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# Task Analysis: Adaptation and Application in Africa, Asia and the Caribbean for Health Workforce Strengthening

Global Maternal Newborn Health Conference

Mexico City

Wednesday, October 21<sup>st</sup>

# Presenters and Country/Region of Focus

- Leah Hart                      Lesotho
- Tegbar Yigzaw                Ethiopia
- Thida Moe                      Myanmar
- Lastina Lwatula              Zambia
- Judith Fullerton              Caribbean

Catherine Carr

Moderator

# Definition

- A descriptive research methodology
- Wide application in the health professions
- Particularly useful in assessment and definition of the knowledge, skills and behaviors that define the scope of practice of a health profession or occupation.

# The Task Analysis Process

- Feedback is solicited from a cohort of interest, e.g.
  - recent graduates
  - health care staff members
- A task list is developed from
  - relevant and available national/international documents—
    - national treatment guidelines
    - curricula
    - job descriptions
    - scope of practice statements
    - regional and international clinical practice guidelines.

# Response Variables

- **Frequency** [how often the task is performed]
- **Criticality/impact** [what effect there would be on patient or community health if the practitioner was not able to perform the task]
- **Ability to perform** [self-rated competency]
- **Where educated/trained** to perform the skill

# Approaches to Data Analysis

- A combination of frequencies and cross-tabulations are applied to the data
- Results can be aggregated by groups of interest, for example,
  - by health center
  - educational institution
  - geographic region
  - educational level of health care providers

# Approaches to Data Analysis

- The nature of the quantitative data lends itself to higher analytical approaches, as relevant to the study interest.
- A qualitative inquiry can be used to obtain additional task information, e.g., *Is there any task that you are required to perform for which you feel you have not been adequately prepared?*

# Exploring the Data

- The most informative results of the task analysis study came from analyzing combinations of variables
  - frequency and criticality
  - criticality and performance.



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# Affirming the Utility and Fit for Purpose of a Task Analysis

Task Analysis in Reverse:  
An application in the  
Caribbean nations  
Presented by Judith Fullerton  
San Diego

# Background

- The International Confederation of Midwives has researched and published the
  - *International definition of the midwife (2011)*
  - *Essential Competencies for Basic Midwifery Practice (2010, amended 2013)*
  - *Global Education Standards (2010, amended 2013)*
  - *Global Standards for Midwifery Regulation (2011)*

# Background

- The *standards* serve as the basis for design of midwifery education programs and regulations, globally
- The *essential competencies* (EC) serve as the framework for curriculum development – they define the expected outcomes of midwifery education programs

# Background

- But one size does not necessarily fit all
- Every country differs in factors such as
  - Country burden of disease
  - Patterns and pathways to midwifery education
  - Degree and type of regulatory authority over and autonomy of practice for midwives
  - Access to continued professional development activities for midwives in practice

# Aim

- Members of the Caribbean Regional Midwives Association (CRMA) from 11 nations reflected on the *fit-for-purpose* of the ICM Education Standards and Essential Competencies within their respective countries and across the Caribbean region



# Method

- CRMA participants assumed the roles of
  - Educator
  - Preceptor
  - Policy maker
- A **reverse task analysis** process was used by members who
  - reviewed the existing ICM standards and competencies
  - asked whether the outcomes reflected the needs of their specific countries/regions
  - Commented whether additions/amendments/deletions should be made to the “outcomes” to fit their purpose

# Method

- CRMA members considered whether:
  - the competency statements were congruent with the curricula of midwifery studies across the island nations
  - tutors and preceptors were themselves currently competent to teach and to practice the various skills identified as basic competencies



## Methods (continued)

- additional competencies were required so that midwives could address health care needs specific to the Caribbean region
- regulatory changes would be required to enable midwives to practice the full scope of practice, as defined in the ICM documents

# Results: Educators

- 4 programs were externally accredited, by 4 different accreditation authoritative bodies
- Accreditation occurs on a range of 1-5 years; is valid for a period of 5 - 10 years
- 5 different titles for the professional
- Pre-requisite education: 10<sup>th</sup> grade through post-nursing
- Assessment prior to entry into practice (licensure exam) in 6 of 8 countries
- Re-licensure required in 8 of 10 countries
- Limited licensure reciprocity within the Region – variable requirements

# Results: Educators

## Curriculum

- When curricula are developed using the ICM *Essential Competencies* as a framework; there is substantial congruence of content.
- Differences occur mainly in program design and admission standards; which can also be guided by and aligned with ICM *Educational Standards and Guidelines*.

# Results: Preceptors

## Competency Domain

<b>1. Professional Behaviors</b>
Basic (16)
Additional (2)
<b>2. Pre-Pregnancy and Family Planning</b>
Basic (11)
Additional (5)
<b>3. Care During Pregnancy</b>
Basic (27)
Additional (0)

## At least one respondent marked

Not current	Within last 1 year	Current
3	4	11
2	2	
10	1	4
5		
7	8	21

# Results: Preceptors

## Competency Domain

At least one respondent marked

	Not current	Within last 1 year	Current
<b>4. Care During Labor and Birth</b>			
Basic (42)	12	10	39
Additional (3)			
<b>5. Postpartum Care</b>			
Basic (10)	3	4	9
Additional (1)	1		
<b>6. Care of the Newborn</b>			
Basic (21)	5	9	18
Additional (0)			

# Results: Preceptors

## Competency Domain

At least one respondent marked

	Not current	Within last 1 year	Current
<b>7. Abortion-related Care</b>			
Basic (8)	10	1	
Additional (2)	2		1

# Results: Preceptors

There is greater currency in practice in the

- professional (domain 1)
- antepartum (domain 3)
- intra-partum (domain 4)
- post-partum (domain 5) content areas

There is a lesser degree of currency in

- family planning (domain 2)
- newborn (domain 6)
- abortion-related care (domain 7).

Those who completed the document acknowledged its great utility in

- setting a continuing professional development agenda for their own use
- guiding the work of precepting students across the midwifery scope of practice.

# Results: Policy Managers

## Competency Domain

## Importance Ratings

Clinical focus (number of items)	Very	Some what	Not very	Not Needed	No opinion
<b>1. Professional Behaviors</b>					
Basic (16)	15	1			
Additional (2)	1	1			
<b>2. Pre-Pregnancy and Family Planning</b>					
Basic (11)	10	1			
Additional (5)	3			2	
<b>3. Care During Pregnancy</b>					
Basic (27)	27				
Additional (0)					



# Results: Policy Managers

## Competency Domain

## Importance ratings

Clinical focus (number of items)	Very	Some what	Not very	Not Needed	No opinion
<b>4. Care During Labor and Birth</b>					
Basic (42)	39	1	1	1	
Additional (3)				3	
<b>5. Postpartum Care</b>					
Basic (10)	10				
Additional (1)				1	
<b>6. Care of the Newborn</b>					
Basic (21)	21				
Additional (0)					

# Results: Policy Managers

## Competency Domain

## Importance ratings

Clinical focus (number of items)	Very	Some what	Not very	Not Needed	No opinion
<b>7. Abortion-related Care</b>					
Basic (8)	7			1	
Additional (2)				8	
<b>Overall Comments</b>	<b>Competency #7 Comments</b>				
<p>Policy makers identified the need for additional skills, preparing midwives to perform</p> <ul style="list-style-type: none"> <li>Breech version</li> <li>First assist at C-section</li> <li>Ultrasonography</li> </ul>	<p>Counseling tasks relevant to abortion-related tasks were supported; but additional skills related to performance of the procedure were not supported.</p>				

# Conclusions

- The need for certain changes to education and practice policy was identified.
- These changes would need to be negotiated with nursing and government representatives in each country.
- A common identity in midwifery education, regulation and practice would accommodate cross-country recognition of the midwifery title and credential.

# Conclusions

- A common
  - curriculum of studies
  - licensure examination
  - standards of clinical practice

across the region would advantage health workforce mobility and quality of maternal/child health care

Thank you!