

ERASMUS +

KA2: Cooperation for innovation and the exchange of good practices - Sector Skills Alliances



Project acronym: DISH

Agreement Number: 2018 – 3001 / 001 - 001

Project full title: Digital & Innovation Skills Helix in Health

Project Number: 601008-EPP-1-2018-1-DK-EPPKA2-SSA

Call identifier: EAC/A05/2017

Developing Concepts

D3.2: A concept for the On-the-Job Training

Version: 1.0

Status: Draft

Dissemination Level: Public

Due date of deliverable: 01072019

Actual submission date: 01072019

Work Package: WP 3 – Development of concepts

Lead partner for this deliverable: Denmark - SHS

Partner(s) contributing: All partners



Disclaimer

The Erasmus+ Programme's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Erasmus+ Programme cannot be held responsible for any use which may be made of the information contained therein.

- © European Union, [2020]
- *Reproduction is authorised provided the source is acknowledged.*

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

Table of contents

1.	HOW IS THE ON-THE-JOB TRAINING ARRANGED?	4
1.1	ON-THE-JOB TRAINING (DISH) – CONTENTS AND PROCEDURES	4
1.1.1	<i>Purpose of the day</i>	4
1.2	TARGETS FOR THE LEARNING OUTCOME	4
1.2.1	<i>Knowledge</i>	4
1.2.2	<i>Skills</i>	4
1.2.3	<i>Competences</i>	4
2	LEARNING AIMS	5
3	THE ACTIVITY MODEL	7
4	THE TARGET GROUP AND THE TRAINING COMPLEXITY	8
5	SHARED DECISION MAKING IN THE PROCESS:	8
6	CHECKLIST FOR THE CONCEPT “ON THE JOB TRAINING”	10
7	SUMMARY FROM THE PARTNER MEETING IN BERGEN	11

1. How is the On-the-job training arranged?

1.1 On-the-job training (DISH) – Contents and procedures

The definition of skills' training – for the healthcare professional – is the process of acquiring and/or improving a set of new or complex skills (digital innovation, eHealth skills) with the purpose of delivering improved service, through participation in hands-on practical exercises in a secure environment, without running the risk of disturbing or harming the patient.

The skills' training is based on practice-related cases, drawn from the daily work of healthcare staff. The training should be based on the concrete technology, which has either been introduced but is not in use, or which should be introduced into the clinical practice. The staff should be trained in how to use the technology, based on cases from their work. The training can take place in specifically set-up simulation facilities or in the own wards/own areas with on-the-job training, as well as across professional groups and sectors.

The training can last from 2-6 hours, depending on the case, and the extent of training needs. To start with, the training will focus on when the technology is working and is responsive, and in the second half of the training session, the training is oriented towards troubleshooting and handling the situations when the technology is not working (unresponsive).

The recommended team size is 8-12 participants, because it is essential to give a chance to each participant to actively participate in the hands-on training.

1.1.1 Purpose of the day

- That participants acquire knowledge, skills and competences through active participation, in order to independently act, according to their ward's needs in the use of given digital solutions.
- That participants acquire knowledge, skills and competences, in order to troubleshoot and independently suggest new ways of using given digital solutions in the ward's problem solving process.

1.2 Targets for the learning outcome¹

1.2.1 Knowledge

- That the participant acquires knowledge about the digital solution, hereby acquiring knowledge about the purpose and possibilities of using the technology in their own ward, and maybe even across wards/sectors.

1.2.2 Skills

- That the participant acquires skills in the use of the digital solutions regarding the concrete tasks and communication.

1.2.3 Competences

- That participants are able to combine knowledge and skills regarding the use of the digital solution in concrete work situations.
- That participants acquire competences to take responsibility for their own and other's work with the given digital solution in the complex work situations they are a part of.
- That participants share relevant knowledge and reflect together over the possibilities, challenges and dilemmas related to the use of the given digital solution.

¹ Confident and competent *use of technology*, *Support patients/citizens use of technology*, *Adaptation* to technological changes, *Take part in technological innovation*, *Ethical and critical reflection* regarding technology (Source: EVA's "Pejlemærker for sundhedsuddannelsernes teknologifokus")

2 Learning aims

Aims:		
<p>That participants, through active participation in the training, acquire a common professional foundation in using the technology related to their own work areas.</p> <p>That participants acquire knowledge, skills and competences, so that they can independently act, according to the ward's needs of using the given technology.</p> <p>That the participants acquire knowledge about which situations the given technology can contribute with quality in other work-related situations.</p>		
Learning aims	Content elaboration	Suggestions to teaching methods and materials
<ul style="list-style-type: none"> • Knowledge about and the qualification in working with the given technology in the daily work. • Understanding the importance of the professional and ethical assessment of using technology. • Training in the use of the concrete technology. 	<ul style="list-style-type: none"> • The involvement of users throughout the day according to the activity model • Secure and competent use of technology • Readjustment to technological changes • Participation in technological innovation • Reflecting on ethics and critical relationship with technology • Concrete aims 	<ul style="list-style-type: none"> • Dialogue-based teaching • Practical training based on own cases, according to the activity model • Individual and shared reflections on own practices regarding the knowledge, skills and competences, as well as regarding the training itself
		<ul style="list-style-type: none"> • User manuals • Regional guides • Shared Decision Making template • On-the-job training checklist • Different technologies
Aims:		
<p>That participants, through active participation in the training, acquire a shared professional foundation for working with the technologies in relation to supervision of colleagues, citizens and patients.</p> <p>That participants acquire knowledge, skills and competences, so that participants can independently suggest new ways of using the given digital solutions to the wards' problem solving process.</p>		
Learning aims	Content elaboration	Suggestions to teaching methods and materials
<ul style="list-style-type: none"> • Knowledge about and the qualification in working with supervision of other users • Understanding the importance of the professional and ethical assessment of supervision • Training in supervision regarding the concrete technology 	<ul style="list-style-type: none"> • The involvement of users throughout the day according to the activity model • Secure and competent use of technology • Supporting colleagues/patients/citizens in the use of technology • Readjustment to technological changes • Participation in technological innovation • Reflecting on ethics and critical relationship with technology • Concrete aims 	<ul style="list-style-type: none"> • Dialogue-based teaching • Practical training based on own cases, according to the activity model • Individual and shared reflections on own practices regarding the knowledge, skills and competences, as well as regarding the training itself
		<ul style="list-style-type: none"> • User manual • Regional guide • Shared Decision Making template • On-the-job training checklist



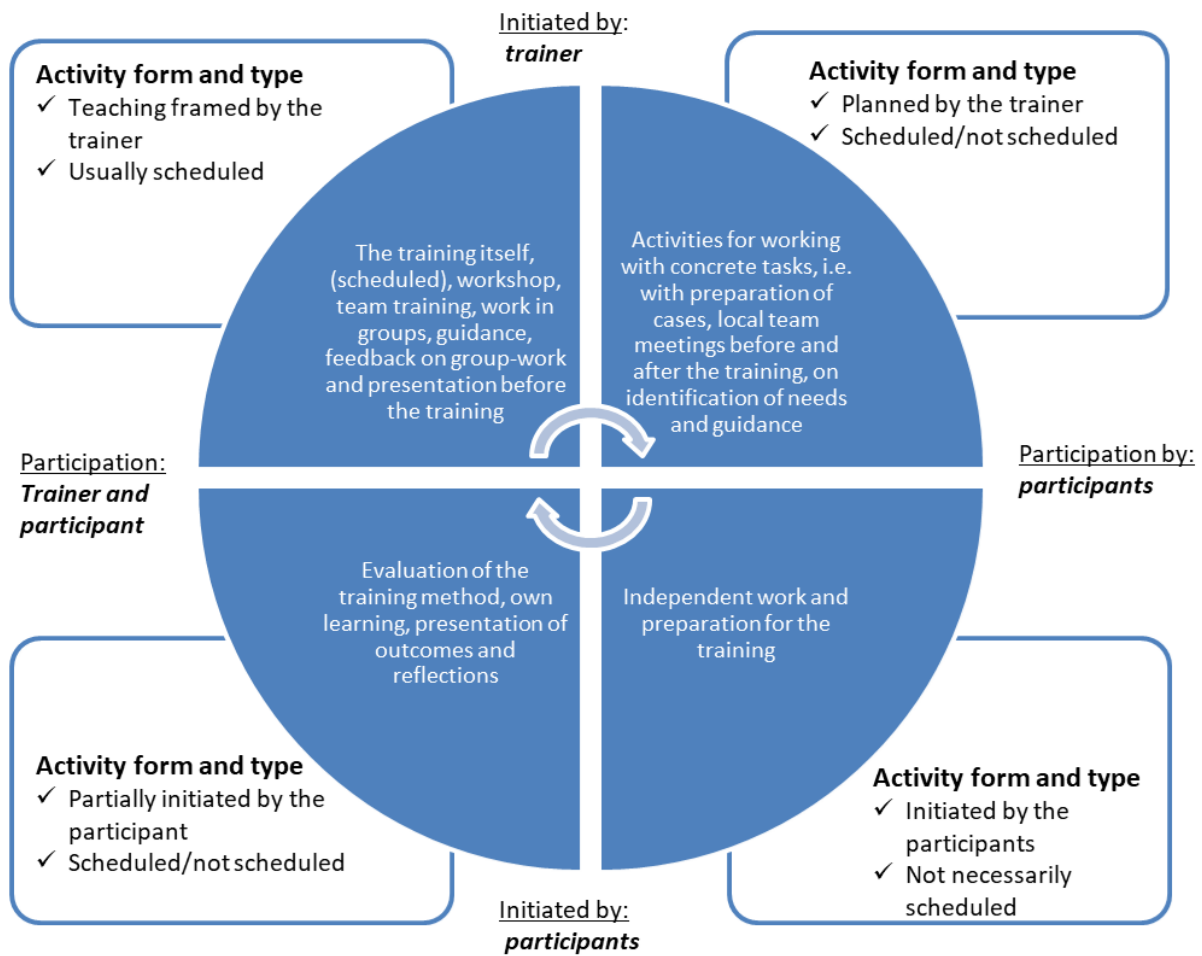
		<ul style="list-style-type: none">• Different technologies
--	--	--

The training sessions are followed up through evaluations and potential new trainings. It is essential that the training is based on concrete practice-related cases and that the training takes place when the healthcare professionals need to use the technology. This allows for the need and for the skills' training to be matched accordingly.

The above mentioned is ensured by applying the activity model in planning, execution and evaluation.

3 The activity model

Activity model – skills' training





4 The target group and the training complexity

The target group is:

Healthcare professionals (irrespective of professional background).

The training itself, hereby the increase in complexity of learning levels from:

Training elements with emphasis on usage, such as technical and manual skills, practical data and information

to

Training to be able to use the technology in relation to professionalism and ethics, as well as training in understanding the applied technologies

to

Training skills to be able to participate in digital communication, as well as training the skill of teaching others, hereby colleagues, patients and citizens to use digital tools.

Overall training, which gives the staff the possibility to take part in the development/implementation of new digital technologies, as well as to be able to organize the use of digital tools and see the organizational changes, which a new technology has the potential to bring at the workplace.

The evaluation is oriented towards the achievement of concrete knowledge, skills, and competencies based on the technologies in daily use.

5 Shared decision making² in the process:

This model below is recommended for the planning phase. Through dialogue, the participants and the teaching team shall reach a decision regarding the content, teaching methods and materials.

The aim of using the shared decision making model is to have everybody reflecting upon the aims of the training, what is important and how will the choices made fit into their everyday workflow.

The preferences of the participants are included in the decision about the content, and flow in the training session.

The participants will be given an opportunity to decide what is important to them, and how the On-the-Job Training can be adapted to their wishes.

² Source: Elwyn G, Shared Decision Making: A Model for Clinical Practice. J Gen Intern Med. 2012 October; 27(10): 1361–1367

Shared decision making using the concepts?



In shared decision making there are four fundamental principles:

1. Both parties shall be actively involved in the decision making process
2. Both parties shall share knowledge
3. Both parties shall share their preferences
4. The parties shall reach an agreement

There is no definitive solution on how shared decision making shall be practised. There is though an agreement on the fact that shared decision making shall be practised in co-operation and in an open dialogue between parties.

The model above illustrates the process of the shared decision making, which consists of three elements:

- a) Talk about choises
- b) Talk about oppotunities and preferences
- c) Talk about the decision

These three elements can be part of one or more conversations in the shared decision making process.

6 Checklist for the Concept “On the job training”

Topics:	Questions to be answered:	
<p><i>How can we help the healthcare professionals, in relation to using technology in Health Care?</i> <i>How can we break down strategies into pieces that are clear to everybody?</i></p>	<ul style="list-style-type: none"> - What is the technology in question? - Is there a purpose? (The HC professionals shall be able to see the purpose) - What is the urgency? - Is it of value to the health care professionals? - Is it of value to the patient? - Is there an advantage in using it? - Is management involved? - Is the individual nurse involved? - Is it available? - Is there a reward for using the technology → e.g. a national certificate or a bonus/ higher salary? - Can we advertise for the technology? For instance, if patients live far away, they have the opportunity to have e.g. video-consultation - What is the behaviour we want the healthcare staff to display? - What is the barrier holding healthcare staff from using the technology? - What is the solution to remove the barrier(s)? 	
<p><i>How can we make it easy? (Easiness trumps motivation)</i></p>	<ul style="list-style-type: none"> - Can everybody see the value? - Does it seem practical to use in the daily work? - How are the competencies in relation to the need? - <u>Is the organization around feedback in place for instance:</u> - Is there a short description/information about the technology? - Is there a person in charge to solve the problems and to follow-up? - Are the support issues solved? - Is the cooperation between the nurses/Health Professional and the IT/computer professionals in place? - Honest value → sit down with people who have to use it - Do we have the capacity? - Do we need additional resources in the start-up phase? - Is the information and knowledge level in place? - How can we make first time use a success? - How can we assure involvement from the beginning? - Have we make it flexible? 	
<p>Can it pass the video- and /or calendar test?</p>	<ul style="list-style-type: none"> - How do we involve staff in describing how the use of technology can be specific enough to pass 	

	the calendar and video test?	
How can we create something memorable from the “on the job training”	<ul style="list-style-type: none"> - How should the training end? - What should the participant take ...from the training? - Is there a tight “follow-up” schedule? 	
Can we create a social proof – “ We do as the others do”	<ul style="list-style-type: none"> - Is there a participant involved that has impact in the organization? (e.g. a role model) - Have we involved key nurses/champions in every shift? - What is the value for the nurses? - What is the value for the patient and for the hospitals? 	

7 Summary from the partner meeting in Bergen

Comments:

- Is the right innovation/technology ready and functioning at the right time?
- Have we incorporated permission to do things wrongly (i.e. to make mistakes under training)?
- Have we made it clear, that the HC professionals in the beginning have to invest time, and that they will be able to see the value later?
- Have we explained, that this solution in the long run can *give* capacity to the nurses?

Other comments:

The recipe:

The most important elements for the concept “On the job training”

6 items/elements	3 items/elements
<ul style="list-style-type: none"> - Having champions and capacity - The value – on an organizational and individual level - Incentives from an organizational and individual level - Inter disciplinary collaboration - Involvement - Always take the starting point in the needs 	<ul style="list-style-type: none"> - Needs/value - Co-production/involvement - Champions ↔ capacity

