

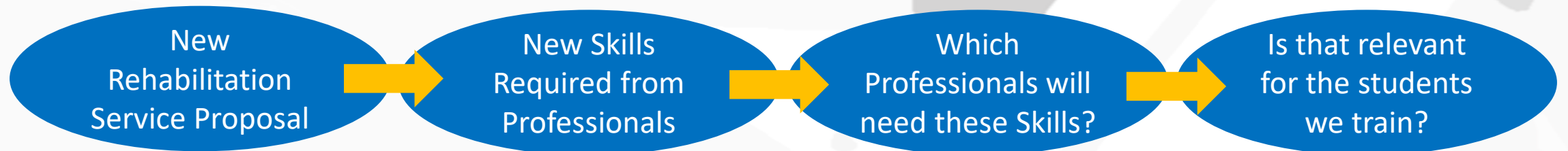


Partner Survey:

Transnational relevance of Skills Development Topics proposed by the DK Project Team – on the basis of the “From Care to Rehabilitation” case discussed at PE1 in Aalborg, May 2022

2 Proposals for New Skills Development Initiatives

to improve the rehabilitation of Chresten – and all the senior citizens like him in our five countries



Dear Partners,

In the Danish Project team, we have continued working on the “From Care to Rehabilitation” case from PE1 in Aalborg.

We noticed at this time, that rehabilitation seemed to be a topic of relevance for all of us, even though our systems are different, and we may be training students for different roles in Geriatric Healthcare provision within our various systems. But we noticed that all of us have “Chrestens” (except the name...) in the senior citizen groups we serve with the students that we educate.

So the next steps we have taken in the case have been to ask ourselves and our sector employment cluster partner – the Municipality of Aalborg: how do *we* see possible and realistic next steps forward in development of tomorrow’s rehabilitation services *in the Danish healthcare system context* – that would lead to better rehabilitation services than the ones offered today - for Chresten and all similar senior citizens?

We have identified four proposals for rehabilitation services, that would be new (or only at the trial stage) in Denmark, and where *our* students in the Social and Healthcare Assistant programme (our featured programme in the D-LIGHT Project) would be likely to play a key role in planning or providing these new services in the future. **We have chosen two of these to test with you in this survey.**

With this survey, we want to ask each of you HOW RELEVANT these two proposed rehabilitation services would be in your systems – and how relevant the necessary skills to provide these services would be for the students in YOUR FEATURED PROGRAMMES in this project. We look forward very much to your input – to test our proposals for transnational relevance – but also to test our **use of personas + this survey as a methodology for comparing training and skills needs between our five countries.**

Thank you for your co-operation 😊.

Anette, Birthe & Peter, DK Project team



CHRESTEN was our persona example in the Danish rehabilitation case

- **Age:** 78
- **Civil status:** Widower. Married to Ellen for 45 years.
- **Housing:** Terraced house (senior citizen housing)
- **Former occupation:** Warehouse keeper
- **Network and interests:**
 - Reads several newspapers daily
 - Loves to play chess (used to compete)
- **Health condition:**
 - BMI 29
 - Diabetes
 - Difficulties walking

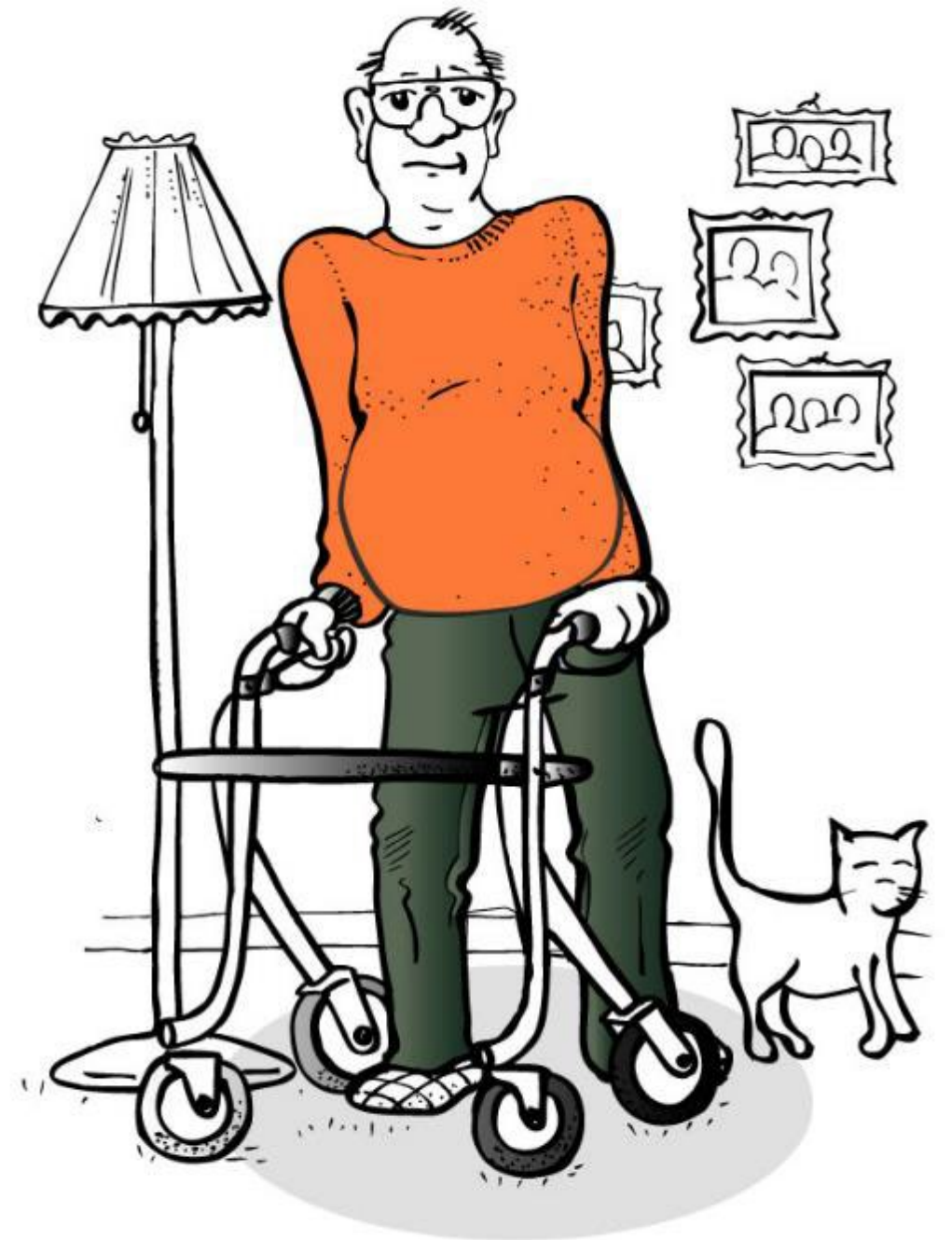


- **Mental health:** Cognitively relevant
- **Outlook on life:**
 - Is generally optimistic
 - Does not develop himself socially
 - Sometimes experiencing a feeling of loneliness
 - The family lives far away and is often busy
- **Meeting challenges:**
 - Having difficulties taking initiatives without his wife

Chresten

Services from Senior & Care

- Receives home care every day
- Every second week, the nursing care will dispense his medication
- Every second week he will receive cleaning services in his home
- Uses a walker
- A special team in the municipality department working to prevent loneliness has been contacted
- Uses the local community centre twice a week to stimulate his need for social contact
- Is granted paid transportation to the community centre
- Is granted training after a process of rehabilitation in order to maintain current abilities and skills
- A preventive and rehabilitating transverse effort: A focus on observing risks concerning falling, changes in health condition, loneliness, training etc.



Our Two Proposals for New Rehabilitation Services :

for Chresten and all similar Senior Citizens

Proposal no. 1: The A-Z of using 'DigiRehab' in rehabilitation processes

Proposal no. 2: Better Rehabilitation Goals and Plans



Partner Survey:

Transnational relevance of Skills Development Topic
proposed by the DK Project Team – on the basis of the
“Rehabilitating Chresten” case discussed at PE1 in Aalborg, May 2022

Re. DK Skills Development Topic No. 1:

The A-Z of using ‘DigiRehab’ in rehabilitation processes

Survey Completed by:

Prakticum



Step 1: A New Rehabilitation Service Proposal

With the digital DigiRehab training platform, it is possible to offer Chresten a qualified everyday rehabilitation service. DigiRehab is suitable for those homecare clients, who do not receive other training, and may also be applied as training with the purpose of preventing falling.

The Social and Health Care Assistant staff may conduct screening of Chresten, easily and precisely. The screening will include a measurement of Chresten's strength and functional ability level. Subsequently, Chresten will receive an individual training programme, where exercises are described and shown with the use of a small video sequence. Chresten will now be able to carry out the exercises – initially with the support of a Social and Health Care Assistant.

Question 1: How do you see this rehabilitation service proposal in your healthcare system? (mark one field with an 'X')

This service is already offered and considered normal practise in our healthcare system	This service is known in our healthcare system, but still only rarely offered	This service is not yet provided by our healthcare system, but is under consideration as a future option	This service is not yet provided or considered in our healthcare system, but we believe it would be relevant for the near future (up to 5 years)	This service is not provided or considered in our healthcare system, and we do not believe it will become relevant within the next 5 years.
			X	

Please add your comments to your selection

The physical therapists give this kind of rehabilitation to clients like Chresten with or without a digital training platform. The practical nurses a part of the actual provision in their daily work and the physical therapists do the other part of the actual provision 1-3 times a week. We do not have one consistent digital platform that everyone in Finland would use for this purpose. We have many different platforms or the professionals may also give rehabilitation without a digital platform.

Step 2: New Skills Required for Professionals to provide the Service

In order to be able to independently PLAN and DECIDE the use of the DigiRehab tool in dialogue with the citizen, the Professional (e.g. the Social and Health Care Assistant) must be able to perform an assessment of the current physical and functional abilities of the citizen, and decide on whether DigiRehab will be a suitable and safe option for the citizen to perform training exercises. Also, the Professional must be able to use the DigiRehab tool and design exercise programmes in the tool that fit the abilities and needs of the citizen.

In order to be able to ASSIST THE CITIZEN in carrying out a DigiRehab training programme, the Professional (e.g. the Social and Health Care Assistant) must be able to use the DigiRehab interface, read and assess the exercise results logged in the tool, evaluate the training performance of the citizen, and adjust the training programme accordingly. Also, the Professional must be able to encourage and motivate the citizen to perform the training exercises, initially with support and after that, on his/her own.

Question 2: Are these skills already taught at your institutions?

Yes. We already teach these skills	Yes, we teach some of these skills but not all	Yes, we teach a little bit of this, but most of it is new to us	No, we do not teach these skills
		X	

In your featured education programme for this project?	X
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Somewhere else?	Usually no, maybe if the workplace has this kind of service
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Your comments?

- The practical nurses do not use a digital tool but they:
- together with clients, observe and assess clients' functional capacity and resources with a rehabilitative approach.

Yes. We already teach these skills	Yes, we teach some of these skills but not all	Yes, we teach a little bit of this, but most of it is new to us	No, we do not teach these skills
		X	

In your featured education programme for this project?	X
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Somewhere else?	Usually no, maybe if the workplace has this kind of service
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Your comments?

- The practical nurses do not use a digital tool but they:
- Guide and encourage clients being active with a resource-oriented, enabling and participatory approach, supporting rehabilitation.

Step 3: Who would most likely provide these services in your healthcare system (= who would need the skills listed in Step 2)?

In the Danish Healthcare System, the **decision** to provide this rehabilitation service would most likely be taken by: *a physiotherapist attached to the home care service by the Municipality. In Aalborg, the Municipality is now testing the use of self-managing teams. In these, the decision may be delegated by team nurses to the team's Social and Health Care Assistants.*

In the Danish Healthcare System, the **planning and preparation** of this rehabilitation service (including dialogue with Chresten about it) would most likely be performed by: *the physiotherapist or the Social and Health Care Assistant, depending on the division of tasks within each home care unit*

In the Danish Healthcare System, the **actual provision** of this rehabilitation service would most likely be done by: *the Social and Health Care Assistant or - Helper – as these are the professional staff visiting the citizen at home on a regular schedule and, consequently, the most suitable for assisting and monitoring the citizen when performing training exercises.*

In the Danish Healthcare System, the **follow-up and evaluation** of this rehabilitation service would most likely be performed by: *The Social and Health Care Assistant would follow-up on the performance of the citizen in training, but results would typically be passed on to the physiotherapist for decisions on adjusting or terminating the training programme.*

In the your Healthcare System, the **decision** to provide this rehabilitation service would most likely be taken by:

A doctor remittance to physical therapy. Physical therapy can be given from the Municipality or private actors.

In your Healthcare System, the **planning and preparation** of this rehabilitation service (including dialogue with Chresten about it) would most likely be performed by:

The physical therapist.

In your Healthcare System, the **actual provision** of this rehabilitation service would most likely be done by:

The practical nurses do a part of the actual provision in their daily work and the physical therapists do the other part of the actual provision 1-3 times a week about 1 hour a time.

In your Healthcare System, the **follow-up and evaluation** of this rehabilitation service would most likely be performed by:

The physical therapist.

Step 4: Relevance for our students in the SOSU-assistant education programme?

<p>Our featured education programme is the SHA - Social and Healthcare (SOSU) Assistant education, which is a 3 years & 10 months duration secondary vocation education programme. Our SOSU assistants would most likely be involved in providing this rehabilitation service in the following roles:</p>	<p>Decision-making:</p>	<p>We see a movement towards more flexible task distribution in home care services, and it will be relevant for the SHA to have the knowledge required to take the decision on introducing DigiRehab training to citizens.</p>
	<p>Planning & Preparation:</p>	<p>If the SHAs must be able to handle all steps (A-Z) of DigiRehab processes, they need more skills in assessing citizens' training needs and capabilities and the ability to design suitable training programmes in the tool</p>
	<p>Provision:</p>	<p>The SHAs are already supporting citizens in the use of DigiRehab, but they may need more skills and tools for motivation and encouragement of the citizen to perform regular training.</p>
	<p>Follow-up & Evaluation:</p>	<p>In the future flexible task distribution, it will be relevant for the SHA to independently be able to assess training performance of citizens and take decisions on programme adjustment and suitability, instead of leaving this assessment to the physiotherapist.</p>

So we consider the proposed new skills for providing the rehabilitation service to be

Extremely relevant – almost essential for the future of our SOSU-assistant education programme.	Very relevant and a good addition to our SOSU-assistant education programme	Quite relevant and worth considering as a possible addition to our SOSU-assistant education programme	Only slightly relevant for our SOSU-assistant education programme, and not worth investing much in developing	Not at all relevant for our SOSU-assistant education programme
V				

Step 4: Relevance for YOUR students in your featured education programme?

Your students' likely role in the proposed rehabilitation service?

A practical nurse with a Vocational Qualification in Social and Health care and with the competence area of Care and Rehabilitation for Elderly People

Vocational Qualification in Social and Health Care is 180 competence points.

Decision-making:	It is important to have a knowledge of the clients functional capacity and with digi-rehab as a tool the practical nurses could measure and evaluate the clients capacity in a secure, consistent and safe way.
Planning & Preparation:	With digi-rehab as a tool the practical nurses could easily plan and prepare relevant and suitable physical training for the client.
Provision:	With digi-rehab as a tool the practical nurses could easily and effectively do their part of the actual provision in their daily work. Digi-rehab will help the practical nurses to guide and encourage clients being active with a resource-oriented, enabling and participatory approach, supporting rehabilitation.
Follow-up & Evaluation:	In the future the practical nurses could follow-up on the performance of the elderly in training, but results would be passed on to the physical therapist for decisions on adjusting or terminating the training programme.

How relevant do you consider the proposed new skills for providing the rehabilitation service to be for YOUR students:

Extremely relevant – almost essential for the future of our featured education programme.	Very relevant and a good addition to our featured education programme	Quite relevant and worth considering as a possible addition to our featured education programme	Only slightly relevant for our featured education programme, and not worth investing much in developing	Not at all relevant for our featured education programme
	X			

Your comments?

A relevant and a good idea, but with these assessment criterias we can not fully adapt the follow-up and evaluation part to the practical nurses with the competence area of Care and Rehabilitation for Elderly People. Rest of the part are very usable for our degree.



Partner Survey:

Transnational relevance of Skills Development Topic
proposed by the DK Project Team – on the basis of the
“Rehabilitating Chresten” case discussed at PE1 in Aalborg, May 2022

Re. DK Skills Development Topic No. 2: Better Rehabilitation Goals and Plans

Survey Completed by:

Practicum



Step 1: A New Rehabilitation Service Proposal

In the Danish Senior Health Care system, rehabilitation processes must be planned and agreed in co-operation between the professional healthcare staff and the citizen and his/her relatives. The approach must be holistic and recovery-focused. This direction is underlined in the new Danish White Paper on Rehabilitation, guiding the rehabilitation service provision of the near future. This collaborative approach puts pressure on the ability of healthcare professionals (including the Social and Health Care Assistants) to formulate clear and easily understandable goals and activity plans for the rehabilitation process, that can be clearly communicated to/shared with alle the involved parties, without causing misunderstandings. This ability requires an increased training focus on planning, goal-setting and communication skills (orally and written) for the Social and health Care Assistant (and other healthcare professional staff), as well as their ability to engage in collaborative rehabilitation design through dialogue between the parties – to ensure understanding and support of the goals and plans from all involved parties. The proposed topic aims at strengthening these skills to make the SHAs (or similar healthcare profiles) key players in developing better collaborative rehabilitation planning processes.

Question 1: How do you see this rehabilitation service proposal in your healthcare system? (mark one field with an 'X')

This service is already offered and considered normal practise in our healthcare system	This service is known in our healthcare system, but still only rarely offered	This service is not yet provided by our healthcare system, but is under consideration as a future option	This service is not yet provided or considered in our healthcare system, but we believed it would be relevant for the near future (up to 5 years)	This service is not provided or considered in our healthcare system, and we do not believe it will become relevant within the next 5 years.
	X			

Please add your comments to your selection

The multiprofessional team give this kind of services in Finland (doctor, social worker, nurse, physical therapist, occupational therapist, practical nurses etc.) The practical nurses are a part of the actual provision in their daily work and the doctor (with needed other professionals) plan and make the decisions. We do not have one consistent care and rehabilitation plan that everyone in Finland would use for this purpose. We have many different digital platforms or the professionals may also plan care and rehabilitation without a digital platform.

Step 2: New Skills Required for Professionals to provide the Service

In order to be able to formulate clear, precise, and easily communicable rehabilitation GOALS and PLANS (to ensure a joint understanding between involved healthcare professionals and between professionals and the citizen/relatives), the professional must know how to set SMART goals and design easy-to-follow and monitor activity plans. These planning skills must be coupled to an in-depth understanding of the holistic and recovery-based approach to rehabilitation, inherent in the DK White Paper (and the Positive Health model)

In addition to the planning skills, the professional must master oral and written COMMUNICATION of the goals and plans to ensure that these are understood, supported and accepted by all as a collaborative development. The professional must be able to FACILITATE and NEGOTIATE processes between citizens/relatives' wishes and aspirations, and the professional inputs of various healthcare profiles. And he/she must be able to ILLUSTRATE plans and their implementation status in an intuitive way to facilitate joint understanding between the involved parties.

Question 2: Are these skills already taught at your institutions?

Yes. We already teach these skills	Yes, we teach some of these skills but not all	Yes, we teach a little bit of this, but most of it is new to us	No, we do not teach these skills
	X		

In your featured education programme for this project?	X
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Somewhere else?	Usually the workplace teach their way of giving this kind of service
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Your comments?

All the practical nurses use standardized FinCC-classification system in their care plan and we also teach them the Goal Attainment Scale to make SMART rehabilitation goals. The students usually find this part hard to understand and we need clearer and easily understandable goals

Yes. We already teach these skills	Yes, we teach some of these skills but not all	Yes, we teach a little bit of this, but most of it is new to us	No, we do not teach these skills
			X

In your featured education programme for this project?	
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Somewhere else?	No
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Your comments?

We do not teach these skills. In Finland persons with a higher educational degree does this.

Step 3: Who would most likely provide these services in your healthcare system (= who would need the skills listed in Step 2)?

In the Danish Healthcare System, the **decision** to provide this rehabilitation service would most likely be taken by: *a doctor (if a comprehensive rehabilitation effort is required). However, if the rehabilitation process is seen as a preventive/early measure to maintain functionality and is purely activity-based, it could be proposed by the SHA as a part of the home visit routine with the citizen.*

In the Danish Healthcare System, the **planning and preparation** of this rehabilitation service (including dialogue with Chresten about it) would most likely be performed by: *Comprehensive plans would be prepared by therapists, but activities for everyday rehabilitation activities might be designed by the home care team nurses/SHAs/physiotherapists*

In the Danish Healthcare System, the **actual provision** of this rehabilitation service would most likely be done by: *If the rehabilitation plan includes only home-based activities, it will be supported by the home care team nurses/SHAs/physiotherapists. If it is more comprehensive it will be monitored by therapists, while SHAs might be performing some of the direct citizen support and follow-up.*

In the Danish Healthcare System, the **follow-up and evaluation** of this rehabilitation service would most likely be performed by: *The SHA is most likely to be performing the follow-up to home-based activity and to monitor citizen training progress. The follow-up observations of the SHA would be communicated to the home care unit or assigned therapists for evaluation and adaptation of the rehabilitation plan.*

In the your Healthcare System, the **decision** to provide this rehabilitation service would most likely be taken by:

The doctor (with needed other professionals) plan and make the decisions.

In your Healthcare System, the **planning and preparation** of this rehabilitation service (including dialogue with Chresten about it) would most likely be performed by:

The multi-professional team give this kind of services in Finland (doctor, social worker, nurse, physical therapist, occupational therapist, practical nurses etc.)

In your Healthcare System, the **actual provision** of this rehabilitation service would most likely be done by:

The practical nurses are a part of the actual provision in their daily work together with needed multi-professional team.

In your Healthcare System, the **follow-up and evaluation** of this rehabilitation service would most likely be performed by:

Usually nurse, physical therapist or occupational therapist together with the multi-professional team.

Step 4: Relevance for our students in the SOSU-assistant education programme?

Our featured education programme is the **SHA - Social and Healthcare (SOSU) Assistant education**, which is a **3 years & 10 months duration secondary vocation education programme**. Our SOSU assistants would most likely be involved in providing this rehabilitation service in the following roles:

Decision-making:	The SHA would rarely be in charge of the planning, except for early or purely preventive, home-based rehabilitation activities. But with improved goal-setting and planning training, their ability to contribute to the collaborative team effort would be greatly strengthened, in line with the need for more team flexibility re. task distribution. With the topic, we would like to see the SHA (or similar staff) able to propose and negotiate coherent goals and plans for home-based rehabilitation processes, in line with the White Paper.
Planning & Preparation:	
Provision:	The SHA is already the most frequent health care professional visitor to the citizen's home, and as such, the natural professional to secure implementation of home- & activity-based early/preventive rehabilitation plans agreed between the health care unit and the citizen/relatives.
Follow-up & Evaluation:	As the observer of rehabilitation plan implementation, the SHA will often be responsible for assessing implementation progress for communication to nurses and therapists. We want to strengthen the communicative skills to facilitate this communication to ensure correct assessment of the plan and the citizen's implementation status.

So we consider the proposed new skills for providing the rehabilitation service to be

Extremely relevant – almost essential for the future of our SOSU-assistant education programme.	Very relevant and a good addition to our SOSU-assistant education programme	Quite relevant and worth considering as a possible addition to our SOSU-assistant education programme	Only slightly relevant for our SOSU-assistant education programme, and not worth investing much in developing	Not at all relevant for our SOSU-assistant education programme
V				

Step 4: Relevance for YOUR students in your featured education programme?

Your students' likely role in the proposed rehabilitation service?

Vocational Qualification in Social and Health care and with the competence area of Care and Rehabilitation for Elderly People

Vocational Qualification in Social and Health Care is 180 competence points.

Decision-making:	Practical nurses would never alone be in charge of the decisions-making. With improved goals setting and planning training, the practical nurses ability to contribute to the multi-professional team would be greatly strengthened, this would give more flexibility to task distribution. With the topic, we would like to see the practical nurses implementing clear, precise and easily communicable rehabilitation in their daily work.
Planning & Preparation:	
Provision:	Provision of daily rehabilitation is naturally a part of practical nurses work, because they work with the client every day. The most effective implementation is therefore made by practical nurses as a part of the clients everyday care .
Follow-up & Evaluation:	Practical nurses can be responsible for assessing implementation progress for communication to the multi-professional team. We want to strengthen the needed skills to ensure correct assessment of the plan and the implementation.

How relevant do you consider the proposed new skills for providing the rehabilitation service to be for YOUR students:

Extremely relevant – almost essential for the future of our featured education programme.	Very relevant and a good addition to our featured education programme	Quite relevant and worth considering as a possible addition to our featured education programme	Only slightly relevant for our featured education programme, and not worth investing much in developing	Not at all relevant for our featured education programme
x				

Your comments?

Extremely relevant and good idea.