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.

Using Rapid Task Analysis in Myanmar

Task Analysis card game *-Task Master: Mining for Data* was used to explore current midwives' scope of work are relevant to the country's specific health needs and their work related knowledge, attitude, practice and competencies.

Background

- Myanmar midwives' practice on MNCH core activities is limited by the broad, multi-purpose scope

- National public health schedule, time constraints and desires of the Ministry of Health required adaptation of process

- A modified Rapid Task Analysis (RTA) was conducted with an expanded expert panel in a workshop setting to explore the current practice of midwives

Methodology

- 103 tasks in 11 categories were generated from national, regional and global documents:

  - Duties and Responsibilities of Basic Health Staff and Standard Operating Procedures (Ministry of Health, Myanmar, 2008),
  - ASEAN Regional Guideline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants (ASEAN, 2014)
  - International Confederation of Midwives: Essential Competencies for Basic Midwifery Practices (ICM, Revised 2013)

- The tasks were translated into Myanmar language

A Midwife's Task List

No	Categories	Tasks
1	Professional Duties	7
2	Service Delivery: Maternal, Newborn and Child Health Care MNCH	27
3	Service Delivery in Emergency Situations: BEmONC	7
4	Service Delivery: Abortion related care	2
5	Service Delivery: Family Planning	6
6	Service Delivery: Immunization	7
7	Service Delivery: Community	14
8	Service Delivery: Nutrition Promotion	9
9	Service Delivery: School Health	1
10	Service Delivery: Treatment & disease referral (eg. Malaria, TB)	14
11	Data collection, Reporting and Record Keeping	9
	Total Tasks	**103**

Composition of Expert Panel

- 80 participants included midwives (32), midwifery school principals (20), ministry policy makers (14), and representatives from health professional bodies and implementing partners (14)

Data Collection Tool
Task analysis card game, *Task Master: Mining for Data*

Card Game

- 7 **groups** of participants, 10-12 members per group
- Facilitators at each table provided orientation and answered questions

Task displayed on monitor

Midwives playing card game

Data Collection

- Numbered participants at each table
- 2 sets of cards per participant for each variable (eg Frequency) throughout the round
- 2 card sets optimized playing time and eliminated gaps between data collection and data entry
- Participants inserted their selected card into plastic strip according to their number

Set A	Set B
Frequency ID Number	Task Master Never Lacks opportunity to perform task
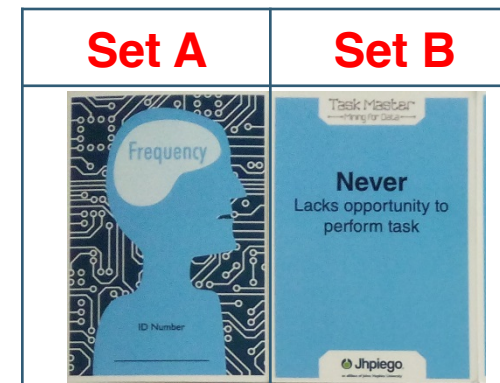
Data Processing

- Co-facilitators managed data-entry stations, recording data simultaneously and confidentially

			Frequency				Criticality			Task 1
	Group (gp)	Never	Rarely	Monthly	Weekly	Daily	High I	Moderat	Low I	P
Responses by group	1	0	0	11	0	0	11	0	0	
	2	0	0	0	0	11	5	2	4	
	3	0	11	0	0	1	4	8	0	
	4	0	2	1	0	9	10	1	1	
	5	0	2	1	0	7	3	2	5	
	6	0	0	0	0	12	12	0	0	
	7	0	5	0	0	7	0	9	3	
Total		0	20	13	0	47	45	22	13	

	Category	Total # in a category								
Responses by category	1	32	0	11	9	0	12	18	10	4
	2	20	0	4	2	0	14	11	3	6
	3	14	0	0	0	0	14	11	2	1
	4	14	0	5	2	0	7	5	7	2
Total			0	20	13	0	47	45	22	13

Lessons Learned

- Modified RTA was an efficient approach that fit country context and limitations

- Unique aspects included expanded expert panel and simultaneous electronic data entry

- Well-structured facilitation enabled large group management

- Task Master game facilitated engagement throughout process

- Immediate presentation of preliminary findings led to discussion and consensus building

- Strong representation of key stakeholders gave buy-in for decision making about the way forward

Challenges

- Time constraints affected process
  - Translation had unclear wording for some tasks
- No prior expert panel review of task list
  - Broad range of opinions challenging for facilitators
- Staff effort needed for timely data review and analysis
- Expression of opinions across professional hierarchies

Conclusion

The modified Rapid Task Analysis was innovative and efficient for the time- and resource-limited setting.

The broad mix of participants gave legitimacy to findings and facilitated discussion.

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