



Self-care competency framework

Volume 3. Curriculum guide for health and care
workers to support people's self-care





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Preface

All people have the fundamental right to the enjoyment of the highest attainable standard of health. Yet at the midpoint of the agenda for the Sustainable Development Goals, billions of people lack access to essential health services. There are about 90 million displaced persons and a perennial shortage of health workers in countries at all levels of socioeconomic development. There is a dire need for innovative strategies for health systems to address this challenge. Improving access to self-care interventions is one strategy to enable people to have a more engaged role in managing their own health, with the supervision of a health or care worker.

The *WHO guideline on self-care interventions for health and well-being* outlines the critical pathway that self-care interventions provide to reach universal health coverage. Self-care interventions span the spectrum of health promotion, diagnostics, disease and injury prevention, management and care. In many cases, self-care interventions can be safely administered to improve the management of one's own health with the support or supervision of a trained health worker.

This publication consolidates the evidence base and translates the *WHO guideline on self-care interventions for health and well-being* into the *Self-care competency framework*, published in three parts:

Volume 1

The **competency standards** define the competencies of health and care workers – and the specific behaviours that demonstrate them – for providing self-care in their practice. They focus on holistic health care, human rights, ethical practice, care through the life course and gender equity. They are framed by an ethos of social and professional accountability to improve health care for all. They serve as a standard for how health and care workers can support people with their self-care.

Volume 2

The **knowledge guide** describes how health and care workers can apply the competency standards to their practice, detailing the necessary knowledge, skills and attitudes that underpin these behaviours.

Volume 3

The **curriculum guide** is to be used by educational institutions and curriculum developers to develop competency-based education and training for health and care workers, including reflection on their personal conduct, so they can effectively support people's self-care.


The *Self-care competency framework* has been jointly developed by the World Health Organization (WHO) Department of Sexual and Reproductive Health and Research and the WHO Health Workforce Department to guide the development of health worker education programmes in national settings. It is intended to enable health and care workers to develop the competencies to support individuals, families and communities in making evidence-based decisions and taking action to manage their own health and the health of those in their care.

The *Self-care competency framework* clarifies the role of the health system, health-care facilities and health and care workers in supporting and supervising self-care interventions for health and well-being, and guides curriculum developers to update and integrate the competency standards into their educational curricula. This can lead to establishing appropriate strategies and tools to support people's self-care throughout life, leading to better health outcomes. We invite countries, health and care worker education institutions and employers to integrate these standards into education and practice, and to support and invest in a health and care workforce that is competent to provide people-centred, quality, evidence-based health services, including a focus on communication, collaboration and support for decision-making relevant to the use of self-care interventions, on the path towards universal health coverage.

Pascale Allotey, Director, WHO Department of Sexual and Reproductive Health and Research (SRH), including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)



James Campbell, Director of WHO Health Workforce Department (HWF)



Pascale Allotey



James Campbell

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Glossary

Behaviour	Observable conduct towards other people or tasks that expresses a competency. Behaviours are measurable in the performance of tasks (1).
Caregiver	A person entrusted with the care of a person with an illness or disability, a child, or a person with diminished decision-making capacity. Caregivers may be family members, volunteers or paid workers.
Care worker	Care workers provide direct personal care services in the home, in health-care and residential settings, assisting with routine tasks of daily life, and performing a variety of other tasks of a simple and routine nature (2).
Competence	The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience and setting (1).
Competencies	The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable (1).
Curriculum	The totality of organized educational activities and environments that are designed to achieve specific learning goals. The curriculum encompasses the content of learning; the organization and sequencing of content; the learning experiences; teaching methods; the formats of assessment; and quality improvement and programmatic evaluation (3).
Health literacy	The personal knowledge and competencies (mediated by organizational structures and availability of resources) that enable people to access, understand, appraise and use information and services to promote and maintain good health and well-being for themselves and those around them (4). Health literacy encompasses health systems literacy as well as functional literacy and numeracy.
Health worker	Any person engaged in actions whose primary intent is to enhance health (5).
Self-awareness	The ability of individuals, families and communities to promote their their health and self-efficacy through self-regulation, self-education and self-determination (6).
Self-care	The ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker (6).
Self-care interventions	Tools that support self-care. Self-care interventions include evidence-based, good-quality medicines, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker (6).

Self-efficacy	An individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainment (7).
Self-management	The ability to use devices, medicines and knowledge to undertake self-medication, self-treatment, self-examination, self-injection (6).
Self-testing	The ability to use devices and knowledge to undertake self-testing, self-sampling, self-monitoring and self-diagnosis (6).

Glossary references

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The self-care competency framework: at a glance

The *Self-care competency framework*, jointly developed by the WHO Department of Sexual and Reproductive Health and Research and the Health Workforce Department, aims to guide health worker education programmes. It enables health and care workers to develop the competencies necessary for supporting individuals, families and communities in making evidence-based decisions and taking action to manage their own health and the health of those they care for.

The framework comprises three separate, but interlinked documents:

Volume 1 **Global competency standards** for health and care workers to support people's self-care

Volume 2 **Knowledge guide** for health and care workers to support people's self-care

Volume 3 **Curriculum guide** for health and care workers to support people's self-care

Volume 1

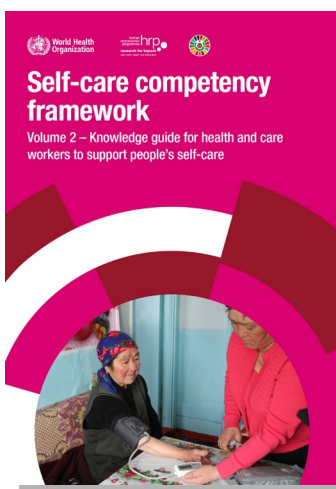


Defines the competencies of health and care workers (including specific behaviours) for providing self-care.

- Focuses on holistic health care, human rights, ethical practice, care through the life course and gender equity.
- Framed by an ethos of social and professional accountability to improve health care for all.
- Serves as a standard for how health and care workers can support people with their self-care.

Applied to:

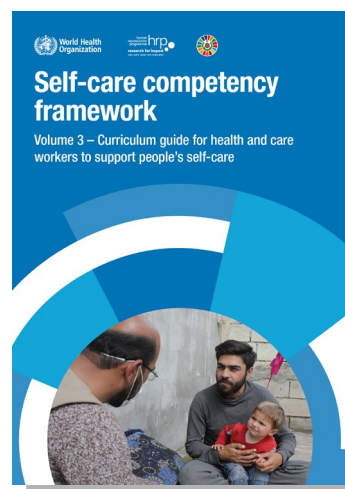
Volume 2



Describes how health and care workers can apply the competency standards to their practice.

Details the necessary knowledge, skills and attitudes that underpin these behaviours.

Volume 3



A resource for educational institutions and curriculum developers to develop competency-based education and training for health and care workers.

Includes reflection on their personal conduct, so they can effectively support people's self-care.

Links to:



Chapter 1.

Introduction



Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability. Self-care complements, supplements and extends traditional health care in the health-care facility. Achieving universal health coverage (UHC) for all requires strong health systems, with a competent health workforce supporting individuals, families and communities to undertake self-care. While self-care can be undertaken independent of a health or care worker, for many self-care interventions, the support of health or care workers will be needed to facilitate effective self-care.

The competency standards for health and care workers to support people's self-care (hereafter referred to as the competency standards) are designed to outline minimum

behaviour standards and evidence-based clinical standards for health workers to support people's ability to undertake self-care. The competency standards are presented in Volume 1 of this set of documents (1). They align with the structure of the WHO *Global competency framework for universal health coverage* (2).

This curriculum guide is based on – and to be used with – the knowledge guide (Volume 2) (3). This curriculum guide describes how educational designers can operationalize the competency standards, by customizing them for application within educational activities through a layered process, taking into consideration the cadre of health worker, the health-care setting, and the type of condition to be managed using self-care.

Principles and conceptual framework

The competency standards are based on the conceptual framework (Fig. 1) of the *WHO guideline on self-care interventions for health and well-being* (4). They focus

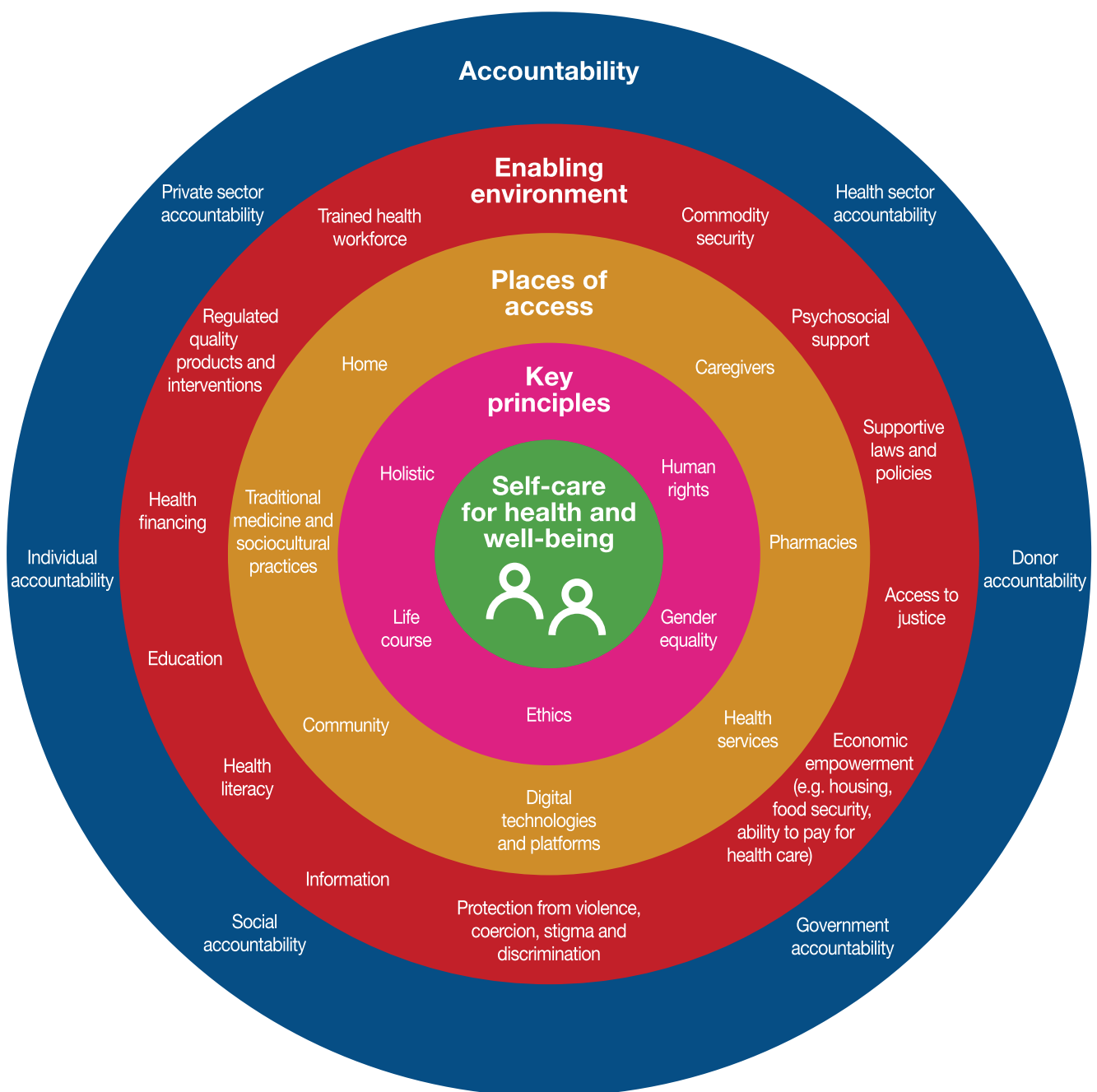
on holistic health care, human rights, ethical practice, care through the life course and gender equity. The competency standards are framed by an ethos of social

and professional accountability by health and care workers to improve health care for all.

Self-care interventions can be classified as self-management, self-testing and self-awareness, as elaborated in Fig. 2, which also illustrates where self-care sits in the intersection between health systems and “everyday life”. Self-awareness interventions are typically considered to be outside the normal work of

health-service providers, although they can help to promote better health and thus support health systems. Self-testing interventions are often performed by self-carers, sometimes independently of health or care workers, and sometimes in collaboration with health or care workers and/or caregivers. Self-management interventions generally require the support of health workers who collaborate with the self-carer.

Figure 1: Conceptual framework for self-care interventions



Source: WHO, 2022 (2).

Figure 2: Self-care in the context of interventions linked to health systems



Source: WHO, 2022 (2).

Aims of the competency standards

The competency standards are intended to be used:

- to serve as a standard for how health and care workers can support self-care among the people they are in contact with as health and care workers;
- to guide health system administrators on how and what behaviours should be promoted among health and care workers who are in contact with people to improve support of self-care;
- to guide educational institutions and curriculum developers when developing competency-based education for health and care workers to support the self-care of people they are in contact with as health and care workers.

The competencies and behaviours in the competency standards are organized under six key domains.

- Domain I:** People-centredness
- Domain II:** Decision-making
- Domain III:** Communication
- Domain IV:** Collaboration
- Domain V:** Evidence-informed practice
- Domain VI:** Personal conduct

For each domain, competencies and behaviours relevant to the support of self-care are specified. The competency standards focus on behaviours that are specific and measurable, noting that behaviours are underpinned by knowledge, skills and attitudes that are developed interdependently and over time.

While the behaviours associated with each competency standard are designed to be sufficiently broad to be applied across different health systems and countries, there is scope for behaviours to be tailored to specific settings. For example, in disaster-affected settings, where

health systems are fragile or overburdened, there is often an urgent need for people to undertake self-care. The competency standards can be adapted to highlight the competencies and behaviours health and care workers need to support people to initiate or increase self-care.

Development of the self-care competency framework

The development of the self-care competency framework – including the competency standards (1), knowledge guide (3) and curriculum guide (this document) – was guided by the framing and conceptual and taxonomy development undertaken by the WHO Department of Sexual Health and Reproductive Research (5–7). The related guidance has been published as the *WHO guideline on self-care interventions for health and well-being* (4), originally developed as the *WHO consolidated guideline on self-*

care interventions for health: sexual and reproductive health and rights (8).

Expert advice was provided by the Technical Advisory Group, which comprised experts in health care, health systems, and health of priority groups. The Technical Advisory Group reviewed the draft competency standards to ensure relevance and applicability for health and care workers and communities in a wide range of settings and countries.

How to use this document

This curriculum guide uses the terms and definitions of the WHO competency model outlined in the *WHO Global competency framework for universal health coverage* (2), on which the competency standards (1) are based (see Glossary for key terms).

A competent health or care worker can be identified through his or her behaviours in the context of the practice activities, which draws on the application and integration of their knowledge, skills and attitudes (2). Behaviours are the observable, measurable components of performance encompassing knowledge, skills and attitudes (KSA). Attitudes most closely relate to motivation to perform behaviours, while knowledge provides the informational basis for tasks, and skills are the higher-order application, analysis, evaluation and creation of knowledge. Therefore,

the presence or absence of KSA can be inferred from the presence or absence of the behaviours associated with the competency and the tasks.

This document introduces the relationships between capacity-development for better health-care systems (including self-care) and the competency standards. It then sets out an approach to developing customized curriculum materials using the competency standards. Finally, we provide examples of learning activities in support of some learning outcomes, derived from the competency standards. In applying the contents of this document, educational designers are encouraged to consider the cadre of health or care worker and their level of experience, the type of self-care activity and the health context.

Chapter 2.

Capacity-strengthening using the competency standards



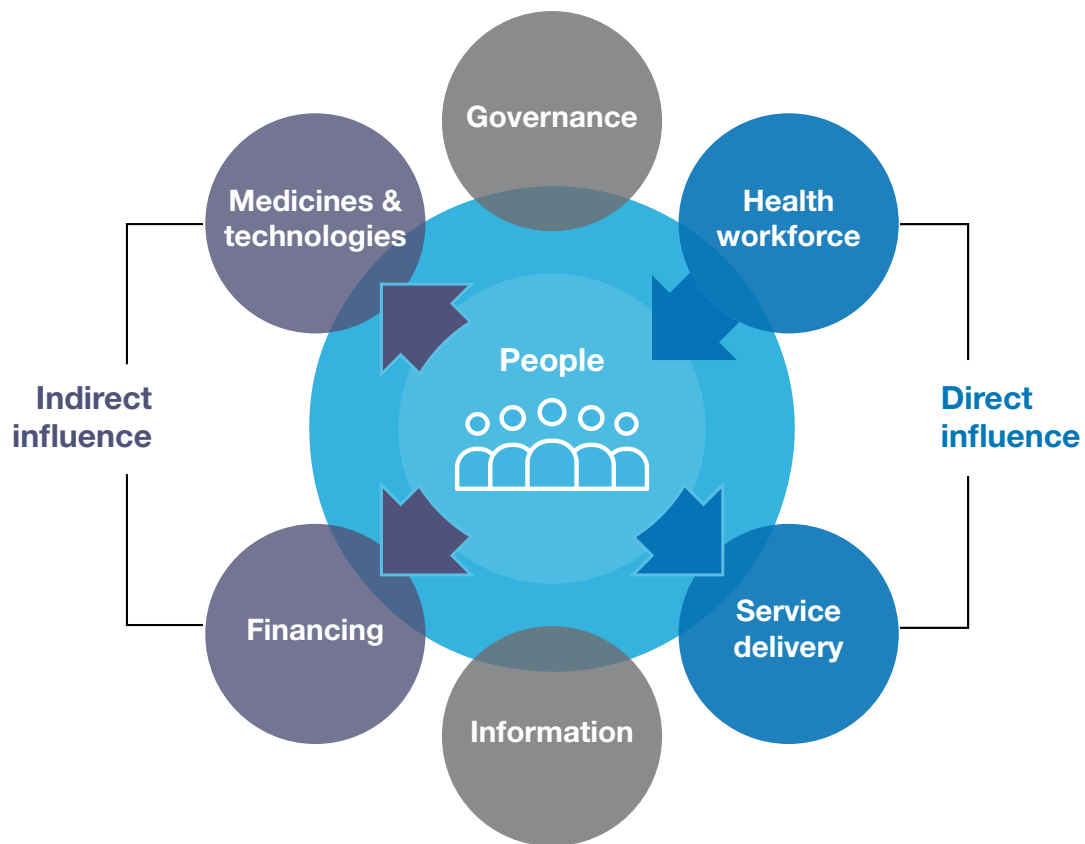
Health and care worker training and health systems strengthening

Competency standards play a role in strengthening the capacity of the health workforce (9). The health and care worker competency standards to enhance people's self-care are unusual in that they explicitly focus on capacity-strengthening of one element of the health system (the health workforce) to strengthen the capacity of another element of the health system (people as agents in the health system).

In their revision of the original “six building blocks” model of health systems strengthening (10), de Savigny and Adam placed people as central actors driving interactions between the elements of the health system (11). In Fig. 3,

we expand on this model to show directions of influence. Capacity-development of health and care workers to support people's self-care strengthens the capacity of people as agents who can themselves strengthen service delivery. Strengthening health and care worker capacity for people's self-care also indirectly strengthens health-care financing, in that incorporating self-care interventions into the health system streamlines and increases its efficiency. It also contributes to strengthening the “medicines and technology” building block through structural engagement of the end user in more effective, customized use of medicines and technology.

Figure 3: Model of health system strengthening through competency-based training of the health workforce to support people’s use of self-care interventions



Health and care worker training and individual capacity-development

Individual capacity-development can be theorized as occurring across three domains: technical (i.e. involving skills and knowledge), interpersonal (e.g. involving teamwork, management and leadership) and intra-personal (e.g. self-knowledge, values and ethical behaviour) (12).

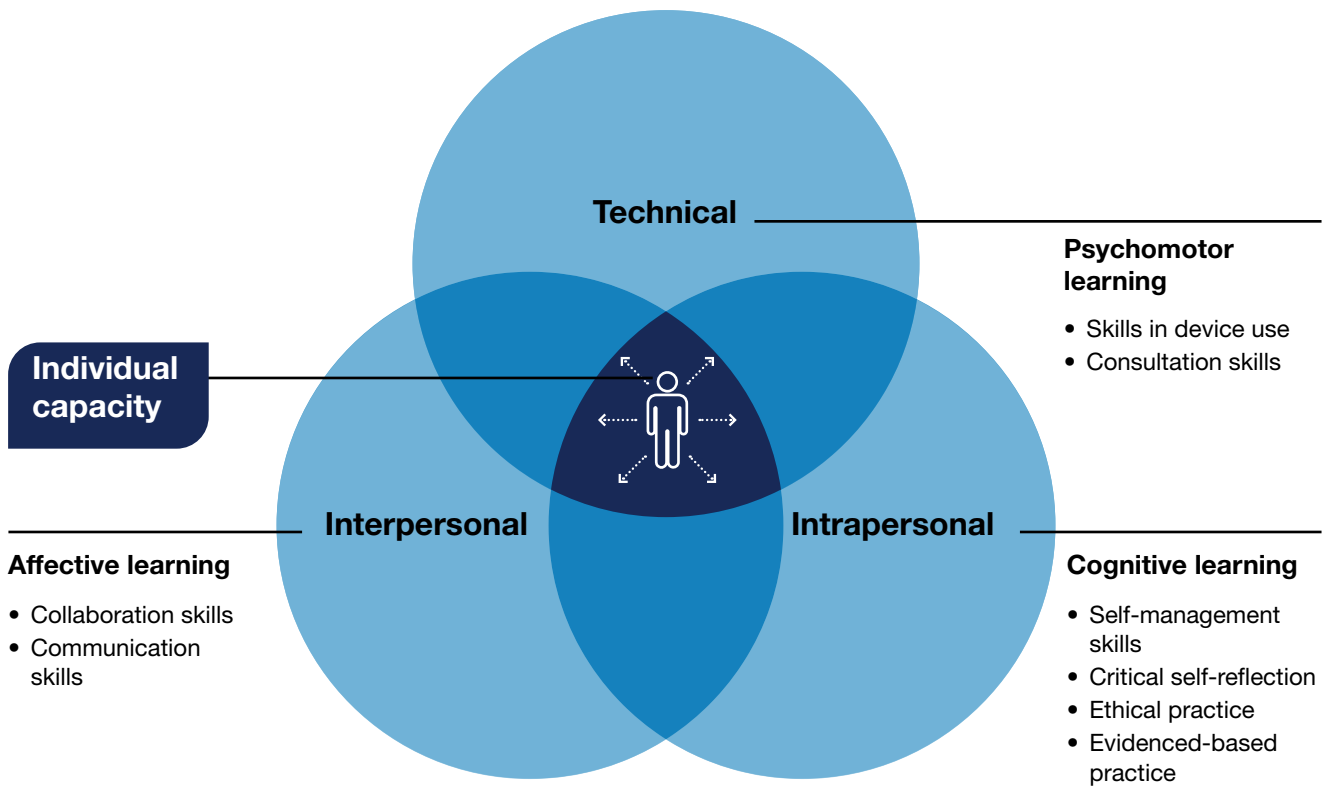
In Fig. 4, we set out these three domains, annotated with the behaviours associated with the 10 competency standards (which are described in full in Volume 1 [7]). Each of these three domains of individual capacity-development is associated with a different type of learning:

- Psychomotor learning (skills development);

- Affective learning (empathy, perspective-taking, learning about how we work with others);
- Cognitive learning (self-examination, ability to reflect critically on one’s own actions).

Health worker training has been critiqued for focusing excessively on skills acquisition and static knowledge transmission at the expense of affective and cognitive learning (13). The structure of the competency standards supports the educational designer to move beyond a skills-and-knowledge focus to engage with a range of learning approaches and activities for different behaviours under each competency standard.

Figure 4: Model of individual capacity-development through competency-based training of the health workforce to support people’s use of self-care interventions



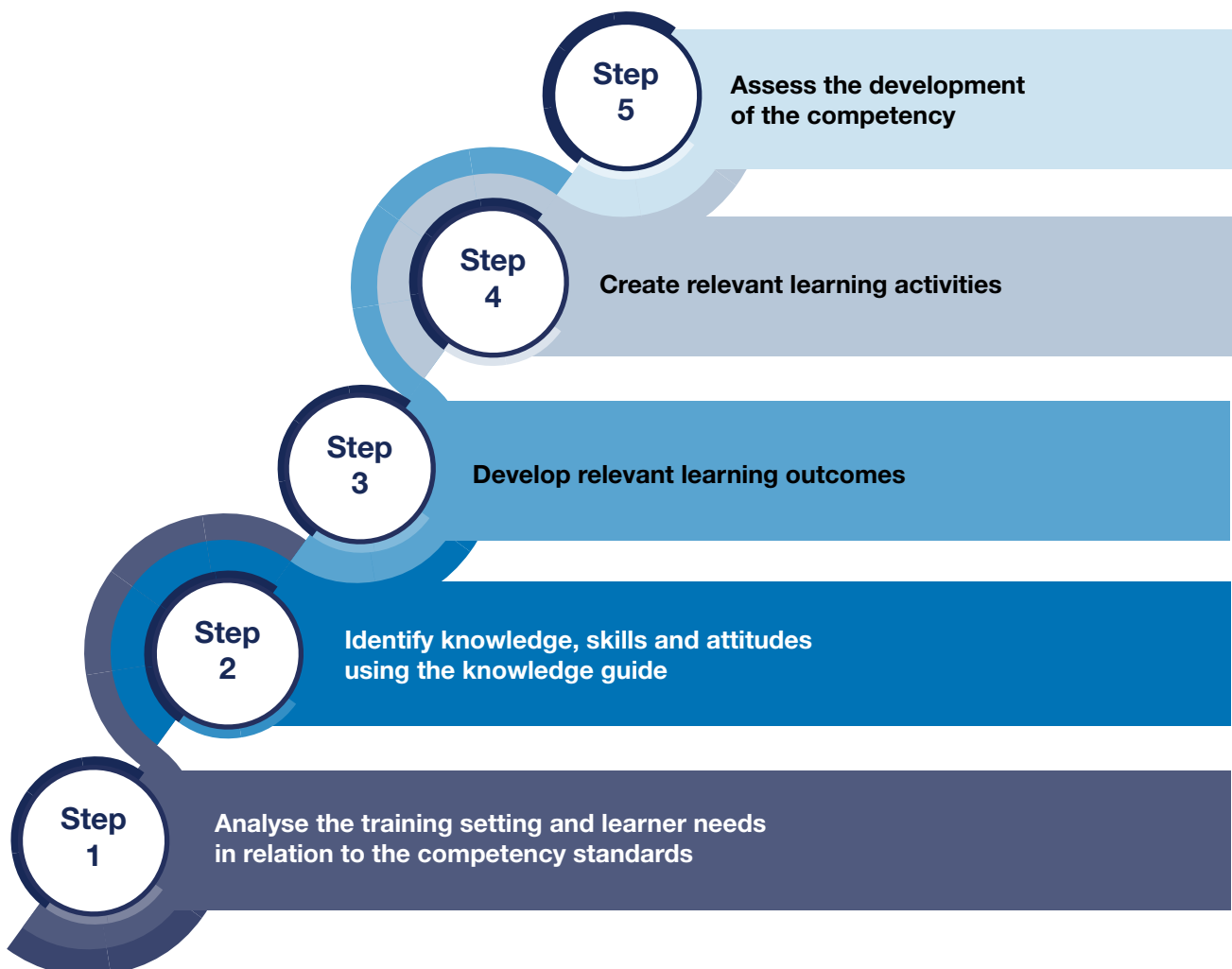
Chapter 3.

Five steps to design a competency-based curriculum

Designing a competency-based framework for health and care workers to support individuals' self-care involves the five steps shown in Fig. 5.



Figure 5: Process model for designing a customized competency-based curriculum



Step 1. Analyse the training setting and learner needs in relation to the competency standards

Begin by asking the following questions, focusing on the setting, the cadres of health and care workers, and the health-care context. This stage should include consideration of the self-care interventions likely to be of highest priority for people in your setting.



- *What cadre of health or care worker is the curriculum for?* The focus of your curriculum will be determined by the function of the health or care worker in the health system, rather than professional titles of health or care worker cadres. A health or care worker who carries responsibility for engaging in complex problem-solving with people who are living with multiple long-term conditions (multimorbidity) is likely to need a different educational focus from a health or care worker whose responsibility is to provide treatment or personal care under supervision.
- *What types of self-care interventions are likely to be sought and used, or likely to be of particular relevance, in the setting?* This will be determined by:
 - the local epidemiology of illnesses and other morbidity in the community (consider the local prevalence of chronic illnesses, the patterns of acute illnesses across different ages, and other morbidity patterns, such as perinatal morbidity or occupational injury);
 - the financial resources and logistical support available in the community for self-care interventions (consider internet availability or mobile phone connectivity, and policy constraints around some self-care interventions, e.g. medical abortion may be illegal or expensive in some countries).
- *What are the characteristics of the health setting?*
Is this a low-resource or high-resource setting?
How geographically and financially accessible is the health-care facility for people in the community?

Step 2. Identify knowledge, skills and attitudes using the knowledge guide

Having described the training setting, consider the knowledge, skills and attitudes (KSA) associated with the behaviours for each competency standard; these are tabulated in the knowledge guide. Some of these KSA may already be covered within your existing curriculum. Spend some time assessing whether you may already be addressing each behaviour noted under the competency

standard, or whether it could be addressed by making an adjustment to the existing curriculum.

For example, competency standard 8 – Demonstrates high standards of ethical conduct – includes the following behaviour (8.1), with associated KSA as shown below.

 Behaviours	 Knowledge, skills and attitudes
<p>Behaviour 8.1 – Upholds legal and ethical principles relevant to self-care, including confidentiality, conflict of interest, duty of care, dignity, privacy and safeguarding the interests of individuals</p>	<p>Knowledge Articulates legal and ethical principles relevant to self-care</p>
	<p>Skills Behaves in ways consistent with legal and ethical principles relevant to self-care</p>
	<p>Attitudes Values and reflects upon legal and ethical principles relevant to self-care</p>

Most curricula for health and care workers will address professional conduct, including foundational legal and ethical principles. Most existing curricula will not specifically refer to self-care. The educational designer could incorporate the behaviours under competency

standard 8 by adjusting the learning outcomes in the existing curriculum relating to professionalism and ethical conduct to include providing support for people's ability to undertake self-care, and the health or care worker's own self-care.

Step 3. Develop relevant learning outcomes

Having identified the cadre of learners, the health-care setting, the likely self-care needs in this setting, and the gaps in the existing curriculum, develop your learning outcomes. Learning outcomes are descriptions of the specific knowledge, skills or attitudes that are measurable or identifiable achievements that will indicate to both the learner and the assessor that the learner is able to demonstrate the relevant behaviour. Learning outcomes

may integrate knowledge, skills and attitudes or they may have a focus on just one or two of these. When preparing learning outcomes, it may be helpful to use Bloom's taxonomy, which helps the educational designer to focus on the type of mastery of content sought (14).

Possible learning outcomes for each competency standard and associated behaviour are outlined in Chapter 4.

Step 4. Create relevant learning activities

Designing learning activities involves decisions about the content, structure, timing, pedagogical strategies, sequence of learning activities, and the type and frequency of assessment during the course, as well as the types of technology that will be used to support learning.

As a general principle, learning activities should be designed with the learner in mind, and not the pedagogical preference or the convenience of the educator. The sustainability of the learning activity should always be taken into consideration. An elaborate learning activity may prove impossible to deliver on an ongoing basis. Too much focus on the sustainability criterion, however, can result in a pre-prepared package of learning materials that may drain all interest from potential learners.

Possible learning activities for each competency standard, associated behaviour and learning outcome are outlined

in Chapter 4, with further detail about the educational delivery methods provided in Annex 1. These activities encompass 26 different instructional methods. They are not intended to be prescriptive, but rather to demonstrate the breadth of instructional methods that may be used to teach the competencies to support self-care. Few examples of didactic education are included, though some of the learning outcomes may be supported by lectures. Instead, the emphasis is on instructional methods that can be undertaken in small groups and teams, using high- and low-fidelity simulation, problem-based and case-based learning, experiential learning and reflective exercises. Examples are included of how some learning outcomes may be addressed through e-learning, or through using online resources such as the databases of patient experiences.¹ However, advanced e-learning resources and technical capability is not a prerequisite for a self-care curriculum.

Step 5. Assess the development of the competency

When considering appropriate assessment methods, the following criteria should be taken into consideration (15).

Suitability: Can the assessment method demonstrate achievement of the learning outcome? For example, a written or multiple-choice examination is not suitable for assessing procedural competence (16).

Validity: Does the assessment method measure what it is supposed to measure? (17) If the assessment involves oral communication about how to use an asthma inhaler, the assessor should focus on the effectiveness of the learner's communication skills, not on their knowledge of asthma treatment in general or the mechanism of the inhaler.

Feasibility: Is it possible to deliver the assessment method to this set of learners at this time and in this context? For example, direct observation of the learner performing a task that requires skill is not possible if there are no on-site assessors (18).

Reliability: Can the assessment method measure the outcomes consistently when measured in different contexts, on different occasions and by different assessors? (19,20).

Appropriateness: Is the assessment method appropriate for the learner, taking into consideration their disciplinary background, or their learning journey from novice to expert (20). Evidence of reflections on audit or changes made through plan-do-study-act (PDSA) cycles (see Annex 1) are usually only appropriate assessment methods for learners who are embedded in a practice setting, such as experienced health workers.

Reasonable: Is the level of effort involved in the design and delivery of the assessment justified? Not every learning task requires a formal assessment.

Illustrative assessment methods are presented in Chapter 4.

¹ These international databases are available at: <https://dipexinternational.org/>

Chapter 4.

Example of a draft curriculum with learning outcomes, activities and assessment methods



This section provides an example of a draft curriculum addressing each of the 10 competency standards (1), using the knowledge guide (3) as a basis for developing the learning outcomes and activities, which address knowledge, skills and attitudes (KSA). The content in this example, presented in a series of tables for the competency standards, is intended to stimulate educational design ideas rather than to be a definitive curriculum. The types of learning activities devised for different learning outcomes incorporate a range of methods, and assume different levels of technological support. In addition, some are designed for novices, and others for more experienced learners. The educational delivery methods mentioned are described in Annex 1.

In addition, the right-hand columns in the tables in this section indicate which of the six different assessment methods presented below can be used to assess the learning outcomes listed in the left-hand columns.

The assessment methods have been designed to relate to the learning activities (middle column) for each learning outcome; if a different learning activity is used to meet the learning outcome, then a different assessment method may be needed.

The six assessment methods (referred to by number in the right-hand column of the tables) are:

- 1. Self-assessment.** Self-assessment may be undertaken by the learner using a written template, or through online assessment, which may provide embedded feedback. The self-assessment may be incorporated into the learning activity or be provided after its conclusion. Self-assessment is usually formative; however, completion of self-assessment may be a requirement for completion of a learning activity.

2. External assessment using written and/or oral questions. This traditional form of assessment can be undertaken using multiple choice, extended matching questions, or short-answer questions. The aim of this form of questioning is to demonstrate content mastery. Well-constructed questions should also enable demonstration of critical thinking.

3. Structured observation. This form of assessment is useful to demonstrate mastery of communication and clinical skills. It can be both formative and summative. The assessor is provided with a set of key skills that the learner should demonstrate when performing the required activities in a simulated or real-life setting.

4. Written report and/or oral presentation or reflection. This form of assessment enables the learner(s) to demonstrate their ability to prepare

and communicate a synthesized piece of work demonstrating higher-order thinking. The material does not draw on direct clinical experience.

5. Presentation of applied research – evidence obtained from clinical cases or from review of clinical records. This form of assessment draws on field-based learning in a health-care setting, and is generally used for experienced learners.

6. Workplace-based case reflection and/or observation of care provision. This form of assessment is embedded in the health-care setting and is used by learners who are currently working in this setting. The assessments are undertaken by supervisors or by external observers, and are contextualized in the person's work.

Domain I: People centredness



Table 4.1. Competency standard 1:
Promotes self-care by individuals, caregivers, families and their communities



Behaviour 1.1

Supports the individual to adapt options for self-care interventions, taking into account their personal situation, community, environment, gender, age, life stage and the health system

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>1.1.1 Uses tools to clarify self-care options available to the individual</p> <p>1.1.2 Uses a checklist to check whether the self-care option is suitable and usable for the individual</p>	<p>Method: Exemplary case discussion (group activity)</p> <p>Activity: One or more learners must first devise a case study about a person requesting a self-care intervention (e.g. for asthma management, a sprained ankle, breast-milk engorgement). As a group, identify the appropriate self-care options using a checklist to review a range of considerations.</p>	<p>3, 6</p> <p>3, 6</p>
<p>1.1.3 Identifies appropriate self-care interventions for a range of health conditions</p>	<p>Method: Scaffolded practice-based learning; reflection on experience (individual activity)</p> <p>Activity: In a clinical setting, support a person to choose a self-care strategy for a specific health condition that they will continue to use outside the health-care environment and describe the reasons they gave for their choices.</p>	<p>1, 2, 5</p>
<p>1.1.4 Advises on the use of self-care interventions, taking into account the circumstances of the individual, their caregiver, family and community</p> <p>1.1.5 Critically analyses potential challenges related to use of self-care interventions presented by the individual's age and physical capabilities</p>	<p>Method: Simulated or real patient exercise (group activity)</p> <p>Activity: As a group, design a self-care strategy you think may be appropriate for a person with a particular chronic condition, and then meet them to discuss their preferences. Reflect how and why the strategy you designed may differ from the one selected by the individual.</p>	<p>3, 5</p> <p>5, 6</p>
<p>1.1.6 Evaluates the success of a self-care intervention for the individual or at the community level</p>	<p>Method: Reflective exercise (group activity)</p> <p>Activity: Analyse why a useful self-care strategy (e.g. home use of naloxone for injecting drug users or oral rehydration salts for diarrhoeal illnesses) may not have been well utilized in the community, and outline how this may be addressed.</p>	<p>4, 5</p>



Behaviour 1.2

Supports ongoing adjustment of self-care interventions, taking into account fluctuations in the individual's physical and mental health and their health-care needs

Sample learning outcomes	Illustrative learning activities	Assessment methods
1.2.1 Articulates the individual and community factors that may impact a person's capacity to implement appropriate self-care interventions	Method: Online interactive activity (individual or group activity) ² Activity: Explore a person's changes in capacity to implement self-care interventions by undertaking an interactive lesson focusing on a person with a chronic disease with a fluctuating or deteriorating course, which will require regular adjustments in self-care interventions (e.g. Parkinson's disease, asthma, diabetes). The case study is presented using a video demonstration and an interactive timeline incorporating changes to the community context (e.g. closure of local pharmacy; opening of local community peer support service for elders). Clickable image or text "hot spots" take the learner to embedded assessment tasks that address a person's self-care capacity through fluctuations in symptoms and symptom load and changes in community structures. The learner can also access interactive feedback on their responses to the self-assessment.	2
1.2.2 Analyses and intervenes to support the individual's evolving needs for self-care over the course of a chronic illness	Method: Case reflection in practice setting (individual activity) Activity: Choose a self-care intervention with a person that suits their needs and capabilities. Discuss how this intervention may need to change if their capacity deteriorates. Arrange a collaborative plan with the person to enable them to continue to use self-care effectively through anticipated fluctuations in health.	5, 6



Behaviour 1.3

Supports the development of health literacy in relation to self-care

Sample learning outcomes	Illustrative learning activities	Assessment methods
1.3.1 Identifies an individual's level of health literacy in relation to their ability to undertake prevention and/or management of a health condition	Method: Practicum and reflection (individual activity) Activity: Select a validated health literacy tool (a compendium is available at the Health Literacy Tool Shed [21]). Administer this to a member of the community, discuss with them any barriers or enhancers to health literacy and prepare a reflective report.	2, 4

² This activity requires access to and experience with digital learning software.

<p>1.3.2 Optimizes self-care for an individual by assisting them to select interventions that are appropriate to their level of literacy and numeracy or that of their caregiver</p>	<p>Method: Flipped classroom, with educational exercises followed by an interactive session reviewing and reflecting on the material (individual and group activity)</p> <p>Activity: Prior to the interactive session, the instructor should provide information to learners on the impacts of literacy and numeracy challenges on self-care, and then describe the following two cases.</p> <p>A child with a urinary tract infection, whose treatment involves a parent administering 5 ml of an antibiotic every 6 hours. Assume that in this case the parent and child do not have the ability to calculate fractions.</p> <p>An adult attempting to undertake self-screening for colon cancer using a home bowel cancer screening kit. Assume that the person has been provided with the kit or written instructions for stool sample collection.</p> <p>During the interactive session, for each case, the learners should nominate and compare two different strategies to address the numeracy or literacy problem.</p>	<p>1, 2</p>
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Behaviour 1.4

Identifies self-care interventions that have been previously undertaken by the individual, their caregiver, family and community

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>1.4.1 Identifies the current and past self-care interventions that an individual has used for nominated health conditions</p>	<p>Method: Interviews with lived-experience teachers (group activity)</p> <p>Activity: Conduct a group interview with a community member with a nominated health condition, exploring the current and past self-care interventions they have used, including alternative or traditional health-care practices.</p>	<p>1, 4</p>
<p>1.4.2 Compare the types of self-care interventions used by two groups (e.g. younger and older, male and female) in your community</p>	<p>Method: Rapid appraisal (group activity)</p> <p>Activity: For a selected health condition or need, choose two groups for comparison. For a predetermined period (e.g. 1–2 weeks) as a group of 5–8 learners, undertake a rapid appraisal exercise using any combination of interviews with community members and/or health workers, observation of behaviour, and review of reports in local media to determine the types of self-care interventions used by the two groups for the selected condition, then produce a report or presentation.</p>	<p>4, 5</p>



Behaviour 1.5

Supports the individual, their caregiver and their family to access and continue using self-care interventions, taking into account individual, social and system-level barriers

Sample learning outcomes	Illustrative learning activities	Assessment methods
1.5.1 Individualizes self-care interventions to address social and system-level barriers	<p>Method: Structured clinical placement, with observational component (individual activity)</p> <p>Activity: Observe a health worker developing an individualized strategy for self-care with a person in a setting where complex self-management support is conducted (e.g. palliative care, pain management, rehabilitation treatment) or in the community (e.g. a person with complex needs, multimorbidity). Use a checklist to guide observations.</p>	4, 6
1.5.2 Applies responsive strategies at the health-service provider level to overcome barriers that prevent people from accessing or continuing self-care	<p>Method: Audit (group project)</p> <p>Activity: Identify an aspect of the health-care facility's ability to support an individual's self-care, using a publicly available assessment tool (22). As a group of 5–8 learners, undertake an audit of the identified component of organizational support for self-care in your own health-care setting, and advise on relevant strategies to improve it.</p>	5, 6



Behaviour 1.6

Demonstrates an awareness of the risk of harm that can be linked to self-care practices, including violence, coercion, stigma, discrimination and harassment, which reflect institutional, cultural, gender and racial biases

Sample learning outcomes	Illustrative learning activities	Assessment methods
1.6.1 Critically analyses risks of harm, including violence, coercion, stigma, discrimination and harassment, which may impact upon the successful implementation of self-care interventions in different settings	<p>Method: Critical case reflection (individual or group activity)</p> <p>Activity: Examine a case where a person experienced direct harm from a self-care intervention (e.g. when they didn't use a device correctly, or experienced a side-effect). Consider why this happened, and what the health worker and/or the health-care facility could have done differently to prevent or reduce this harm. Write a critical narrative reflection about the problem, the strategies that were used, and the premise (reflecting understanding of the risk of harm).</p>	4
1.6.2 Applies sensitive, locally relevant strategies to mitigate risks of harm associated with undertaking self-care interventions	<p>Method: Case study (individual or group activity)</p> <p>Activity: Examine a case where a person experienced an indirect harm related to their self-care practice (e.g. discrimination, harassment or violence) and prepare an individual reflection or discuss in a group how this harm may have been prevented or reduced.</p>	4



Table 4.2. Competency standard 2: Provides people-centred support for self-care by individuals, caregivers and families



Behaviour 2.1

Ascertains each individual's priorities for self-care interventions, taking into account physical, psychological, social and emotional factors, including issues of intra-familial agency and power

Sample learning outcomes	Illustrative learning activities	Assessment methods
2.1.1 Integrates principles of agency, autonomy and self-determination into assessment of the individual's priorities for self-care interventions	<p>Method: Interview with a person with a chronic condition (individual activity)</p> <p>Activity: Conduct a structured interview with a person with a chronic condition requiring everyday management (e.g. chronic pain, endometriosis, multiple sclerosis). Prepare a written or oral summary of the person's priorities for self-care interventions.</p>	4
2.1.2 Demonstrates ability to support individualized priority-setting for self-care interventions	<p>Method: Simulated patient (SP) role play (group activity)</p> <p>Activity: Hold a consultation with an SP presenting with multimorbidity (e.g. having three of the following: diabetes, depression, arthritis, cardiovascular disease, renal disease, asthma), observed by other students and an instructor. Clarify the SP's self-care priorities among their multiple illnesses.</p>	4



Behaviour 2.2

Demonstrates awareness and sensitivity about the ways in which beliefs and values, as well as legal, gender, financial and cultural considerations may impact upon an individual's self-care choices and practices

Sample learning outcomes	Illustrative learning activities	Assessment methods
2.2.1 Demonstrates and models sensitivity to issues that may affect an individual's self-care choices	<p>Method: Simulated patient (SP) role play (group activity)</p> <p>Activity: Hold a consultation with an SP who declines to follow your recommendation for self-care (e.g. declines to take insulin, does not want to use a walking frame despite multiple falls, does not want to have a screening mammogram despite a family history of breast cancer), observed by other students and an instructor. Demonstrate how to respond sensitively to the patient.</p> <p>[Note to instructor: If the interviewer/learner asks particular questions, this should trigger further input from the SP about the rationale for non-agreement.]</p>	3



Behaviour 2.3

Identifies vulnerabilities of individuals, caregivers and families with respect to financial exploitation linked to the consumption of self-care products

Sample learning outcomes	Illustrative learning activities	Assessment methods
2.3.1 Identifies financial risks related to consumption of self-care products	<p>Method: Self-directed research (individual or group activity)</p> <p>Activity: Choose a health condition and explore the costs of a range of potential treatments for this condition that are readily available to purchase online or from a local vendor/pharmacy. Consider the reasons why a person may commit their funds to these treatments.</p>	4

Domain II: Decision-making



Table 4.3. Competency standard 3:

Takes an adaptive and collaborative approach to decision-making about self-care by individuals



Behaviour 3.1

Supports the individual to make informed decisions about using self-testing and self-management tools and devices, including medication, monitoring technologies and home-based testing

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.1.1 Evaluates the strengths and weakness of self-testing and self-management tools and devices in relation to the needs of the individual	<p>Method: Interactive online exercise, using interactive software (individual or group activity)³</p> <p>Activity: For two software-generated simulated patients (SPs) with the same health condition, for which the learner selects a range of different social attributes (e.g. age, urban/rural residence, language limitations), evaluate the strengths and weaknesses of self-care interventions for the SPs against standard quality criteria using embedded assessment, with feedback provided based on the learner's responses.</p>	1

3 This activity requires access to and experience with digital learning software.



Behaviour 3.2

Ensures self-care decision-making is supported by the individual's nominated substitute decision-maker in situations where the individual's decision-making capacity is reduced or fluctuates

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.2.1 Makes appropriate assessment of the individual's capacity and appropriate use of a substitute decision-maker in a consultation	Method: Video-led reflection (group activity) Activity: Reflect on a video case of an elderly woman who has become very suspicious and states that she does not trust the health worker. She has decided that she would prefer to stop using the self-care interventions that were intended to improve her bone health (i.e. exercise, bisphosphonates, vitamin D), because a friend of hers was using these and then died. Discuss issues raised in the video about her capacity, how to assess her capacity, and whether she needs a substitute decision-maker.	3



Behaviour 3.3

Supports the individual to identify goals and desired outcomes of effective and acceptable self-care, including through digital self-care

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.3.1 Incorporates shared decision-making, including goal-setting, and incorporates person-determined outcomes into self-care planning	Method: Experiential learning (individual activity) Activity: Ask a member of the community to identify a self-care activity they would like to engage in, and develop a plan using shared decision-making. This will involve setting goals and identifying person-determined outcomes that are specific, measurable, achievable and relevant. Develop a short oral or written reflection on this activity.	1, 3, 4



Behaviour 3.4

Anticipates and collaboratively plans for the individual's changing needs for self-testing and self-management throughout the continuum of care

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.4.1 Compares and contrasts anticipated self-care needs for different chronic illnesses along the continuum of care	Method: Observation of an interview with a lived-experience teacher, and preparation of journey maps (group activity) Activity: Groups of 5–8 students observe an interview between a facilitator and a person with a chronic illness. As they listen, each student develops a journey map indicating changes in self-care. After the interviews, all the groups of students come together to reflect and discuss the different journeys with a facilitator.	3



Behaviour 3.5

Demonstrates respect for the individual's decision not to undertake self-testing and self-management

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.5.1 Demonstrates a consultation approach that is open to an individual declining self-care interventions	Method: Case reflection (group activity) Activity: As a group, consider a case where consent was withheld for a self-care intervention. How might individual health workers and organizations respond to this situation? What emotions might they feel? How might this impact the consultation? Describe how you ensure safety in this situation.	1, 2, 3
3.5.2 Negotiates safety-netting, where possible, when individuals decline self-care interventions		3



Behaviour 3.6

Supports informed consent for self-care activities

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.6.1 Demonstrates capability to obtain informed consent for self-care interventions	Method: Student role play and formative objective structured clinical examination (OSCE) (group activity) Activity: Students take turns to role play the consent process based on briefing notes, one as a person who is planning to start using a self-care intervention, another as a health worker and a third observing and assessing the process using an OSCE template.	4
3.6.2 Applies principles of informed consent to minors and people with cognitive or other impairments	Method: Desktop scenario exercise (group activity) Activity: 8 students sit around a table and each one takes on a role (doctor, concerned community member, parent/carer, hospital administrator, nurse, community health worker, lawyer, minor/elder/person with cognitive impairment). With facilitation by a tutor, evolving scenarios focus on whether a minor can give consent for a contraceptive implant, whether an elder with dementia is competent to decline influenza vaccination, or whether a person with intellectual impairment can give consent to long-term antiviral treatment for hepatitis B.	3



Behaviour 3.7

Provides informed advice to support decision-making about self-care, interventions, particularly where evidence is limited

Sample learning outcomes	Illustrative learning activities	Assessment methods
3.7.1 Demonstrates ability to provide informed advice to support an individual's decision-making about use of self-care interventions	Method: Student role play (group activity) Activity: Pairs of students randomly choose one from among many pieces of paper on which are written common misunderstandings about health issues (e.g. the belief that contraception can impair future fertility, or that back pain should be treated with bedrest). Students then take it in turns to play the role of a health worker explaining the facts that counter the misinformation to a service user. All students participating in this role play later reflect as a group on the challenges of responding to misinformation.	4
	Method: Student role play (group activity) Activity: Students role play being a health worker and a person with a rare health condition or multimorbidity who wants to use a self-care intervention for which there is no relevant evidence-based guideline. Students then take it in turns to role play explaining the limitations of the evidence to a service user. All students participating in this role play later reflect as a group on the challenges of discussing the limitations of evidence.	4

Domain III: Communication



Table 4.4. Competency standard 4:
Communicates effectively with individuals,
caregivers and families



Behaviour 4.1

Uses appropriate verbal and non-verbal communication methods to support self-care, including the use of interpreters where appropriate

Sample learning outcomes	Illustrative learning activities	Assessment methods
4.1.1 Demonstrates ability to work respectfully and effectively with interpreters in person and through remote access technology, where appropriate	<p>Method: Practical experience, with feedback (individual activity)</p> <p>Activity: During clinical placement, take a patient's history using an interpreter (in-person or remote). The session should be observed and assessed using a checklist and immediate feedback should be provided.</p>	3, 6
	<p>Method: Analysis of video consultation (individual or group activity)</p> <p>Activity: Analyse a video-recorded consultation and identify the verbal and non-verbal techniques used for effective communication. Such techniques include the use of open-ended questions, reflection, affirmation, normalization, summarizing, sign-posting and non-verbal techniques like mirroring, eye contact, appropriate touch, posture and nodding agreement.</p>	4
	<p>Method: Expert witnesses (fishbowl session) (group activity)</p> <p>Activity: Using three interpreters as the experts, students in the "fishbowl" with them ask questions to explore their perceptions on the clinical consultation process, e.g. What constitutes a good or bad consultation? What are the risks of using a non-professional interpreter? How can a health worker work most effectively with an interpreter?</p>	1, 2, 4



Behaviour 4.2

Uses a non-judgemental, open communication style

Sample learning outcomes	Illustrative learning activities	Assessment methods
4.2.1 Demonstrates non-judgemental and open communication style	<p>Method: Simulated patient (SP) role play (group activity)</p> <p>Activity: In a consultation with an SP about a self-care intervention that may be sensitive (e.g. alternative medicine), demonstrate use of verbal and non-verbal cues, including inclusive language, and open or mirroring posture. The use of cues should be assessed by other students using structured observation sheets.</p>	3



Behaviour 4.3

Uses appropriate visual, language and literacy communication aids

Sample learning outcomes	Illustrative learning activities	Assessment methods
4.3.1 Evaluates the appropriateness of specific communication aids for different individuals	Method: Structured interview with a lived-experience teacher (individual activity) Activity: Select a communication aid designed to support an effective consultation about self-care for a particular health need or condition. Seek feedback about this communication aid from a community member with the relevant self-care need or condition. Produce a report on ways to improve the communication aid.	3
4.3.2 Evaluates the system-level supports for, and barriers to, using appropriate language and literacy aids	Method: Multi-perspective assessment using interviews, audit and desk review (group activity) Activity: The four members of the group take on the following tasks. <ul style="list-style-type: none">• Interview a person with a condition requiring self-care about the language, visual or support material they have used to learn about self-care, and how they access these materials.• Interview the person's health worker about materials they would use to aid communication about self-care for that condition.• Audit the structural accessibility in the health worker's area of practice of language and literacy aids (e.g. the internet, peer support, health worker software).• Assess suitable material publicly available for the health worker to aid communication.• The output is a report by the group provided to the health worker detailing options for suitable aids to improve communication.	5



Behaviour 4.4

Uses communication approaches that address motivation and support the self-efficacy of the individual, their caregiver and family

Sample learning outcomes	Illustrative learning activities	Assessment methods
4.4.1 Demonstrates proficiency in a communication approach addressing motivation to engage in self-care interventions	Method: Simulated patient (SP) role play (group activity) Activity: Perform a motivational interview with an SP demonstrating a range of communication techniques to boost motivation for self-management for a particular condition. Reflect with the group and the instructor afterwards on the interview.	3
	Method: Motivational interview with real person in a clinical setting (individual activity) Activity: Perform a motivational interview with a person in a clinical setting, demonstrating a range of communication techniques to boost motivation for self-management. Reflect with the observer afterwards on the interview.	3, 6

<p>4.4.2 Assesses the individual's sense of self-efficacy during communications about self-care interventions for different clinical conditions</p>	<p>Method: Learning carousel, using simulated patient (SP) role play (group activity)</p> <p>Activity: At each station of the learning carousel, there are materials designed to reinforce the purpose of the self-care interventions or the self-management strategy for different conditions, such as asthma self-management plans, use of the combined oral contraceptive pill, and "sick day" plans for diabetes or sickle cell anaemia. Learners undertake two rotations of the learning carousel: the first time to orient themselves to the self-care interventions, and the second time to practise an interview with an SP about the intervention, starting with a brief assessment of their self-care efficacy. The learner is observed by another student using a structured assessment proforma.</p>	<p>3</p>
<p>4.4.3 Critically analyses and applies the stages of change model⁴ to a clinical case</p>	<p>Method: Concept mapping, team-based learning (individual and group activity)</p> <p>Activity: As an individual learner, use a case history of a person undertaking a process of change in relation to self-care, to draw a concept map including a hierarchical framework from general to specific, with links between concepts. As a team, use these concept maps to reflect on limitations of the stages of change model. Consider the influence of community, family, culture, etc., on the willingness and ability of people to change, and the limitations of a health worker's role.</p>	<p>1, 3</p>



Behaviour 4.5

Uses a range of verbal and practical techniques to ensure that the individual, their caregiver or family can use and respond to self-testing and self-management tools

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>4.5.1 Employs a strategy to assess the individual's level of literacy, numeracy and digital literacy</p>	<p>Method: Online interactive virtual simulated patient (SP) consultation (individual or group activity)⁵</p> <p>Activity: Conduct the online consultation with the virtual SP about self-management. At various branching points, there is the option to ask a screening question about the SP's literacy. Unless asked the screening question, the SP does not disclose their limited literacy or numeracy. At the conclusion of the consultation, review and identify the key points at which you (the health worker/learner) should have used screening questions for literacy.</p>	<p>1, 2</p>

⁴ For further information, refer to Chapter 3 of the knowledge guide (3).

⁵ This activity requires access to and experience with digital learning software.

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>4.5.2 Demonstrates capability with employing the teach-back method⁶ with the individual to ensure they understand self-management and self-testing tools</p>	<p>Method: Student role plays and flipped classroom (group activity)</p> <p>Activity: Before attending the session, first watch the video demonstrating paced instruction and teach-back. At the classroom session, in groups of 6–8 students, explain how to do a complex self-care task (e.g. self-administer a subcutaneous injection of low molecular weight heparin, or dilute a fluid medication). Other learners use a structured observation sheet to assess pacing (timing, turn-taking) and quality of teach-back.</p>	<p>3, 6</p>
<p>4.5.3 Assesses the range and suitability of self-management devices that are available to an individual self-carer</p>	<p>Method: Audit (individual or group activity)</p> <p>Activity: Audit the range and suitability of the self-care devices for a particular condition offered by the health-care facility and discuss whether the available options meet the needs in the community.</p>	<p>1, 4</p>
<p>4.5.4 Devises strategies for individuals to avoid harm when using self-management devices</p>	<p>Method: Audit or literature review (individual or group activity)</p> <p>Activity: Analyse critical incidents where misuse of a device has caused harm. Discuss how the safe use of the device may have been supported more effectively.</p>	<p>4, 5, 6</p>
	<p>Method: Plan–do–study–act (PDSA) cycle (group activity)</p> <p>Activity: Evaluate errors or omissions in the use of self-care devices, strategies and interventions in your local context. Develop strategies to improve the support given to people and caregivers to support appropriate, safe and effective use, and trial this using a PDSA cycle.</p>	<p>5, 6</p>

⁶ For further information, refer to Chapter 3 of the knowledge guide (3).

Domain IV: Collaboration



Table 4.5. Competency standard 5:

Collaborates with other health and care workers and community workers to support self-care



Behaviour 5.1

Shares support regarding self-management, self-testing and self-awareness with other health workers and community workers

Sample learning outcomes	Illustrative learning activities	Assessment methods
5.1.1 Collaborates with other health and community workers to support self-care	<p>Method: Interprofessional case conference (group activity)</p> <p>Activity: Consider the case of a person with multimorbidity, who has limited social resources, and a fragile carer network. Working in interprofessional teams of 6–8 people, elect a facilitator, then conduct a case conference exploring the actions that should be taken to support the person’s self-care, and document your agreed plan. Finally, discuss and reflect with the larger group on the various plans devised by the teams.</p>	5, 6
	<p>Method: Field-based learning (individual activity)</p> <p>Activity: Participate in a clinical team meeting where the self-care needs of a person and their caregivers are being discussed. Prepare a reflection on this experience.</p>	5, 6
5.1.2 Performs handover from one health-care setting to another, ensuring that the individual’s self-care is supported	<p>Method: Field-based learning (individual activity)</p> <p>Activity: Observe and/or participate in a handover for an individual who is moving between two settings (e.g. between a hospital and an aged care facility). Consider how the handover procedures can support or interfere with a person’s self-care activities.</p>	6



Behaviour 5.2

Refers to other health or community services that can support self-management, self-testing and self-awareness

Sample learning outcomes	Illustrative learning activities	Assessment methods
5.2.1 Describes the range of available health-care and community services that are relevant to supporting an individual's self-care	Method: Desk review (individual or group activity) Activity: For a given condition (e.g. arthritis, dementia) or health need (e.g. maternal health), conduct a desk review of the health-care and community services in the local area that are relevant to self-care. Compile a one-page report suitable for distribution to individuals with this condition or need, as well as their caregivers and families.	4
	Method: Desk review and practicum (individual activity) Activity: For the case of an individual with specific needs, identify a relevant service, demonstrate how the person meets the intake requirements, and write a referral for the person to that service.	4
5.2.2 Integrates informed, individualized self-care into social prescribing	Method: Flipped classroom and seminar (individual and group activity) Activity: Before attending the session, read/watch the supplied materials on social prescribing. During the seminar, undertake social prescribing for cases of individuals with various chronic conditions. Reflect upon ways to improve knowledge of local networks for social prescribing.	3



Table 4.6. Competency standard 6:

Promotes trust, agency and collaboration among individuals, caregivers and families with regard to self-care



Behaviour 6.1

Encourages and supports the individual to use their own social and community networks to support their self-care

Sample learning outcomes	Illustrative learning activities	Assessment methods
6.1.1 In discussion with the individual, maps their social and community networks	<p>Method: Reflective exercise using social network mapping (group activity)</p> <p>Activity:</p> <ul style="list-style-type: none"> Working in a group of 6–8, first construct a paper diagram of one’s own informal and formal social and community supports, moving from core to peripheral. Compare your diagram to those of other members of the group. Randomly select a health condition or need (e.g. postnatal depression or anxiety, dementia, a family member with acquired brain injury). Consider who/what you would add to your network if you were seeking further support in relation to this health condition. 	4
6.1.2 Creates a plan for self-care with an individual that utilizes their existing support networks	<p>Method: Interview with a lived-experience teacher (individual activity)</p> <p>Activity: Conduct an interview with an individual with health needs in which, together, you (a) conduct an analysis of their social network of informal and formal contacts, including online peer-support networks, and (b) develop a plan for self-care using these resources.</p>	4




Behaviour 6.2

Refers the individual to peer support opportunities to support their self-care, as needed

Sample learning outcomes	Illustrative learning activities	Assessment methods
6.2.1 Describes obstacles and enablers for effective in-person peer support for self-care	<p>Method: Observation (individual activity)</p> <p>Action: Attend a peer support meeting as an observer. Produce a report reflecting on characteristics that may make a person suited or not suited to this type of activity.</p>	4

<p>6.2.2 Describes obstacles and enablers for effective online peer support for self-care</p>	<p>Method: Team-based learning (group activity)</p> <p>Activity: Consider the problem of a person seeking online peer support for a particular condition or health need. Assess an online peer support opportunity for people with this particular condition or health need (e.g. compare Reddit, Tumblr and Facebook groups). Exclude any in which the facilitator/moderator or lead embraces theories of illness or treatment that may be harmful. As a group, compare the options in terms of appropriateness, accessibility, openness to new members and the relevance of the nature of the online support offered, and rank the options in terms of those characteristics. Conclude by considering ways to improve the range of online peer-to-peer learning opportunities.</p>	<p>3</p>
<p>6.2.3 Identifies and matches appropriate peer support opportunities for individuals to support their self-care</p>	<p>Method: Desk review (individual activity)</p> <p>Activity: Map peer support opportunities that are available and accessible within your region and match these to individuals who could access and benefit from these opportunities, in relation to their self-care needs.</p>	<p>3, 4</p>



Behaviour 6.3
Refers families and caregivers to appropriate services to help them support the individual with their self-care

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>6.3.1 Analyses the common stressors experienced by caregivers</p>	<p>Method: Video reflections (group activity)</p> <p>Activity: Review videos of caregivers expressing stressors and positive aspects of their caregiving roles, including videos of young caregivers, spousal caregivers and non-resident caregivers. Produce a taxonomy of caregiver stressors, and outline strategies to address them.</p>	<p>1, 2</p>
<p>6.3.2 Maintains a register of appropriate peer support opportunities for caregivers and fosters their use by health workers</p>	<p>Method: Desk review (individual activity)</p> <p>Activity: Map peer support opportunities that are available and accessible within your region and match these to caregivers who could access and benefit from these opportunities. Describe gaps in support for caregivers in your region.</p>	<p>3, 4</p>
	<p>Method: Team-based learning (group activity)</p> <p>Action: Consider the problem of a caregiver seeking online peer support for a particular condition or health need. Assess an online peer support opportunity for caregivers assisting with this particular health condition or need (e.g. compare Reddit, Tumblr and Facebook groups). Exclude any in which the facilitator/moderator or lead embraces theories of illness or treatment that may be harmful. As a group, compare the options in terms of appropriateness, accessibility, openness to new members and the relevance of the nature of the online support offered, and rank the options in terms of those characteristics. Conclude by considering ways to improve the range of online peer-to-peer learning opportunities.</p>	<p>3</p>

Domain V: Evidence-based practice



Table 4.7. Competency standard 7:

Supports evidence-informed self-care practice by individuals, caregivers and families



Behaviour 7.1

Integrates current best available evidence into advice and communications with the individual, their caregiver and family about self-care interventions

Sample learning outcomes	Illustrative learning activities	Assessment methods
7.1.1 Analyses clinical guidelines for relevance to self-care	<p>Method: Online self-directed learning (individual activity)</p> <p>Activity: Select a guideline relevant to a specific chronic condition or health need. Highlight the advice that is relevant to self-care/self-management. Identify areas where advice relevant to self-management could have been given but was not included.</p>	1, 2



Behaviour 7.2

Promotes the ability of individuals to access and apply reliable, evidence-based information about self-care, including information from the internet

Sample learning outcomes	Illustrative learning activities	Assessment methods
7.2.1 Identifies information sites online or through other sources that provide reliable information for consumers of self-care interventions	<p>Method: Desk review (individual or group activity)</p> <p>Activity: Create and analyse a compendium of at least five sites/sources that provide reliable, evidence-based information on a specific chronic condition or health need. Assess the literacy level required to use these information sites/sources and, if needed, rewrite the material in simpler terms.</p>	4, 5
7.2.2 Integrates the use of reliable information for consumers of self-care interventions into health-care practice	<p>Method: Case-based learning (group activity)</p> <p>Activity: As a group, consider the case of a health-care intervention for which a strong evidence base exists (e.g. vaccination, diabetes control, asthma management), including consideration of the evidence for the treatment, and the risks of not having the treatment. After this, watch videos showing examples of “good” and “bad” interviews, and discuss as a group the techniques for explaining the reliable evidence.</p>	4, 5

<p>7.2.3 Assesses the individual's digital health literacy</p>	<p>Method: Practicum (individual activity)</p> <p>Activity: Apply a validated digital health literacy assessment tool (21) to three people with a chronic disease. Critically evaluate whether the chosen assessment tool accurately captures the four levels of digital health literacy (functional, communicative, critical and translational).⁷</p>	<p>4, 5</p>
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Behaviour 7.3

Identifies, discusses and challenges misinformation about self-care

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>7.3.1 Provides advice to counter misinformation about self-care interventions</p>	<p>Method: Case-based learning (group activity)</p> <p>Activity: As a group, consider the case of a health-care intervention for which a great deal of misinformation exists (e.g. vaccination, psychiatric treatment, ways to cure hepatitis B). Discuss the quality of the evidence, and the risks of acting upon misinformation. After this, watch videos showing examples of “good” and “bad” interviews, and discuss as a group the techniques for countering misinformation.</p>	<p>2, 4</p>
<p>7.3.2 Distinguishes between disinformation and misinformation and applies that understanding to health information</p>	<p>Method: Interactive online quiz (individual activity)</p> <p>Activity: Take a simple online quiz, constructed by the instructor using interactive software, around examples of mis-statement, and applications of misinformation and disinformation. Embedded feedback is provided for each question.</p>	<p>1, 2</p>
<p>7.3.2 Supports the individual to develop critical literacy in relation to misinformation found online</p>	<p>Method: Interactive online case (serious game) (individual activity)⁸</p> <p>Activity: [Note to instructor using software to design the case: This case involves a branching narrative in which a health worker and individual discuss the individual's research about a chronic illness for which there is misinformation online (e.g. hepatitis B, insulin-dependent diabetes). The case should offer multiple opportunities to address digital literacy (e.g. the meaning of website address suffix, the purpose and ownership of website, who authored the material).]</p> <ul style="list-style-type: none"> In the interactive game/case, take the role of the health worker and choose options in communication that will enable the misinformation to be addressed and the individual to continue to engage with the health worker. Choose options within the branching narrative that involve addressing misinformation sensitively; failure to do this always results in the case ending prematurely. Continue through to the end of the game/case, then take a quiz on critical health literacy, which has embedded feedback. 	<p>1, 2</p>

7 For further information, refer to Chapter 3 in the knowledge guide (3).

8 This activity requires access to and experience with digital learning software.

Domain VI: Personal conduct



Table 4.8. Competency standard 8:
Demonstrates high standards of ethical conduct



Behaviour 8.1

Upholds legal and ethical principles relevant to self-care, including confidentiality, conflict of interest, duty of care, dignity, privacy and safeguarding the best interests of individuals

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>8.1.1 Defines confidentiality as it applies in the health-care context and its limits (e.g. mandatory disclosure)</p> <p>8.1.2 Defines conflicts of interest and articulates how these can impact care</p>	<p>Method: Interactive online quiz (individual activity)</p> <p>Activity: Take a simple online quiz, constructed using interactive software, with questions relating to confidentiality, conflicts of interest and duty of care. Embedded feedback is provided for each question.</p>	<p>1</p> <p>1</p>
<p>8.1.3 Applies the principles of confidentiality, privacy, duty of care, dignity and safeguarding the interests of others in health-care settings related to self-care</p>	<p>Method: Problem-based learning (group activity)</p> <p>Activity: Work in a group to solve problems raised by a clinical scenario involving care for chronic illness, involving a range of ethical challenges (e.g. an elderly person with psychiatric illness and multimorbidity would like to reduce her medication for some of her conditions, but her family member argues that the elderly person is not competent to make decisions about her own self-care).</p>	<p>2, 4</p>



Behaviour 8.2

Consults with others (e.g. peers, other health workers) in situations when ethical concerns arise with regard to self-care

Sample learning outcomes	Illustrative learning activities	Assessment methods
<p>8.2.1 Demonstrates collaborative problem identification and problem-solving approaches in relation to complex situations</p>	<p>Method: Case-based learning (group activity)</p> <p>Activity: Participate in a mock hospital human ethics review committee about a complex case (a person has decided to deliver her third baby at home with friends but no medical attendants, arguing that she has had straightforward deliveries previously; however, she has hypertension for which she refuses to take any treatment). The committee has been convened to see if a guardianship order should be placed on the fetus.</p>	<p>2, 4</p>



Table 4.9. Competency standard 9: Undertakes reflective learning and practice about self-care



Behaviour 9.1

Seeks to address any negative impact of their own attitudes, behaviours and gaps in knowledge or skills

Sample learning outcomes	Illustrative learning activities	Assessment methods
9.1.1 Applies reflexivity in personal practice when providing services to address an individual's self-care	<p>Method: Personal reflection with mentor or trusted peer (two-person activity)</p> <p>Activity: Engage in a reflective discussion on any workplace activity conducted on self-care, reflecting on the individual's self-care in relation to one's own values in relation to self-care.</p>	1, 6



Behaviour 9.2

Demonstrates continued commitment to ongoing learning about self-care interventions and practices

Sample learning outcomes	Illustrative learning activities	Assessment methods
9.2.1 Identifies areas for further learning in relation to self-care	<p>Method: Personal reflection (individual activity)</p> <p>Activity: As part of ongoing assessment of one's own ongoing education, identify areas for further learning.</p>	1



Table 4.10. Competency standard 10: Manages own health and well-being



Behaviour 10.1

Engages in one's own self-care practice to promote one's own health, emotional well-being and resilience

Sample learning outcomes	Illustrative learning activities	Assessment methods
10.1.1 Identifies and develops proficiency in self-care practices, with mindful attention when under conditions of stress	<p>Method: Personal reflection (individual activity)</p> <p>Activity: Reflect on self-care practices you have used to date, and determine which ones are the most effective and best suited to you. At regular intervals review your self-care practices, and whether or not you are able to continue these under conditions of stress.</p>	1

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Annex 1.

Educational delivery methods

This section presents brief descriptions of the educational delivery methods mentioned in this document. It should be noted that designing educational material that will be engaging for learners online, from interactive seminars to serious games, requires suitable digital learning tools and experience; this applies to multiple methods described in this annex.

Audit

In a clinical setting, audit refers to a form of reflective practice that involves a structured review of clinical notes for the purpose of improving practice processes and patient outcomes. In non-clinical settings, audit refers to a structured assessment of tools or materials in relation to key features and with a focus on their intended purpose.

Case-based learning

The case-based learning method is a participatory method where learners gain skills in critical thinking, communication and group dynamics during discussion of a relevant case, whether presented as a video or a written or oral description. It is a type of **problem-based learning** (see the item later in this list). Learners work through a case as a whole class or in smaller groups. In addition to promoting more effective contextual learning and long-term retention, this method encourages consideration not only of “How has this health consequence occurred?” but also “Why did this health consequence occur?”. It provides learners with the opportunity to “walk around the problem” and to see various perspectives.

Case presentation

A case is presented, and the learner explains their understanding of the issues raised by the case to other

learners and educators. From an educational viewpoint, the two important functions of case presentations are the learner’s opportunity for reflection and the educator’s role in aiding the learner to learn from this opportunity. The educator achieves this by giving the learner their undivided attention and letting them present their thoughts on the case unhindered. This method aims to aid the learner arrive at the necessary conclusion themselves with minimal supervision.

Clinical simulation

Simulation-based education aims to bridge the gap for learners between theory and practice through innovative teaching strategies, such as role playing and case studies of clinical situations involving multiple participants who must often act as a team. Case studies may be structured and delivered online. The learners work together in a supportive training environment, while a facilitator guides the simulation sessions. Before role playing, the facilitator introduces the setting and presents the case, preparing the learners and answering any questions. The facilitator then maintains a withdrawn role during the role playing/case study. Towards the end of the session, a crucial part of the learning experience is to conduct debriefing, prompting reflection among the learners about the simulation/case/role playing.

Concept mapping

An active, creative, visual and spatial learning activity in which concepts are organized according to their hierarchical relationships, and linking words describe the relationships between the concepts. Concept mapping aims to foster deep learning, beyond superficial descriptions of the relationships among the concepts. Students will need some prior training in the technique (1,2).

Critical case reflection

A critical case reflection is an educational strategy to enable learners to reflect deeply on critical or near-miss cases, or dilemmas (3). Reflection enables students to examine the issues that underlie a complex situation, and to trace larger structural concerns that may be related to the event. Using Mezirow's model (4), students undertaking critical case reflection can engage in three levels of reflection: content reflection (examining the content, describing the problem); process reflection (assessing the processes that created the problem, e.g. the proximate causes of harm due to the self-care intervention); and premise reflection (examining underlying, or distal causes of harm, including stigma, discrimination or coercion).

Desk review

A desk review is a form of secondary research which focuses on information or data that has already been acquired and documented. A desk review is used to present an overview of the current state of knowledge or existing resources in a particular field.

Desktop scenario exercise

This is a group exercise where learners participate in an emerging scenario designed to involve deliberate juxtaposition of different perspectives, playing roles assigned by the facilitator, while sitting around a table. In contrast to clinical simulations, desktop scenario exercises are managed by the facilitator who has a script addressing the emerging event. Desktop scenario exercises are often used to train for disaster or emergency preparedness, but they have a role in any complex human activity for which different stakeholders are likely to hold strong views and/or have perceived professional roles and expectations that do not always align with those of the other people involved.

Digital tools for learning

Digital tools for learning include websites, computer programs and mobile applications that enhance learning and teaching and can be accessed through the internet. Interactive learning software is specifically designed to

deliver immersive and engaging online education, such as interactive learning seminars. Lessons often include text or image hotspots which enable the learner to access further information or embedded assessment with feedback.

Exemplary case discussion

An exemplary case discussion involves the construction and then discussion of a hypothetical case which illustrates key elements of the behaviours associated with different competencies to meet the learning outcomes. The case can be constructed by an individual learner or a group of learners, and then discussed as a group. Exemplary case discussion differs from case presentation, critical case reflection and case-based learning in that the cases are developed by the learner(s).

Expert witnesses (also known as “fishbowl” sessions)

Learners seated inside the “fishbowl” (observation area) actively participate in a discussion by asking questions and sharing their opinions, while other learners stand outside the fishbowl and listen carefully to the discussion (5). Learners take turns in being inside and outside of the fishbowl, so that they practise being both contributors and listeners in a group discussion. This strategy is especially useful when wanting to ensure that all learners participate in a discussion, when wanting to help learners to reflect on what a good discussion looks like, and when needing a structure for discussing controversial or difficult topics.

Flipped classroom

The flipped classroom approach involves providing learners with educational material before the face-to-face educational session (6). In health professional education, flipped classrooms are more educationally effective than lecture formats (7). In high-resource settings, the flipped classroom often uses video material shared with and viewed by learners before they attend the session, followed by face-to-face teaching involving tutorials or other interactive teaching methods to answer learners' questions.

Journey mapping

A journey map is a visual narrative timeline depicting the relationship between a consumer and a service (8). When applied to illness and self-care, it can be used to create a visual narrative timeline between a person with an illness and their experience of the health system and self-care (9). Journey maps can be drawn freehand or using online templates. When used in educational exercises, they are generally drawn freehand by students. Along the horizontal axis are arranged temporal changes from the development of the first symptoms up to the present, with important points indicated on the timeline relating to the interactions with the health system and self-care practice, known as “touchpoints”. A line indicating qualitative changes in experienced distress is also annotated on the visual map.

Learning carousel

This activity involves a series of stations through which learners rotate in small groups, learning from different materials at each station, which have been designed and arranged to address specific educational objectives. Learners may need to make more than one rotation of the stations.

Lived-experience teachers

People with experience of illness or specific life experiences, who are willing and able to share their expert perspectives with students. They usually teach through narrative or through question-and-answer methods.

Objective structured case examination (OSCE)

An OSCE is a structured, observed, multipurpose, reproducible evaluative tool often used in medical education to demonstrate mastery of skills, particularly clinical consultation skills (10).

Online case-based learning

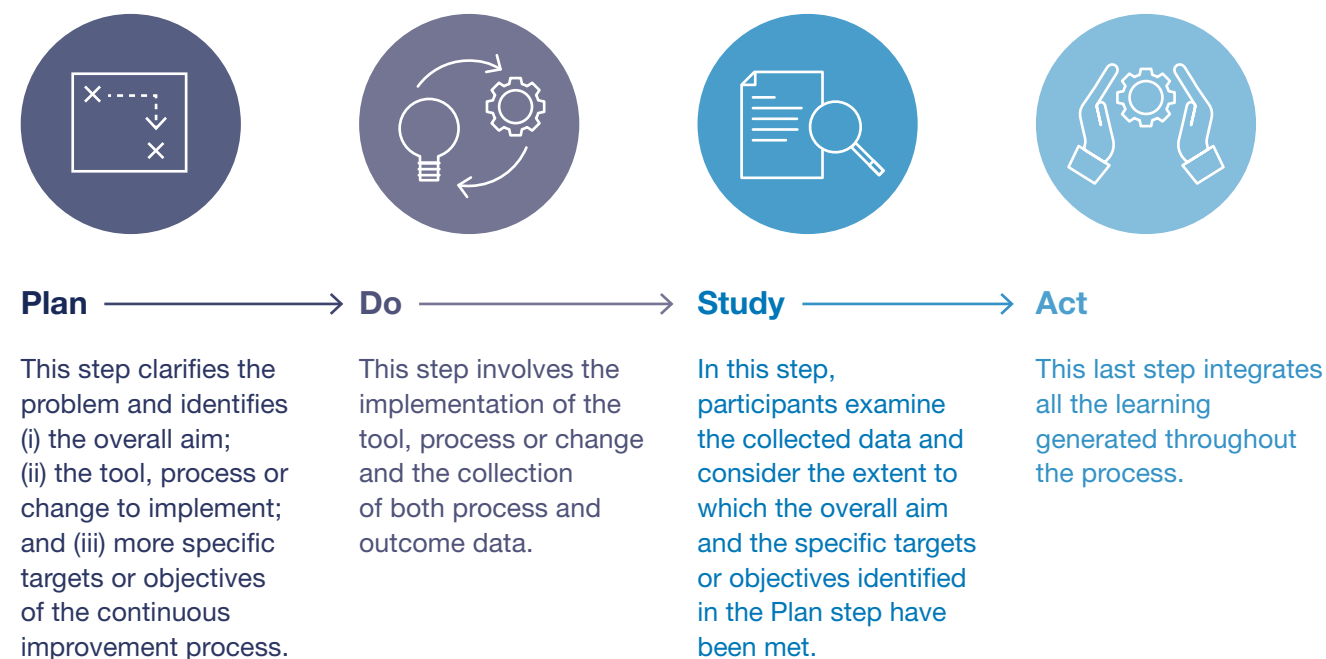
Although case-based learning has proven effective in achieving learning outcomes addressing knowledge, affective change or insight, and conceptual shifts (11), it is relatively resource intensive. Online case-based learning uses the interactive learning environment to present cases and to facilitate structured review and reflection (12). Depending on the subject matter, digital case-based learning may require facilitation and review by an instructor, or the session may function without requiring staff support.

Plan–do–study–act (PDSA) cycle

The PDSA cycle provides a structure for testing a change and guides rapid learning through four steps that repeat as part of an ongoing cycle of improvement. Throughout the cycle, learners can make adjustments to the specific targets or objectives, formulate new theories

or predictions, make changes to the overall aim of the continuous improvement work and/or modify any tools or processes being tested. Often, learners need to undertake multiple PDSA cycles to see a change that actually works. Each cycle builds on what was learned in the previous one and, as a result, students move closer to achieving the targets and objectives.

Figure 6: Plan–do–study–act (PDSA) cycle



Problem-based learning

Problem-based learning is a student-centred approach in which students learn about a subject by working in groups to solve an open-ended problem.

Rapid appraisal methods

Rapid appraisal methods are used to deliver findings over a short time frame, using a team of researchers, and undertaking iterative analysis of the data while it is being collected. As methods carried out in the community, participation in and promotion of the project by the community, and remaining respectful of organizational and community settings are critical components of success.

Self-paced educational modules

A self-paced learning module is an educational activity providing an orderly set of instructions designed to facilitate the learner's mastery of a body of knowledge or proficiency in performing a complex procedure. A combination of modules can be used.

Serious games

Serious games are educational methods which draw on online games, with a branching storyline and immersion of the learner in the setting (13). Serious games for health worker education may be more attractive for learners who are already experienced online gamers, and conversely they may be demotivating for learners who are not experienced with gaming conventions or tools (14). Because the games are so complex, many learning outcomes associated with

multiple competencies may be incorporated into one game. There is increasing attention in the field of health promotion to the possibility of serious games that can assist people living with illnesses to become proficient in self-care.

Simulated patient (SP) role play

SP role play is generally used for consultation skills training. SP role play using actors is a learner-centred educational approach that exposes trainees to situations of various levels of complexity, similar to real experiences, but with a scripted challenge. The person acting as the SP has briefing notes about the patient they play, and the script often provides branching options where different lines of conversation will result in different responses from the SP (15).

Skills-training simulation

This involves structured skills training in a simulated setting, often with physical simulators (simulated bodies or simulated settings). The learning tasks may be to learn resuscitation or clinical skills, or to be able to work effectively under stress and/or in teams. These kinds of simulations are frequently observed by educators who provide feedback afterwards.

Social network mapping

In the context of a clinical consultation, the most relevant network – and the easiest to map – is the “ego network” (16). Ego networks are the portion of a social network formed of an individual (termed “ego”) and the other persons with whom they have a social relationship (termed “alters”). Ego network structures consist of a series of concentric layers of alters with different levels of intimacy and size. The distinction between a close relationship and a more peripheral relationship (i.e. relationships with different “tie strength”) is based on the frequency of contact between the ego and each of the alters. This approach may not be as appropriate in relation to online social connections, where people may have very frequent contact with alters, who may not be able to provide as much support as a real-life social contact with whom one has less frequent contact (e.g. a relative in a neighbouring town). Ego networks to support self-care can be constructed rapidly on paper using the concentric circles method, by clarifying from whom the individual (ego) might

be most likely to seek support for their health-care needs – this can be referred to as their resource network (17).

Structured clinical placements

Structured clinical placements for learners are field placements in a clinical setting under supervision. These placements are used in health worker education and training at every level, from undergraduate to continuing professional education. Structured clinical placements that include a component supporting self-care interventions are likely to be located in multidisciplinary outpatient settings (e.g. pain management clinics, rehabilitation programmes or palliative care) or in community settings.

Student role plays in consultations

Student role-playing is a low-fidelity instructional method in which pairs or small groups of students play roles as if they are someone else, e.g. the roles of a health worker, an individual with a health condition and a parent/caregiver during a health consultation. This method is not designed to be immersive and tends to work best when the educational intent is to practise a complex communication skill in a low-threat environment.

Team-based learning

Team-based learning (TBL) is a teacher-directed method for incorporating multiple small groups or “teams” of learners (generally 5–7 per group) into a single classroom setting, usually with a single instructor. Communication occurs within and between teams. TBL emphasizes meaningful application of course content in real-world scenarios (18).

Video-led reflection

Videos of vignettes or people’s reflections based on clinical experiences, supported by guided questions (embedded in the video or asked by a facilitator while the group watches the video), can be used to stimulate reflective learning. Videos presenting cases tend to trigger critical thinking more than written material (19). Online libraries of patient experiences offer many video resources that can be used for video-led reflection activities.⁹

9 These international databases are available at: <https://dipexinternational.org/>

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