

# EMT Just In Time Training Modules, COVID-19

## Module C: Case Management and Task Shifting

### LEARNING OUTCOMES

1. Describe the requirements for treatment during the patients' pathway through the facility
2. Identify possible gaps in protocols, staffing, skills and equipment required for treatment of COVID patients
3. Recognise the importance of flexibility for task shifting, where technically possible, and when required by the case load
4. Identify the required PPE specific for every procedure
5. Outline possible dilemmas in the treatment of COVID patients

### MODULE OVERVIEW

	Topic	Method	Time
1	Introduction	Presentation	3 min
2	Patients' pathway	Interactive Presentation	5 min
3	Dilemmas in treatment of COVID-19 patients	Group Exercise	15 min
4	Specific steps patient's pathway	Interactive Presentation	20 min
5	Listing of possible task shifting	Group Exercise	15 min
6	Summary	Presentation	2 min
7	Follow-on skills coaching for task shiftable clinical practices	Demonstration and practice	Unspecified time allocation

### MODULE PURPOSE

This module is intended as a final preparedness check for the treatment of COVID-19 patients. The focus is on the protocols to be used, clinical staff roles, and the availability of the required equipment. Considering a possible surge of cases, task shifting has been added as a means for the facility to maximise its capacity.

The target audience of this module is the clinical staff of the EMT, whether they are co-located in a single facility or distributed as surge staffing support to other pre-existing health facilities.

WHO references are used, as well as links to national guidelines. It will be important that the team has a clear set of SOP's and protocols based on the patient pathology, the national standards where deployed, and the team's capacities.

### MODULE LENGTH

60 mins intro session,  
plus additional skills coaching

### MATERIAL & EQUIPMENT

Audiovisual, flip-charts, cards, markers

Written handout cards with more details of dilemmas (relevant to slide 11)

Trainer should insert the team's site plan and protocols, otherwise the WHO material

Arrangement in three to four groups of mixed background, not to lose time starting the exercises

Video demonstrations of specific clinical procedures adapted for COVID

### SUPPORT DOCUMENTS

The main reference for this document is the WHO COVID-19 webpage with technical guidance:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

The treatment of COVID-19 patients is well summarised in the WHO publication of 13th March 2020: 'Clinical Management of Severe Acute Respiratory Infection (SARI) when COVID-19 disease is suspected, available via the link:  
[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

WHO Global Guidelines on Task Shifting:  
<https://www.who.int/healthsystems/TTR-TaskShifting.pdf?ua=1>

## MODULE ACTIVITIES

Topic	Method	Notes for delivery
Introduction (3 mins)	Presentation	<p>Slide 1: Title, cover slide            Slide 2: learning outcomes and session method            Slide 3: Patient characteristics            Slide 4: COVID specific: patient's interest vs population's interest</p> <p>At the end of this intro, participants should have a clear mindset for this one hour session</p>
Patient's Pathway (5 mins)	Presentation and discussion	<p>Trainer walks the group through a short presentation. By the end, everyone should know what they are dealing with, what they have to start thinking about, and begin noticing possible gaps in their, or their facility's, approach.</p> <p>Slide 5: Patient entering the facility: to discuss the different aspects            Slide 6: Site plan            Slide 7: Ward treatment: different aspects            Slide 8: Site plan, contaminated areas            Slide 9: ICU treatment different aspects            Slide 10: 3 possible ways to leave the facility</p>
Dilemmas in treatment of COVID patients (15 min)	Group exercise	<p>This activity is designed to build an awareness of the dilemmas that participants may face, and have them start thinking about mechanisms for solutions.</p> <p>Slide 11: Three COVID dilemmas are suggested:</p> <ul style="list-style-type: none"> <li>-decisions on treatment limitations</li> <li>-non-validated treatment requests</li> <li>-risk taking (e.g. PPE shortage)</li> </ul> <p>The trainer can invite participants to add one or two extra dilemmas that they feel are of relevance.-</p> <p>Split the participants into groups, each group is then assigned one dilemma, with further details of the dilemma written on a handout card. For those dilemmas that are generated by the participants themselves, the group is encouraged to flesh it out with specific context, to really bring it alive.</p> <p>Groups list the steps, techniques and tips that they would recommend to manage their assigned dilemma. Ideas are written on flip charts.</p> <p>To debrief, the facilitator then reviews all the charts and teams discuss the pros and cons of each strategy).</p> <p>Trainer can summarise the discussion with Slide 12: structure for dilemma solving with the different levels: written rules-management structure-ad hoc committee – personal.</p>

<p>Specific steps in the Patient Pathway (20 min)</p>	<p>Interactive Presentation</p>	<p>Trainer then leads a review of every aspect of patient treatment in the facility, focusing in particular on how the key procedures must be adapted within COVID care facilities, as applied in the EMT's context.</p> <p>The presentation is intended to be swift, not opening each topic area out for lengthy discussions. The aim is to function as a checklist of the EMT's SOPs and raise awareness of the many aspects to deal with.</p> <p>Some of the topics are dealt with in more detail in other Just In Time training modules (e.g. Module F – IPC; Module G – PPE for COVID).</p> <p>For some of the practices, the trainer can show (or refer to) video demonstrations in the accompanying electronic folder, available in Hebrew/Arabic, provided courtesy of: The Israel Center for Disaster Medicine and Humanitarian Response and MSR - The Israel Medical Simulation Center, Sheba Medical Center, Tel Hashomer, Israel.</p> <p>Clinical practices to be discussed include:</p> <p>Slide 13: Triage and Testing  Slide 14: possibilities + implications  Slide 15: Treatment decision + communication  Slide 16: Ward treatment: daily routine, ward rounds, clean vs contaminated areas, co-morbidity treatment  Slide 17: Site plan: clean corridors  Slide 18: Oxygen Therapy  Slide 19: Physiotherapy  Slide 20: Clinical Support (lab, Pharmacy, Imaging)  Slide 21: unexpected resuscitation protocol  Slide 22: Communication patient / family  Slide 23: ICU: criteria  Slide 24: Intubation  Slide 25: surgical airway  Slide 26: Mechanical Ventilation  Slide 27: ICU other than ventilation  Slide 28: weaning and extubation  Slide 29: Ending of life decision  Slide 30: End of treatment, 3 ways out  Slide 31: Patient died...  Slide 32: PPE  Slide 33: Aerosol Generating Procedures  Slide 34: 4 crucial questions for each procedure</p>
<p>Task Shifting (15 minutes)</p>	<p>Group Exercise</p>	<p>Slide 35: Clarify what is meant by the term task shifting, and how this applies to the context of an EMT workforce combating COVID-19. There are many examples worldwide of clinicians having to re-role for either short or prolonged periods in order to provide surge staffing when facilities are overwhelmed.</p>

		<p>Trainer splits the participants into groups again, this time with a mix of profiles/competencies in each group.</p> <p>Provide the list of clinical tasks, which were covered in the previous section of the session. Each task should be written on a separate card, with a full set of cards given to each participant sub-group.</p> <p>Participants are then asked to sort the cards in to four columns address the following prompt questions:</p> <ul style="list-style-type: none"> <li>-Tasks which are non-shiftable</li> <li>-Limited shiftable tasks (i.e. with some further background or skills coaching)</li> <li>-Easily shiftable tasks</li> <li>-Tasks which are potentially shiftable, but not desired</li> </ul> <p>Debrief the activity by asking each participant group to read out the cards in one of the columns, justifying why they had placed it there. If there is disagreement or lack of certainty, trainer should mark the card and come back to it at the end. This is a technical discussion and experts in each specialism should be given the opportunity to inform other participants about the nuances involved.</p> <p>The trainer should also draw out prior experience from the group in what are some of the challenges in successfully managing task shifting within and across clinical teams.</p> <p>At the end of this discussion, the participants should be aware of the possibilities and limitations of improvisation. Here they are informed about further training sessions which will focus on practical skills coaching in relation to those tasks which are considered shiftable (see below).</p>
<p>Summary (2 mins)</p>	<p>Presentation</p>	<p>Slide 36: Patient's Pathway: pre-admission, Ward, ICU, Rehab Slide 37 = slide 1: Revisit the session aims and take any questions Slide 38: final slide with EMT links</p>
<p>Follow-on skills coaching for task shiftable clinical practices (unspecified time allocation)</p>	<p>Demonstration and practice</p>	<p>Clinicians are split according to profile where it is identified they may be able to shift roles and support other clinical functions within the EMT that are outside of their usual specialism. This is a HR decision that must be approached in a systematic manner, ensuring that the clinical team leads are involved and driving the process together with those responsible for overall management of the facility.</p> <p>Time is then set aside to demonstrate each of the practices in detail, and coach the clinicians on their technique using the actual equipment they will use in reality (including PPE). Besides task shifting personnel, this can serve as a useful refresher for those clinicians who are used to carrying out the procedure in routine times, but can benefit from the opportunity to practice adapting to COVID-rich working environments.</p> <p>The number and duration of the different skills practice sessions will depend on the needs of each individual EMT.</p>

