IO05.Tool Kit on the Development of Organisational Profile

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Introduction

The HCEU competence matrix tool aims at '*Fostering transparency and recognition of prior learning within geographical mobility of professionals in the healthcare sector'.* The concept of 'Organisational Profiles' has been used as a key instrument to achieve this aim. The basic idea is that professional care refers to specific work processes apparent in all countries. Every qualification (degree/ diploma/ certificate) in professional care reflects the extent to which holders of the qualification are able to conduct these work processes at the time of graduation.
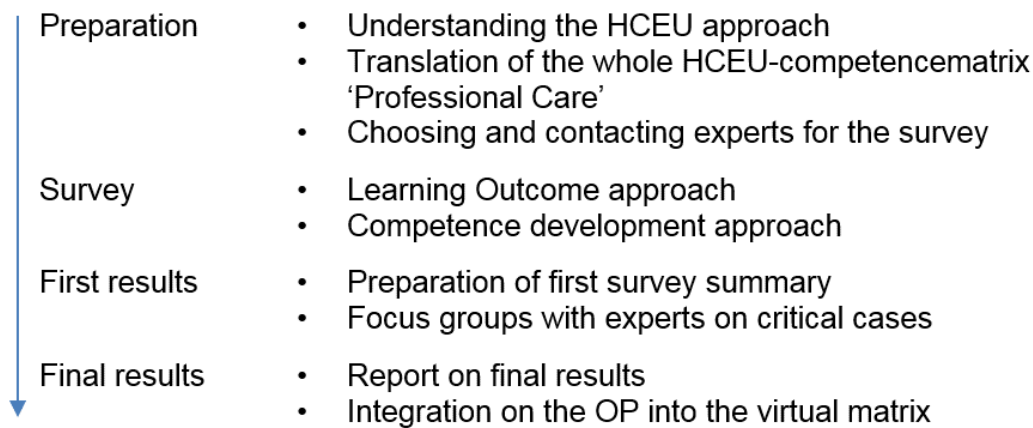
The 'Organisational Profile' aims to be precisely this: the 'total' of knowledge, skills, and competences, related with a specific qualification, as exhibited by the 'standard' holder of the qualification upon graduation. In turn, comparing Organizational Profiles virtually means comparing what fresh holders of various qualifications are actually able to do. It is believed that this is a much more reliable basis of comparison as contrasted for example with a list of subjects taught in a curriculum. Hence Organisational Profiles can turn to be very useful tool for recognition authorities and future employers across countries in assessing holders of various qualifications.

This tool kit provides guidelines and a research methodology on the development of organisational profiles. The kit incorporates the methodology applied in the underlying ERASMUS+ project HCEU and also draws from the experience acquired with the development of Organisational Profiles so far.

Guidelines for the Organisational Profile Determination

Determining the Organisational Profile (OP) of a specific degree/ diploma/ certificate requires consultation with experts in the field and the national educational and professional context of professional care. For this purpose a questionnaire survey is put in place. In order to ensure a high quality of OPs which is the basis for integration into the virtual HCEU matrix, the procedure shown here needs to be followed and documented. The individual steps are described in more detail below. Experience from HCEU has shown that the OP development process can be completed within six to eight weeks.

Preparation	• Understanding the HCEU approach • Translation of the whole HCEU-competencematrix 'Professional Care' • Choosing and contacting experts for the survey
Survey	• Learning Outcome approach • Competence development approach
First results	• Preparation of first survey summary • Focus groups with experts on critical cases
Final results	• Report on final results • Integration on the OP into the virtual matrix

Timeframe

You usually need 6-8 weeks to develop an organizational profile. It is highly recommended to get in touch with the HCEU team when entering into an OP development process in order to receive guidance and moderation throughout the overall process. This is usually done with weekly virtual meetings.

Timeframe for developing the organizational profile

	week 1 30 Apr	week 2 07 May	week 3 14 May	week 4 21 May	week 5 28 May	week 6 04 Jun	week 7 11 Jun	week 8 18 Jun	week 9 25 Jun	week 10 02 Jul
Prep of background info on OP										
Translation of matrix/Los	? ? ? ? ? ? ?									
Set-up of online questionnaire(s)		? ? ? ? ? ? ?								
Choosing and contacting experts										
Answering of survey by experts										
Prep of survey summary										
Focus group(s) with experts on critical cases		preparation of focus groups (recruitment of experts etc.)								
Prep of the final OP										
Integration of OP into virtual matrix										
Preparation of OP report										
Consultation with HCEU team	weekly at a fixed Jour Fixe until completion of work on the OP (day and time t.b.d.)									

Process

As with everything new, the development of operating procedures also has to deal with the framework conditions. It is important to understand the basics of HCEU: VQTS and the structure of the matrix and above all the differences between degrees based on curricula and the description of learning outcomes, i.e. competences. For a deeper understanding of the matrix it is recommended to visit the webpage www.project-hceu.eu.

Competent employees show their strengths in a wide variety of professional contexts: availability of personal resources, mobilisation of knowledge, anticipation of events, self-organisation, ability to reflect and criticise, and social aspects - the list could be endless. All these competences and learning outcomes can be presented using descriptors of the European Qualifications Framework (EQF) expressed in terms of competence, skills and knowledge.

Competence development as an ongoing process can also be described. And exactly this was realised for professional care in the HCEU Erasmus+ project 'Professional Care': A competence matrix, based on the Vocational Qualification Transfer System (VQTS), shows levels of competence development in different professional contexts of professional care and is complemented by learning outcomes describing professional action in relation to specific professional tasks.

A translation of the matrix into the national language is necessary where HCEU's existing language pool cannot be used. It is understandable that the experts can understand and respond to a survey in their own language much more precisely than if there were ambiguities about the content. **A precise translation thus ensures the quality of the OP.**

For the survey experts are needed and must be won to take part. For each qualification examined at the national level in each country we turn to at least three expert target groups for interviews/ consultations. These are:

- Academics/ VET instructors involved in courses of the specific qualification. Academics/ instructors are definitely the group with best knowledge of the educational curricula. In the same time, however, their opinion may be based more on the curricula and less on actual professional competence.
- Employers/ human resource officers/ directors of professionals that hold the specific qualification. This group aims to represent the employers' opinion on the competences of fresh graduates. Their opinion is expected to be more objective as for what new graduates 'actually' know and are able to do.
- Professionals, holders of the specific qualification who have accumulated a reasonable experience and are always active (employed) in the field. This group aims to provide the experience of active professionals as for what they knew and were actually able to do on their 'first day of employment' after studies'.

For each qualification examined the following numbers of interviews are considered necessary:

- 2 to 3 interviews among the first target group (academics/VET instructors).
- 4 to 6 interviews among the second group (employers/ human resource officers/ directors).
- 4 to 6 interviews among the third group (professionals).

It has been shown that it makes sense to contact experts at an early stage and ask them to cooperate. This reduces idling times later and gives the experts the opportunity to deal with HCEU. However, a discussion with HCEU is not necessary in order to be involved in the process of OP development. Rather to the contrary, no previous methodological knowledge is necessary, apart from the professional knowledge that the experts bring with them. Nevertheless, it is good if a selection of experts is already available.

Alternatively, it is also possible to work with a far larger group of experts on a pure quantitative basis. This of requires the recruitment of a critical number of experts in the field representing the target groups mentioned above. We recommend 60 or more. Please get in touch with the HCEU team if you want to go for this option.

Survey

SKILLS

The professional caregiver is able to:	Yes	No
S1. Maintain an empathic approach to patient's/client's and to recognise and to accept limitations (e.g. own and others).	☐	☐
S2. Involve the patient/client and relevant others in the procedure.	☐	☐
S3. Adapt the room temperature to the situation (e.g. regarding patient's/client's wishes and needs).	☐	☐
S4. Respect privacy of the patient/client.	☐	☐
S5. Identify the patient/client uniquely.	☐	☐
S6. Perform in assessment of patient's/client's (see also CA.1.1).	☐	☐
S7. Prepare the patient/client for treatments according to guidelines and individual treatment plan.	☐	☐
S8. Handle and apply all equipment for a physical treatment (e.g. stethoscope with bell and diaphragm, wristwatch with second hand, blood pressure cuff, ophthalmoscope, otoscope set, eye chart, pocket flashlight, tongue blades, percussion hammer, tuning fork, Bivalve vaginal speculum).	☐	☐
S9. Implement basic medical treatments and diagnostic tests (e.g. physical treatment,	☐	☐

The survey makes use of six questionnaires. All of them appear as an Appendix to the Kit.

Since the underlying basis of the research is the HCEU-competence development matrix, the competence development steps virtually constitute the 'questions' of the Questionnaires. More specifically the questionnaires (apart from a common introductory part asking the identity, the relevance, and the experience of the interviewee) are structured as follows:

- The first five questionnaires correspond to the five Competence Areas for which lists of learning outcomes are provided (Learning Outcome Approach). The interviewee is given these lists and responds with a 'YES' or 'NO' to questions asking, if specific learning outcomes have been achieved by the holder of the certificate the OP has to be developed for.
- The sixth questionnaire corresponds to the remaining Competence Areas on matrix- level only. For the latter the interviewee is given all development steps of the composite competences and is asked to specify what step is reached with the examined certificate.

The aforementioned questionnaires can be forwarded to the interviewees in two ways:

- Printed hard copies to hand or electronic pdf files attached to an email. [The major advantage of this approach is that the interviewed expert can answer the questions gradually over time by preserving his/her given answers after each answering session. The filled questionnaires will be returned to the interviewer in hand writing, in a separate answer sheet, or on the pdf file, if this is of an interactive form.

Sub-area of competence: **2.3. Mobility, movement, positioning.**

	2.3.a. To be able to implement mobility measures including patient/client activation in stable situations according to patient/client treatment plan.	2.3.b. To be able to implement mobility measures including patient/ client activation according to patient/client treatment plan and individual condition in unstable situations under supervision.	2.3.c. To be able to implement mobility measures including patient/client activation according to patient/client treatment plan and individual condition in all situations and special situative needs.	2.3.d. To be able to: • create an individual mobility/positioning plan according to patient/client's needs. • guide, supervise and reflect all forms of mobility.
Steps of competence development:	☐	☐	☐	☐

Comments:

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Sub-area of competence: **2.4. Excretion.**

	2.4.a. To be able to support patients/clients in general excretion and assist in the care of catheters and stomas.	2.4.b. To be able to support patients/clients with specific excipients in excretion and care for catheters and stomas.	2.4.c. To be able to guide and reflect all measures to support the elimination of incontinence and promotion of continence.
Steps of competence development:	☐	☐	☐

Here comes the negative aspect of this approach, i.e. the interviewer has to process all responses him/herself in order to present the outcome.]

- Electronic interview forms available for completion on a digital platform. [The major advantage of this approach is for the interviewer. He/she will be in position to retrieve the results of the research easily, processed, and in a consolidated form. Furthermore he/she will be in position to present the results in a user-friendly form (charts, tables, etc.) without additional effort.] At the same time this approach exhibits important disadvantages for the interviewee. First and foremost the platform does (so far) not allow saving answers and returning to the questionnaire at a later time. The questionnaire should be completed entirely or, if abandoned, prior answers are lost. Second important disadvantage is that the platform does not allow overlooking all questions, something that might prove disturbing in providing thoughtful answers by the expert. Finally the platform may be restrictive to processing large amounts of data.

It has been shown that it can be useful to gather the experts and supervise data entry, especially in order to be able to answer questions that arise. However, the content (the learning outcomes) should not be further explained or specified, the participants should select their answers according to their understanding of the content. **Furthermore, it is of crucial importance to explain the experts' tasks in the way as outlined above highlighting that they are asked to assess the usual competence level directly after graduation and NOT the existence of a certain topic in the curricula! It should be further stressed that there is no possibility to answer wrongly and a really realistic assessment (being neither too optimistic nor pessimistic) is crucial in order to make the OP can be of benefit for graduates!**

The HCEU team is currently working on a further elaborated approach including a common video instruction to be used for the OP development in a translated version in order to gather data for OP development with an advanced online platform and to reduce potential sources of variation. Please get in touch with the HCEU team to find out when this will be available.

Results

The results of your survey will be evaluated by our team and discussed with you in the further course.

Considering a learning outcome as usually reached

For this purpose, you will be provided with a table as shown in the figure to the right. This table will shows the percentage of experts having assessed the individual learning outcome with "yes". Usually values that are above 80% are considered as uncritical and will be automatically considered as a learning outcomes usually reached. Values between 60 and 80 % will require further discussion by experts in order to be considered as a learning outcome usually reached.

Considering a competence development step as reached

If 80% of the learning outcomes of a development step are given a 'Yes', then the step is considered as reached in the specific Organisational Profile.

Overcoming Different Expert Opinions

It is not unlikely at all that answers provided by the experts on certain learning outcomes or competence development steps differ, to a greater or lesser extent. You will then need to bring together independent experts in order to be precise and to sharpen unclear points within the profile. This panel of experts needs to be conducted in order to come to a common decision in dialogue if a competence development step or learning outcomes can be considered as usually reached. Discussion and conclusions (decisions taken for what reasons) must be documented in order to ensure transparency of such decision making processes Dependent on the interview and first expert panel results it may be necessary to carry out additional panels after the first expert rounds.

Learning Outcome TEST

EQF	Competence Development Step	LO Number	Result YES>80% NO<80%
		CA11cs008	31%
		TEST	28%
Knowledge	1.1.a.	CA11ak001	100%
		CA11ak002	100%
		CA11ak003	100%
		CA11ak004	100%
		CA11ak005	100%
		CA11ak006	92%
		CA11ak007	92%
		CA11ak008	100%
		CA11ak009	92%
		CA11ak010	92%
		CA11ak011	92%
		CA11ak012	92%
		TEST	96%
	1.1.b.	CA11bk001	77%
		CA11bk002	85%
		CA11bk003	92%
		CA11bk004	85%
		CA11bk005	54%
		CA11bk006	62%
		CA11bk007	92%
		CA11bk008	100%
		CA11bk009	92%
		CA11bk010	92%
		CA11bk011	85%
		CA11bk012	77%
		CA11bk013	92%
		CA11bk014	85%
		TEST	84%
	1.1.c.	CA11ck001	31%
		CA11ck002	31%
		CA11ck003	31%
		CA11ck004	15%
		CA11ck005	31%
		CA11ck006	23%
		TEST	27%

EQF	1.1.a.	98%
RATE	1.1.b.	85%
Total	1.1.c.	29%

Final results: (reporting of the findings and the OP, final report…)

In the end, our team and you will jointly receive the result of the expert rounds, which will allow us to present the country-specific organisational profile on the matrix. The overall process incl. information on selection of experts, implementation of the survey, implementation of expert groups and their decision making must be documented in the survey report. Transparency is considered key for the development of mutual trust.

Development of a background information

Throughout the overall process a detailed background information has to be developed, based on the criteria listed in the background information guide and template. The background information must always refer to official documents from which it is derived. Please find further instructions on the background information in the relevant files of this kit.

Quality criteria

The creation of an Organisational Profile requires certain quality criteria in order to reach trust into the tool by others who have not been involved into the overall process of development. For this purpose the entire procedure must always be considered objectively and carried out according to the specifications as outlined before. Special attention needs to be paid to the selection and instruction of the experts but also on the transparend documentation processes implemented and decisions taken. This procedure has been tested times by the HCEU project partners. In this way, you will also end up with a meaningful and reliable organisational profile for the qualification/ certificate you investigate and the profile will be ready for integration into the HCEU project. Therefore, please make sure to comply with the following quality criteria:

- Selection of experts for survey and expert panel must follow the criteria above further criteria for the selection of experts should be added in order to justify the selection.
- Selected experts for survey and expert panel must be considered as objective regarding the analysed qualification/ certificate, this does not mean that they may not be involved into the for instance delivery of the qualification but it should be argued why they are able to have an objective position in the decision making for the Organisational Profile.
- The instruction and additional information given to experts involved into the survey must be documented and should be consistent with the instruction provided in this guide.
- The overall process or Organisational Profile development is implemented and documented as described in this guide.
- Decision making processes in critical cases are made transparent as described in this guide.
- All analysis results are made available for the final quality check of the Organisational Profile.

Reporting of the Findings and the OP Determination

If you want your organisational profile to be included into the HCEU virtual matrix and therefore enable a comparison between your profile and other profiles, you are required to provide a report about the overall process of OP development and your final profile. The report must be submitted together with the profile to the HCEU team for approval