Training in Assistive Products
Background

The problem:

• Shortage of health-care workers estimated to be about 18 million (2013)

• Unbalanced skills mix and geographical distribution of healthcare workers

• Lack of AT curriculum within higher education and training institutions

WHO response:

Support countries to build health workforce capacity to provide assistive products at primary healthcare level, through development of an open access online training package.
Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
TAP supports implementation of the Priority Assistive Products List

- The first WHO list of Priority Assistive Products was published in 2016
- Based on the principles of the WHO Model List of Essential Medicines
- Includes 50 assistive products across 6 areas of functioning
- TAP: a practical tool to support countries to make 25 simple assistive products from the APL available at the community level
Responding to the Global Report on Assistive Technology recommendations

**Recommendation 3:** Enlarge, diversify and improve human resource capacity

‘...build the capacity of available human resources at municipal, community and/or primary health care level – this includes nurses and midwives, pharmacists, health workers, community-based rehabilitation workers, other allied workforces, and expert users and family members.’
Integrating AT within health and social care systems to improve access, enable and empower people in need

Tertiary Service (National Level)
- Specialist AT Services
  - For example: Prosthetics and orthotics, intermediate level wheelchairs

Secondary Service (District Level)
- General AT Service delivery
  - For example: Basic level wheelchairs
- Screening and referral
- Simple AT Service delivery
  - For example: Reading glasses, walking aids, absorbent continence products

Primary Health Centre + Community Service (Town / Village level)
- Complexity
- Resources
- Training
TAP goal and objectives

Increase access to assistive products at primary healthcare level

Objective 1: provide
To equip primary healthcare personnel with knowledge and skills to provide 25 assistive products from APL

Objective 2: refer
To equip the broader workforce to recognize who may need referral into AT services
TAP target learners

**Primary health care personnel** who are likely to be based in a health facility and are in a position to provide assistive products. For example: nurses or nursing assistants.

**Broader workforce** who will identify people and refer them into AT services. For example: any cadre who visits people in their homes or works at a clinic at a community level.

*TAP can also be useful to educators, managers, policy makers, people who use AT and their families and communities*
TAP content

TAP offers four steps to provide simple assistive products:

1. **Select:** the most appropriate product for the person
2. **Fit:** adjust and fit the product to suit the person
3. **Use:** Teach the person how to use and take care of their product
4. **Follow-up:** Review the person’s needs, maintain and repair

- TAP covers **just the right amount of information** to teach the required knowledge and skills to carry out these steps safely.
- Additional training to extend skills can be added by local trainers.
TAP design

• Online, open access, e-learning, followed by clinical skills practice

• Interactive modules covering key information supported by plain English text, illustrations, character examples, questions with answers, activities, videos and a discussion forum

• Pre and post-module quizzes

• Supporting documents for downloading

• Guidance and resources for clinical mentors who will support knowledge into practice.

Walking aids tutorial examples:
- Going up and down stairs with elbow crutches
- Axilla crutches fitting
Use a small torch so that you can see the eye clearly.

Shine the torch at a 45 degree angle from the side of the person’s head into each eye.

Look for:

- Redness
- Swelling
- Lumps, bumps or growths on or near the eye
- Discharge
- Centre of the eye is milky coloured, or cloudy
- Any other signs that the eye is not healthy.

Observe if the pupil gets smaller when light is shined on the eye. If not, this is a sign of an eye health problem.

💡 If you observe any signs of an unhealthy eye, refer the person to an eye health professional.

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**Meet Michael**

Michael uses a white cane to get to and from school, as well as to move safely around his classroom and the playground.

His white cane is also a good way for people around him to know he has a vision impairment.

Michael had a support worker help him learn how to use his white cane. They practiced together at home, in the classroom and in the playground. When he was confident they then practiced walking to and from school. Now he can do this on his own or with his friends.

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**Question**

What other vision Assistive Product do you think Michael may use?

Click to view answer
Implementation and mentored practice

• Learning is an ongoing process. Learners need practical experience to consolidate new knowledge and skills.

• **WHO advocates for TAP to be implemented within systems, with managers and clinical mentors supporting the process.** Therefore, TAP includes:
  
  • Resources for managers to implement TAP, including mechanisms for assessing competence and readiness to practice independently;
  
  • Resources for mentors, including mechanisms for assessing learners’ competence and readiness to practice independently;
  
  • Tools to support assistive product service provision, such as example screening and assessment forms
In country mentors

Health care personnel with proven experience in the module content area, who fulfil an in-country mentor role for TAP

In-country mentors are integral to the success of TAP. They support learners to take the content knowledge gained through TAP online modules and apply this learning in their own context.
Journey to competency

Online learning + Face to face learning = Mentored practice in work-place

- Self paced modules
- Learners complete individually or as a group
- TAP interactive elements and discussion forum (platform) or local message groups

Mentors contextualize and build competence:
- Add local knowledge such as referral paths
- Run TAP interactive elements in groups
- Role play practice

- Scheduled, mentored practice in work-place
- TAP skills checklists to measure competence
- Learners commence practice
- Ideally ongoing mentoring to ensure quality of service

Transition from learning to practice requires products and service systems to be in place.

World Health Organization
TAP module structure and target audience

Modules suited to broad workforce who will refer into AT services

Modules suited to primary (and other) healthcare personnel who will provide assistive products
TAP module content: first layer

- A broad introductory module that gives an overview of assistive products including:
  - ✓ What assistive products are
  - ✓ How assistive products can support people with functioning difficulties across six domains: vision, hearing, communication, cognition, mobility, self-care
  - ✓ The people who may need assistive products
  - ✓ The four steps of service provision
TAP module content: second layer

- Introductory modules to each of the six streams (see above). Each module gives a more in-depth introduction to assistive products within that stream, including:
  - The different types of assistive products and how they can support people who may need them
  - How to identify if a person may need an assistive product/s (some modules teach the learner to use simple screening tools e.g. vision screening)
  - Actions to take (e.g. referral or provision of a specific assistive product)
TAP module content: third layer

- Product modules which teach how to provide the product using the four steps.

- **Note:** WHO expects learners to consolidate new knowledge and skills through role play and supervised practice, under the guidance of a mentor.
Development process

- Development of each module is led by one member of the WHO AT team; with the support of experts in both the information and the context TAP will be used in.
- Through external review, the TAP team seeks input from a diverse range of people from different contexts.
- Field testing / piloting is carried out, providing valuable learning to ensure the module is appropriate and adaptable to diverse target audiences.
Thank you

https://www.gate-tap.org/

assistivetechnology@who.int

@GATE_AT_World

www.who.int/assistivetechnology