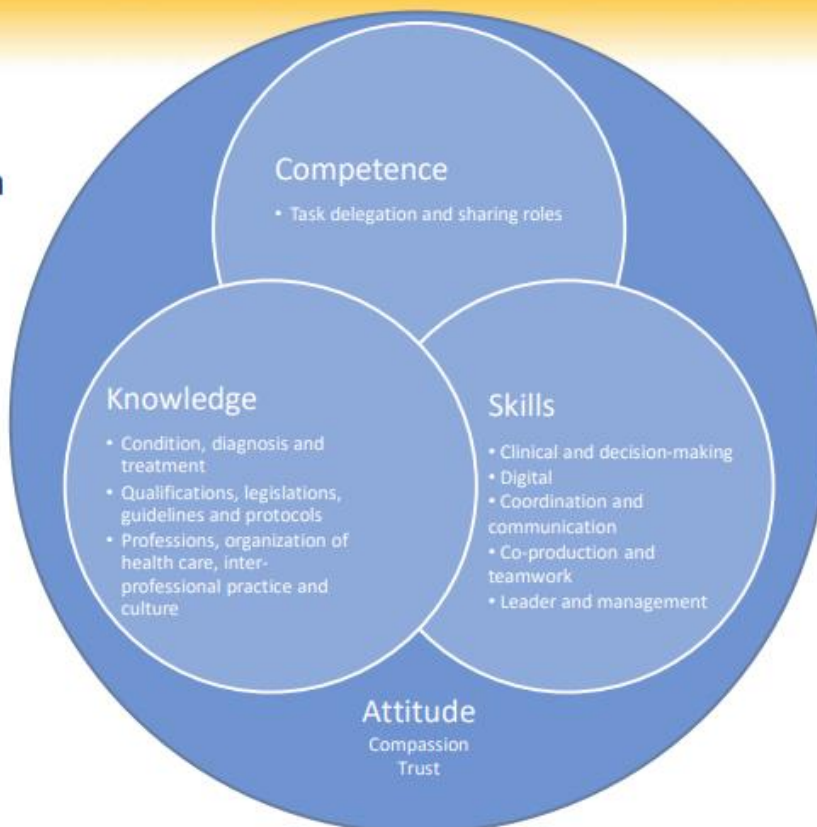
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Foundations for task shifting



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Curriculum learning outcomes



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What topics related to training are most critical for task-shifting in mental health care?

In groups:

2 minutes to reflect individually

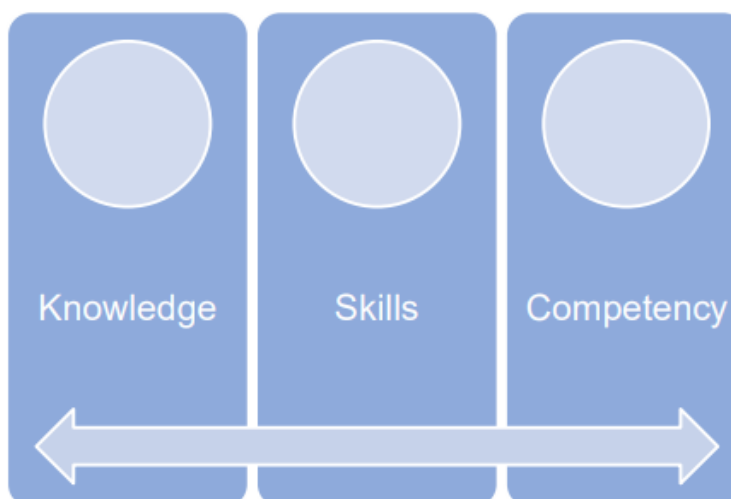
15 minutes to discuss in the break-out room groups

Write each topic you discuss in the Powerpoint presentation provided in Google Docs.

In plenary:

Summary and reflections of the 3 topics

Discussion in Italian
Summary and reflection in English



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Empowering EU health policies
on Task Shifting

Measurement Instrument for Determinants of Innovations (MIDI) Mentimeter Quiz

Professor Vibeke Sundling
University of South-Eastern Norway

Measurement Instrument for Determinants of Innovations (MIDI).
M.A.H. Fleuren; T.G.W.M. Paulussen; P. Van Dommelen; S. Van Buuren. Leiden: TNO, 2014



Day 2

"Task-shifting in primary care in Italy"

Thursday October 5

Time	Topic
15.00 – 15.45	The fundamentals of task shifting: What is skill-mix and task-shifting. Presentation and individual reflection – Part 1
15.45 – 16.00	Comfort break
16.00 – 16.45	The fundamentals of task shifting: What is skill-mix and task-shifting. Presentation and individual reflection – Part 2
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Thursday November 13

Time	Topic
14.00 – 14.30	Summary of quiz and introduction to World Cafe
14.30 – 15.30	World café "Reciprocity and knowledge sharing" 3 conversation of 20 minutes each
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17.00 – 18.00	Summary and evaluation 5 minutes per conversation topic (30 minutes in total) Evaluation quiz



Task-shifting: organisation, barriers and facilitators

Summary of the results of the group discussion and MIDI questionnaire
Professor Vibeke Sundling
University of South-Eastern Norway

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Facilitators for task shifting

- Task shifting is based on knowledge
- Task shifting is not too complex
- Task shifting is a good match for the current practice
- Task shifting is a professional responsibility

- Task shifting is relevant for the patients
- Patients are generally satisfied
- Patients generally cooperate

- General practitioner and family nurse self-efficacy in task shifting

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Barriers for task shifting

- Lack of clear descriptions of activities
- Lack of information and materials
- Lack of knowledge

- Lack of plans for continuity in the organisation
- Lack of human resources in the organisation
- Lack of financial resources in the organisation
- Lack of time provided by the organisation
- Lack of materials, resources and facilities in the organisation
- Lack of easy accessible information in the organisation
- Lack of feedback on the progress of implementation

- Lack of regulations and legislation

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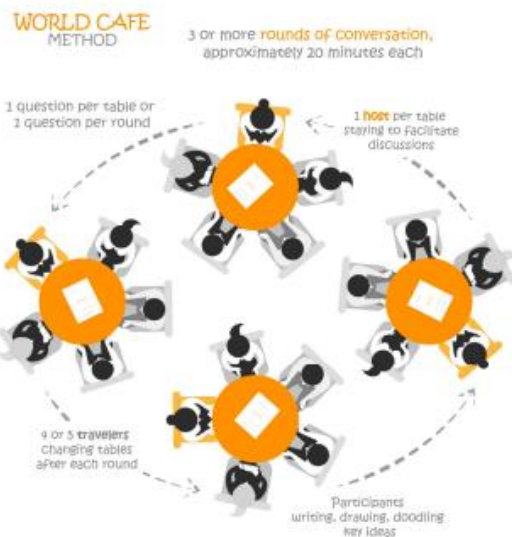
Empowering EU health policies
on Task Shifting

The fundamentals of task-shifting: World cafe

Vibeke Sundling, Professor
Department of optometry, radiography and lighting design
University of South-Eastern Norway

World Cafe

- Introduction to World Cafe method
- Plenary (7 participants)
- 5 rounds of conversations
- Reciprocity and knowledge sharing
 - Professional competency
 - Guidelines and protocols
 - Organisation of health care
 - Management and leadership
 - Facilitators and facilitators for tasks shifting



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Knowledge sharing



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Annex 3 – The learning task shifting learning material for the Norwegian pilot site

STUDIEGUIDE MED LÆRINGSRESSURSER

Det kan være utfordrende å holde seg faglig oppdatert i en travelt hverdag. Vi har i denne studieguiden sammenstilt utvalgte digitale læringsressurser. Læringsressursene har samlet sett til hensikt å bidra til at du oppnår økt kompetanse. Studieguiden består av to ulike hoveddeler:

1. Sårvurdering og behandling
2. Kommunikasjon og samhandling i digitale sårkonsultasjoner

Du vil underveis bli bedt om å løse ulike oppgaver, enten alene eller sammen med en kollega. Oppgavene og læringsressursene er ment å være så relevante som mulig for din arbeidssituasjon, ditt utgangspunkt og dine behov.

SÅRVURDERING OG BEHANDLING

Vurdering og behandling av sår har generelt lite prioritet i helsefaglige grunnutdanninger. For å kunne arbeide kunnskapsbasert, effektivt og med god kvalitet trengs grunnleggende kunnskap om sår: sårtyper, sårtilheling og sårbehandling.

- Opplever du behov for oppfriskning av din grunnleggende kunnskap om sår og sårtilheling? Da anbefales [podkasten Såruka! på MedEasy](#).



Snakk med en kollega om hvilke sårtyper som finnes i deres sone/avdeling. Hvilken kunnskap har dere om disse sårene?

- Trenger du mer kunnskap om ulike sårtyper? På MedEasy kan du med et enkelt søk få opp flere podkaster om [ulike sårtyper](#).

TIMES er et nyttig verktøy for å vurdere sår, og ikke minst for å bedre kvaliteten på dokumentasjonsarbeidet. Ved å ha en standardisert måte å vurdere sår på vil samhandlingen og kommunikasjonen mellom lege og sårsykepleier forbedres ved at man utvikler og anvender et felles fagspråk.

Mange har hørt om TIMES, men kan oppleve utilstrekkelig forståelse for hvordan man bruker det i praksis. På kompetansebroen finnes det en e-læringsmodul om nettopp dette: [Behandling av sår etter TIMES-prinsippet - et e-læringskurs](#).

Vil du lese mer om TIMES kan du se på følgende fagartikkel:

[Bruk verktøyet TIMES til å vurdere sår strukturert \(sykepleien.no\)](https://www.sykepleien.no)



- **Hvordan dokumenterer dere sårvurdering og sårbehandling?**
 - Brukes fritekst i pasientjourn alen?
 - Kan dere legge inn bilder i pasientjournalen?
 - Hvor detaljert beskriver dere sårene?

Behandling av sår kan også være utfordrende. I denne artikkelen får du en enkel oversikt over ulike typer bandasjer og hvilke vurderinger som ligger til grunn for valg av bandasje: [Slik velger du riktig bandasje \(sykepleien.no\)](https://www.sykepleien.no)

For at bandasjen skal fungere optimalt må sårbunnen renses slik at bandasjen kommer ned i sårbunnen. Av og til er det tilstrekkelig å vaske såret grundig, men det kan også være behov for debridering/grundigere rensing for å fjerne for eksempel biofilm, fibrin eller nekrose. De vanligste metodene for debridering er:

- Mekanisk (eks. debrideringspad)
- Autolytisk (eks. honning, hydrogel, antibakteriell gel)
- Skarp debridering (eks. skalpell, curette, skarp skje)

[Her er en kort opplæringsfilm som viser ulike metoder for debridering av sår](#)



Har du lyst til å øve på skarp debridering? Du kan øve ved hjelp av en appelsin. Forsøk å fjerne kun det ytterste gule skallet (uten å fjerne den hvite delen av skallet). Deretter kan du forsøke å fjerne den hvite delen av skallet uten å skade appelsinkjøttet. Bruk forskjellige verktøy for debridering (skalpell, curette, kanyle) for å få en følelse av hvordan de ulike verktøyene er å bruke.

[I denne videoen kan du se et eksempel på hvordan du selv kan øve på dette](#)

Kompresjonsbehandling

Husk at behandling med kompresjon skal avklares med en lege.

Det finnes mange ulike produkter til kompresjonsbehandling. Produsentene har som regel opplæringsvideoer tilgjengelig på nett. Her er en demonstrasjonsvideo som viser hvordan du legger en [2-lags kompresjonsbandasje](#).



Vurder følgende før du igangsetter kompresjonsbehandling

- Hva er pasientens ankel-arm indeks? ([slik måler du AAI](#))
- Hvor er hevelsen lokalisert, og hvor mye hevelse er det?
- Hvor mye sekresjon er det i såret? (gjærne velg en rimelig kompresjonsbandasje i starten dersom det er omfattende sekresjon).
- Har pasienten smerter når kompresjonsbehandlingen brukes?
- Er pasienten motivert til å bruke kompresjonsbehandling?
- Hva ønsker pasienten selv å bruke?
- Skal pårørende være involvert i behandlingen?

Husk å se HELE pasienten

Mange pasienter med sår opplever redusert livskvalitet som følge av sårene. Husk å kartlegge hvordan såret påvirker for eksempel muligheten til å være aktiv, muligheten til å være sosial og om pasienten opplever smerter fra såret. Iverksett tiltak etter behov.



Har du lyst til å sjekke ut dine vurderingsevner kan du [prøve denne testen](#).

Vil du lese mer om TIMES og lære mer om bakgrunnen for akronymet kan du lese [følgende ekspertuttalelse](#) e fra den internasjonale sårorganisasjonen World Union of Wound Healing Societies (WUWHS) .

KOMMUNIKASJON OG SAMHANDLING

Forebygging og behandling av sår er et område for oppgavedeling. Flere kommuner og helseforetak innfører bruk av digitale konsultasjoner. Dette har et potensiale for gjensidig læring og erfaringsdeling. I digital sårtjeneste utfører ansatte i kommunehelsetjenesten avansert sårbehandling som ellers ville krevet oppmøte på sårpoliklinikk.

Er du nysgjerrig på hva oppgavedeling i helsetjenesten kan innebære og om ansattes erfaringer med implementering av digital sårtjeneste kan du se [presentasjonen](#) *Oppgavedeling i helsetjenesten – hva, hvordan og hvorfor* fra Forskningstimen ved Universitetet i Sørøst-Norge.

Å lykkes med å utnytte læringspotensialet og kompetansedelingen fordrer god kommunikasjon og samhandling under de digitale konsultasjonene. I læringsguiden vektlegges tverrfaglig kommunikasjon og samhandling, og grunnleggende ferdigheter i kommunikasjon er en forutsetning. Trenger du repetisjon i grunnleggende kommunikasjonsteori kan du se denne [introduksjonen](#).

For deg som er interessert i klinisk kommunikasjon anbefaler vi deg å lytte til [podcasten](#) [Kommunikasjon, makt, sårbarhet og skam](#) med professor Pål Gulbrandsen ved Akershus Universitetssykehus. Her stilles spørsmålene

- 1) Hva vinner pasientbehandlingen på bedre kommunikasjon?
- 2) Hvordan kan vi bli bedre på å kommunisere med pasienter og pårørende?
- 3) Og kan det i det hele tatt læres?

Tverrfaglig samhandling – en arena for gjensidig læring og kompetanseutvikling

Digital sårkonsultasjon er for de fleste en ny måte å samhandle på. Som ansatt skal man både samhandle med pasient og sårpoliklinikk, men også legge til rette for at pasienten kan samhandle med sårpoliklinikken på en god måte.

I boken Tverrprofesjonell samhandling og samarbeid - Kjernekompetanse for fremtidens helse- og velferdstjenester beskriver Iversen og Hauksdottir seks kunnskapsområder i tverrprofesjonell samhandlingskompetanse:

- 1. Rolleforståelse:** Forståelse og kunnskap om egen rolle og eget ansvar i samhandling i tillegg til kunnskap om samarbeidspartnerens kompetanse og rolle.
- 2. Tverrprofesjonell kommunikasjon:** Evne til god og respektfull kommunikasjon med samarbeidspartnere og med pasient, bruker og pårørende. Det innebærer å utforske og være interessert i de andres verdier, kunnskaper og synspunkter, kunne lytte, forhandle, løse konflikter og trekke konklusjoner.
- 3. Tverrprofesjonelle verdier:** I verdiforankringen ligger sentrale momenter som kollegialitet, respekt for samarbeidspartnere, ærlighet, integritet og pålitelighet. I verdsetting av et likeverdig samarbeid ligger også kritisk vurdering av hierarki, oppmerksomhet på pasient og/eller bruker og verdsetting av ulikhet.
- 4. Koordinering og felles beslutninger:** Felles koordinerte beslutninger sammen med samarbeidspartnere, pasienter, brukere, pårørende eller andre.
- 5. Refleksivitet:** Å ha et kritisk og vurderende blikk på eget og andres arbeid og på de felles beslutningene som tas med mål om kontinuerlig kvalitetssikring og utvikling.
- 6. Teamarbeid:** Stikkord for teamarbeid vil være: Hvordan få til effektivt teamarbeid, hva er hindringer i teamarbeid, pålitelighet og samarbeidsvilje, teamdynamikk, gjensidig motivasjon og maktfordeling.

Sunnaas sykehus har lang og bred erfaring med digitale sårkonsultasjoner, og de har laget en film om hvordan dette kan gjøres på best mulig måte: [Kommunikasjon på videokonferanse ved sårbehandling v/ Hanne Haugland og Ingebjørg Irgens](#)



Refleksjonsoppgave: Diskuter med en kollega – hva er viktig i tverrfaglig kommunikasjon og hva skal til for å lykkes med best mulig samhandling i sårbehandling?

Annex 4 – Glossary for the task shifting curriculum in healthcare

Attitude

A person's feelings, values and beliefs, which influence their behaviour and performance of tasks. Attitudes, together with knowledge and skills, inform competencies for effective performance.

References: Global Competency and Outcomes Framework for UHC. Geneva: World Health Organisation, 2022.

Co-creation

Co-creation as “the collaborative generation of knowledge by academics working alongside stakeholders from other sectors”.

Reference: Greenhalgh T, Jackson C, Shaw S, Janamian T. Achieving Research Impact Through Co-creation in Community-Based Health Services: Literature Review and Case Study. The Milbank Quarterly. 2016.

Competence

The state of proficiency of a person to perform the required activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competences are multi-dimensional, dynamic, and change with time, experience and setting.

Reference: Global Competency and Outcomes Framework for UHC. Geneva: World Health Organisation, 2022.

Competences

Competences can be domain-specific, e.g., relating to knowledge, skills and attitudes within one specific subject or discipline, or general/transversal because they have relevance to all domains/subjects. In some contexts, the term ‘skills’ (in a broader sense) is sometimes used as an equivalent of ‘competences’. See also ‘Key competences/competencies or skills’.

Reference: Glossary of Curriculum Terminology. UNESCO International Bureau of Education; 2013 Sep.

Health Services: Literature Review and Case Study. The Milbank Quarterly. 2016.

Curriculum/competency-based

The totality of organised educational activities and environments designed to achieve specific learning goals. The curriculum encompasses the content of learning, the organisation and sequencing of content, the learning experiences, teaching methods, the formats of assessment, as well as quality improvement and programmatic evaluation. A competency-based curriculum adopts an approach to preparing health workers for practice that is fundamentally oriented to outcome abilities and organised around competencies. It

de-emphasizes time-based training and facilitates greater accountability, flexibility, and learner-centeredness.

References: Frank J, Mugroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Toward a definition of competency-based education in medicine: a systematic review of published definitions. *Med Teach*. 2010.

Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J, et al. A core components framework for evaluating implementation of competency-based medical education programs. 2019.

Interprofessional education - IPE

Interprofessional education (IPE) occurs when two or more professions (students, residents, and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes.

Reference: World Health Organisation. Framework for Action on Interprofessional Education & Collaborative Practice, 2010.

Knowledge

The recall of specifics and universals, the recall of methods and processes, and/or the recall of a pattern, structure or setting.

Reference: Bloom B. Taxonomy of educational objectives, handbook: the cognitive domain. New York: David McKay, 1956.

Learning activity

The resources that help in achieving the learning objectives of a program. The things participants and facilitators do, within learning events, that are intended to bring about the desired learning outcomes.

Learning domains

The domains of learning can be categorised as cognitive domain (knowledge), psychomotor domain (skills) and affective domain (attitudes). However, referring to the report below we consider (competence) as the fourth domain of learning.

Reference: Taxonomy of Learning Domains formulated by a group of researchers led by Benjamin Bloom in 1956.

Learning module

The basic unit for summative performance assessments (to evaluate individual learning at the end of a module by comparing it with the learning objectives defined for the module). Modules facilitate an integrated approach to coursework anchored in specific themes.

Reference: Principles and practice of good curriculum design. Cape Town: Consortium for Health Policy & Systems Analysis in Africa, 2013.

Learning outcomes

Totality of information, knowledge, understanding, attitudes, values, skills, competencies, or behaviours an individual is expected to master upon successful completion of an educational programme.

Reference: Glossary of Curriculum Terminology (website). International Bureau of Education of the United Nations Educational, Scientific and Cultural Organisation.

Learning unit

A larger component of the curriculum than a lesson, designating a period of learning of variable duration with its own learning objectives. A learning unit plan includes a description of content (the material to read and think about), instructional activities (that help the learner develop/check understanding of the content) and relevant formative assessments to monitor individual learning to provide ongoing feedback that can be used to improve teaching and learning) related to the learning object.

Reference: Principles and practice of good curriculum design. Cape Town: Consortium for Health Policy & Systems Analysis in Africa, 2013.

Pilot implementation site

Is a consortium partner responsible for implementing task shifting initiatives as pilot projects including activities identified in the TaSHI project workplan. Pilot implementation sites engage local stakeholders in the awareness raising phase, conduct service and task analysis, identify existing good practices, address governance issues and supporting systems, and test pilot materials in training at the pilot implementation sites, and commit to sustainability in the final phase.

Reference: TaSHI Consortium Agreement, 07.07.2021.

Skills

A specific cognitive or motor ability typically developed through training and practice, it is not context-specific.

Reference: Global Competency and Outcomes Framework for UHC. Geneva: World Health Organisation, 2022.

Training outline

A chronological breakdown of objectives, tasks, and methods of training: Methods of training should include how the participant will observe, learn and practice tasks to meet the objectives. Summarises attributes of effective training and provides a framework to guide how to implement.

Transversal skills

Transversal skills and competences are relevant to a broad range of occupations and economic sectors. They are often referred to as core skills or “soft” skills and are the

cornerstone for the personal development of a person and are the building blocks for the development of the other job-specific skills and competences required to succeed on the labour market.

Reference: OECD, Feasibility Study On Health Workforce



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the Health Programme
of the European Union

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