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# advanced role of nurses in ukraine

**Report on the results of the pilot  
project implementation**

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# Advanced Role of Nurses in Ukraine

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of the pilot project implementation**

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# LIST OF ABBREVIATIONS

<b>AFMU</b>	Academy of Family Medicine of Ukraine
<b>ANP</b>	Advanced Nurse Practitioner
<b>COPD</b>	chronic obstructive pulmonary disease
<b>CPD</b>	continuous professional development
<b>ECG</b>	electrocardiogram
<b>EU</b>	European Union
<b>HR</b>	Human resources
<b>MED</b>	Medical Education Development
<b>MoH</b>	Ministry of Health of Ukraine
<b>NHSU</b>	National Health Service of Ukraine
<b>PHC</b>	primary healthcare

# EXECUTIVE SUMMARY

Modern healthcare systems face many challenges, including population growth, its ageing and a growing number of chronic diseases requiring long-term treatment. To meet these challenges, new models of healthcare organisation and delivery are needed. The advanced nurse practitioner role is one of the solutions that has been successfully implemented in many countries.

**The redistribution of responsibilities between medical doctors and nurses can improve the accessibility, quality and efficiency of healthcare, as well as optimise the use of healthcare resources.**

To do this, nurses need in-depth educational training, official recognition of relevant educational programmes, and a system of licensing, registration, certification and attestation.

Countries in the EU and North America, as well as Switzerland, Finland, Norway, Iceland, Australia, New Zealand, Japan and others, recognise advanced practice nurses as separate and self-sufficient healthcare professionals who can work independently and perform a variety of medical procedures and interventions.

At the same time, in Ukraine, the role of the nurse remains limited, and their potential is not fully realised, which is a detriment to the nurse,

patients, and the healthcare system as a whole.

The results of the pilot project "Advanced Nurse Practitioner in Primary Health Care" clearly demonstrates positive results in terms of accessibility of services for patients and efficiency of resource use in the participating institutions.

Expanding the role of the nurse could be an important step in improving the quality and accessibility of healthcare in Ukraine. This can be achieved by improving the competencies of nurses, enhancing the work of doctor-nurse teams, and expanding the range of services provided by nurses in primary care.

This report describes what the pilot project "Advanced Nurse Practitioner in Primary Health Care" consisted of and how it was implemented. This report presents the key results of the project implemented in Ukraine in 2020-2023 within the Ukrainian-Swiss Medical Education Development Project, implemented by the Swiss Tropical and Public Health Institute and funded by the Swiss Agency for Development and Cooperation.

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# INTRODUCTION

Modern healthcare systems are in dire need of new models of organising and delivering healthcare in order to effectively address the challenges it faces. Such factors as population growth and ageing, as well as an increase in the number of chronic diseases, have led to an increase in demand for medical care, while also causing a shortage of physicians [1].

One of the common strategies to address these issues is to redistribute responsibilities between a physician and a nurse, namely to empower the nurse. This redistribution can significantly increase the accessibility of healthcare, improve its quality and efficiency, reduce the time patients spend in queues, and increase patient satisfaction with healthcare services [2], [3].

**Many countries have successfully implemented the role of the advanced nurse practitioner, which has led to improved access to care, higher quality of services and optimised use of resources [4], [5].**

Although the incentives for expanding the role of nurses may vary from country to country, the main drivers of this process are the growing demand for healthcare services on the one hand, and the shortage of doctors and professional development of nurses on the other.

As the role of the nurse is constantly evolving, many countries already recognise advanced nurse practitioners as independent professionals capable of performing a wide range of medical procedures and interventions [6].

Different countries take different approaches to empowering nurses. Some focus on supporting

## **Advanced Nurse Practitioner (ANP)**

This is a generalist or specialised nurse who, through additional postgraduate education (at least a master's degree), has acquired the expertise, complex decision-making skills and clinical competencies to carry out advanced nursing practice, the characteristics of which are determined by the context in which they are authorised to practice.

*International Council of Nurses, 2020 [7].*

nurses in self-organisation, while others give them the right to practice independently with their own patients. Increasingly, nurses are being given the right to manage patients

and prescribe medicines. This high level of professional autonomy is achieved through a combination of education, continuous self-improvement and experience, allowing advanced nurse practitioners to provide skilled and comprehensive care.

Successful implementation of the expanded responsibilities of a nurse requires advanced health assessment skills, decision-making and diagnostic reasoning, effective teamwork, communication, planning, implementation and evaluation of programmes, and being the first point of contact for patients in the healthcare system.

The right to make independent decisions and take responsibility for patient care, opportunities for continuous professional and career development contribute to the growing attractiveness of the nursing profession [8]. This fuels the development of nursing and increases the importance of the role of the nurse in healthcare systems in many countries.

At the same time, in Ukraine, nurses often remain in the role of secretaries to doctors, with narrow responsibilities and limited opportunities for career development. This situation hinders the development of the profession and creates missed opportunities to improve the healthcare system, quality of health care and patient satisfaction with the services received.

**The pilot project "Advanced Nurse Practitioner in Primary Health Care" was implemented based on the above premises and aimed to (a) identify whether the expanded role of the nurse is appropriate, relevant to the Ukrainian context, for the patient, for the primary care team, and if so (b) to improve the qualifications, clinical skills and communication abilities of nurses, to improve cooperation between physicians and nurses, and to expand the scope of nursing practice at the primary care level by introducing a separate nurse-patient interface.**

1



# CONTEXT

Ukraine, like most European countries, faces similar epidemiological challenges and is looking for improved models of primary care practice. Healthcare providers also have to deal with numerous new challenges, including chronic diseases and other consequences of ageing population and, starting in 2020, the challenges associated with COVID-19. These challenges are not unique to Ukraine. Therefore, the new primary care models aim to introduce a comprehensive care approach to improve services for patients with chronic diseases, increase patient safety and quality of care in general, which in turn requires greater involvement and a broader role and authority for the nurse.

advanced training courses at the centres of postgraduate education of medical workers and medical education institutions every 5 years. However, nurses are constantly looking for opportunities to learn and improve their skills, especially in the context of new epidemiological challenges (e.g., COVID-19 pandemic).

Therefore, current healthcare challenges, such as ageing population, an increase in the number of patients with chronic diseases and growing demand for healthcare services in general, prompt search for solutions that will improve the system's ability to meet the current context. Guided by the existing international experience in introducing the expanded role of the nurse,

**Primary care in Ukraine has been operating under new rules for more than five years, which makes it possible to realise its full potential.**

The healthcare reform launched in 2018 created the preconditions for rapid development of primary care. In particular, the system of CPD for physicians was updated in 2018. According to the new regulation on CPD, medical doctors are not limited in their choice of CPD format and provider, can choose what is comfortable, interesting, and convenient for them, and must undergo annual training. At the same time, the changes introduced in 2018 did not affect the CPD system for nurses. The Regulation of the Ministry of Health of Ukraine on the advanced training of junior medical specialists, approved in 1993, is still in force, which provides for

the Medical Education Development Project jointly with involved consultants Matvii Khrenov (Ukrainian Healthcare Centre) and Ivan Didyk (medical centre "Vodnovlennia") developed and implemented the pilot project "Advanced Nurse Practitioner in Primary Health Care".

We are convinced that thanks to the expertise of the consultants this project helped not only to improve availability and quality of medical services, but also opened up new possibilities for the future development of public health in Ukraine.



2

# KEY MILESTONES AND TIMELINE FOR PROJECT IMPLEMENTATION

When we discussed the expanded role of nurses in primary care, we understood that it is important to have adequate training and professional development to enable advanced practice. This evolution of the role of nurses towards more autonomous decision making is facilitated by a clear vision of the expanded role, team communication and trust-based

interprofessional relationships, combined with ongoing professional development. Having a clear vision and understanding the role of each professional in the primary care team is important to reduce the resistance to change due to poor understanding of the expanded role of the nurse.

<p><b>A</b></p> <p><i>February 2021</i></p> <p><b>Competitive selection of pilot institutions</b></p> <p>We announced an open competition and received 30 applications. Together with the Ministry of Health, we selected seven municipal and one private primary healthcare facilities to participate in the pilot project</p>	<p><b>B</b></p> <p><i>April 2021</i></p> <p><b>Acquaintance and analytics</b></p> <p>We analysed the application documents of the selected institutions and created profiles for each of them. We then conducted a survey of 169 nurses working in the selected facilities</p>	<p><b>C</b></p> <p><i>May 2021</i></p> <p><b>Research "Roles and responsibilities of a nurse in primary care in Ukraine"</b></p> <p>We compared the de jure and de facto distribution of roles between primary care doctors and nurses, and studied the readiness to change this distribution by empowering nurses</p>	<p><b>D</b></p> <p><i>June 2021</i></p> <p><b>Forum of nurses and healthcare professionals</b></p> <p>We introduced the concept of an advanced nurse practitioner to the participants, reviewed how it is implemented in other countries, and discussed whether it is needed in the Ukrainian healthcare system and why</p>
<p><b>E</b></p> <p><i>July – August 2021</i></p> <p><b>Approval of separate admission models in pilot institutions</b></p> <p>We developed, discussed and approved a model of separate reception of patients by a doctor and a nurse for each pilot facility. Each pilot primary healthcare centre adapted the model to its existing realities and capacities</p>	<p><b>F</b></p> <p><i>September 2021</i></p> <p><b>Educational intensive course for nurses</b></p> <p>Trainers from the Academy of Family Medicine of Ukraine delivered a course on clinical and communication skills to nurses at the pilot facilities</p>	<p><b>G</b></p> <p><i>October 2021 – January 2022</i></p> <p><b>Online training for primary care teams</b></p> <p>Specialists in human resource management, communications and practical psychology conducted online trainings for management teams, doctors, and nurses of the pilot primary care centres</p>	

In fact, by implementing the pilot project activities, we worked not only to improve the clinical or communication skills of nurses, but also to improve the interaction among members of the primary care team, based on mutual respect, open communication and equal

partnership in decision making, as opposed to hierarchical structures.

Therefore, not only nurses from the pilot facilities, but also doctors and managers were involved in various project activities.

## 2020

At the end of 2020, the Ukrainian-Swiss Medical Education Development Project held a strategic session with nurses, physicians and primary care managers, medical education experts and representatives of international projects working to improve the quality of healthcare services.

During the meeting, together with our partners, we worked on identifying and portraying the

potential target audience (see [Annex: Portrait of the target audience](#)). The results of the discussion confirmed the demand for motivated, competent, economically successful, legally and socially protected nurses who are trusted by doctors and managers of primary care facilities. The pilot project "Advanced Nurse Practitioner in Primary Health Care" begins from this discussion.

<p><b>H</b></p> <p><i>October 2021</i></p> <p><b>Informing patients</b></p> <p>We developed individual posters featuring a nurse from each pilot facility to inform patients about who the advanced nurse practitioner is, what services they can provide, and why patients should contact her</p>	<p><b>I</b></p> <p><i>November 2021</i></p> <p><b>Medical education marathon: nursing</b></p> <p>We dedicated one of the episodes of the medical education marathon to the topic of nursing and the implementation of the pilot project</p>	<p><b>J</b></p> <p><i>June – September 2022</i></p> <p><b>A new direction of study: Providing medical care in times of war</b></p> <p>We launched a new series of trainings dedicated to the peculiarities of remote patient counselling, first aid for patients with acute stress reaction and tactical medicine for civilians</p>
<p><b>K</b></p> <p><i>October 2022</i></p> <p><b>Educational intensive course for primary care teams</b></p> <p>We conducted an educational intensive course for primary healthcare teams to build trust and encourage teamwork among primary healthcare workers</p>	<p><b>L</b></p> <p><i>December 2022</i></p> <p><b>Educational tour Croatia</b></p> <p>We organised a study tour to Croatia for the primary care staff participating in the pilot project to learn about the specifics of primary care in Croatia</p>	<p><b>M</b></p> <p><i>January – April 2023</i></p> <p><b>Trainings on the development of clinical and communication competences for primary healthcare teams</b></p> <p>We conducted a series of trainings for nurses together with doctors and doctors, where they learned how to perform otoscopy, ECG, examination of children under one year of age, as well as communication skills to work with objections and help in times of grief</p>

# 2021

At the beginning of 2021, we formed an implementation team, and in February, together with the Ministry of Health, we announced a competitive selection of primary care facilities to participate in the pilot project ▶A. We visited each of the selected facilities, conducted a survey of the nurses working there, and set up local implementation teams ▶B.

In parallel, in spring 2021, a study [9] was completed to help us to understand the current division of responsibilities between doctors and nurses and explore the potential for empowering nurses ▶C.

In June 2021, we organised the "Nurses Forum". This two-day meeting helped to create and strengthen horizontal links between nurses, doctors, and primary healthcare managers ▶D.

During the summer of 2021, a model of nursing reception of patients was created, which was individually adapted and applied in each pilot primary care facility. In the process of developing and adapting the model, we identified a common request from primary care facilities for additional training ▶E.

In response to this request, we launched a series of educational events in autumn 2021. The first of them was the Educational Intensive Course

for Nurses, which took place in September 2021 at Zhytomyr Medical Institute ▶F.

The following events were aimed at different target audiences: nurses, managers, registry staff, and primary care teams ▶G. These events allowed the participants to receive additional training in clinical and communication skills, human resource management, goal setting and motivation.

Patients of primary care facilities became another important target audience for the project. To inform patients about the expanded role of nurses, individual posters featuring a nurse from each pilot facility ▶H were created in September 2021. By introducing patients to the qualifications of nurses and encouraging them to interact, the project helped to increase trust in nurses and overcome stereotypes about their competence.

It was also important to convey the concept of an advanced nurse practitioner to a wider audience. Therefore, in November 2021, one of the episodes of the Medical Education Marathon, a weekly video broadcast on the most important issues of human resource development in the healthcare sector, was dedicated to nursing and the implementation of the pilot project.

## **Competitive selection**

In February 2021, we announced an open call for proposals and received 30 applications. Together with the Ministry of Health, we have selected seven municipal and one private primary healthcare facilities to participate in the pilot project:

- Primary Health Care Centre No. 1 of Dniprovskyi District of Kyiv
- Kolomyia City Council "Kolomyia City Centre for Primary Health Care"
- Primary Health Care Centre Yuvileinyi of Rivne City Council
- Municipal enterprise "Primary Health Care Centre" of Chortkiv City Council
- Children's City Polyclinic No. 6 of Odesa City Council
- Primary Health Care Centre of Melitopol District Council of Zaporizhzhia Oblast
- Municipal Enterprise "Primary Health Care Centre of Mukachevo City Territorial Community"
- Children's Health Centre LLC (Lviv)

## **Introduction and analytics**

We analysed the application documents of the selected institutions and created profiles for each of them. Then we conducted a survey among 169 nurses working in the selected institutions. The survey results showed that:

- 81% of respondents are satisfied with their job as a nurse, and the low level of salary is the biggest concern.
- 74% of respondents feel independent in their work and decision making. They highly appreciate their level of responsibility in their work, while noting that doctors should involve them in discussing cases more.
- 73% of respondents are motivated to work as a nurse. The responses also showed a lack of training opportunities and insufficient encouragement of suggestions and ideas for improving healthcare.
- 100% of respondents said that their institutions do not practice separate nurse visits to patients, nor do they conduct pre-medical questionnaires for patients by a nurse.

Taking these results into account, the implementation team planned further steps to increase the involvement of nurses in the delivery of healthcare services.

## Study "The role and responsibilities of the primary care nurse in Ukraine"

In addition to the survey in the pilot facilities, the project conducted a large-scale study comparing the de jure and de facto distribution of roles between primary care doctors and nurses, and examining the readiness to change this distribution by empowering nurses.



The main result of the study can be expressed through the statement that there is a window of opportunity to introduce the role of a nurse with enhanced responsibilities at the primary care level, despite the existing traditional hierarchical mode of distribution of roles in primary care and the inconsistency of the regulatory framework in the field of nursing.

The study consisted of two parts. The desk study focused on the legal (de jure) dimension of the division of roles at the primary healthcare level. The empirical part was devoted to the study of how things work in practice (de facto). Comparison of these two dimensions showed that stakeholders support the redistribution of functions and expansion of the role of nurses, an idea that is increasingly discussed by experts and primary care providers.

An analysis of the Ukrainian legislation on the competencies of primary care staff has shown that the role of a nurse at the primary care level is limited to performing professional duties under the guidance and coordination of a doctor. In other words, a doctor determines the scope

of diagnostic procedures and treatment tactics, including the prescription of medicines, while a nurse only implements the doctor's decision, conducts patient examinations, and assists the doctor. In some aspects, the duties of doctors and nurses may be identical.

The study of legal acts in the field of nursing has shown the need for systematisation and regular updating of legislation to avoid legal conflicts, confusion and inability to comply with the full range of legal requirements. At present, it is impossible to exhaustively define the range of professional responsibilities of primary care workers and correlate them with the content of educational programmes and job responsibilities.

Below are summarised results of the study, supported by quotes from the participants:

- Most primary care teams operate in a purely hierarchical mode, with the doctor making all the decisions and the nurse following his or her instructions. In such teams, the nurse is mainly responsible for secretarial and administrative work.
- More than 60% of nurses, doctors and managers of primary care facilities are mostly or completely satisfied with the current division of responsibilities between nurses and doctors.



*This is a traditional practice for our society. And it comes from our society, which was built on an administrative and command vertical.*

*an expert*

- At the same time, 84% of managers and 65% of doctors mostly support expanding the role of the nurse, while nurses are less supportive of this idea (52%).
- Experts also drew attention to the imbalance between the theoretical and practical parts of nurses' training, and the outdated methods and formats of their education. This situation in the training of nurses leads to a lack of competencies required for nurses to work in primary care teams.
- At the same time, each of the surveyed audiences expects positive consequences from the redistribution of roles between doctors and nurses.



*Unfortunately, from what I can see now, the level of knowledge that nurses graduate with is very theoretical. There are very few practical skills. We are given theoretical knowledge in universities or in our specialised medical education institutions, which we often do not use at all. They need more practical skills. Because they come in as a blank slate. And you start saying: this is your workplace, here you do this, here you do that. Have you tried to give an intravenous injection to a patient? He said: "I tried, but it doesn't work" or "I'm afraid".*

*a manager, municipal primary healthcare centre*



*For example, as a nurse, I and other nurses are not very satisfied with postgraduate courses at the moment. I want much more practical training.*

*a nurse, municipal primary healthcare centre*



*That is, a nurse with a university degree has all the capabilities, the same as a doctor, all the knowledge to ask the patient why he or she came, examine him or her, make a nursing diagnosis, make some notes and hand the card over to the doctor. It is very easy and quick, and then the doctor will spend only 5 minutes with this person instead of 20 minutes.*

*a nurse, municipal primary healthcare centre*

We obtained these results through qualitative and quantitative research components.

The qualitative research included interviews with the representatives of nine municipal and four private primary care facilities. Through these interviews, we studied the distribution of roles and awareness of official regulations, identified educational needs and the biggest challenges, and readiness to expand the role of nurses. To confirm the findings, we conducted 11 expert interviews with stakeholders: NHSU, MoH, AFMU, World Bank, healthcare institutions and international projects, including USAID-Deloitte.

The quantitative study was based on the responses of general practitioners, nurses, and managers of primary care facilities to a questionnaire. The questionnaire included questions about the current distribution of roles, readiness to expand nurses' responsibilities, and current educational needs.



In total, 592 respondents took part in the survey from January to April 2021, including 140 managers (senior/chief nurses, chief physicians, heads of outpatient clinics, directors), 242 doctors (family doctors, general practitioners, paediatricians) and 250 nurses.

Experts and primary care providers are increasingly discussing the idea of redistributing functions and expanding the role of nurses, and this idea is gaining support among stakeholders. Thus, despite the prevalence of the traditional hierarchical distribution of roles in primary care teams and a somewhat chaotic regulatory framework in the field of nursing, a window of opportunity for expanding the role of the primary care nurse exists, as this study has shown.

### **Building a community that values nurses and promotes their autonomy**

One of the first events of the pilot project was the Forum of Nurses, which took place in June 2021 in Kyiv. During the Forum, we presented the concept of the advanced nurse practitioner to the participants, reviewed how it is implemented in other countries, and discussed whether the Ukrainian healthcare system needs it and why. The programme of the Forum is in [Annex D](#).

Another objective of the Forum was to introduce the participants to each other and strengthen horizontal ties. The meeting of nursing community leaders, their supporters, doctors, and managers raised the issue of nurses' involvement in decision making related to the

quality, accessibility and efficiency of primary healthcare.

There are issues within the nursing profession that need to be addressed and resolved, such as postgraduate education and continuing professional development. We believe that a strong community of change agents has a better chance of addressing these issues, and regular exchange of experiences and ongoing dialogue will help to build such a community.

### **Educational initiatives to develop nurses' competences**

During July-August 2021, we developed, discussed and approved a model of separate reception of patients by a doctor and a nurse for each pilot facility. Each pilot primary healthcare centre adapted the model to its existing realities and capabilities. Implementation options ranged from independent reception by a nurse in a separate room (pre-medical examination room) to independent reception by a nurse for 1-2 hours before a joint reception with a doctor or completely separate reception by a doctor and a nurse.

However, regardless of the model chosen, there was a common request from the primary care centres for additional training in clinical and communication skills for nurses. Therefore, the next step of the project was to plan educational activities for nurses, doctors, and managers of the pilot primary care centres.

## **Educational intensive course for nurses in Zhytomyr**

An important step was the educational intensive course for nurses in Zhytomyr, which took place in September 2021 at Zhytomyr Medical Institute. During this event, trainers from the Academy of Family Medicine of Ukraine delivered a course on clinical and communication skills. The full programme of the course is provided in [Annex F](#).

An important feature of this course was that the nurses did not only attend the workshops, but also received tools to present the knowledge they had gained to their colleagues. After the training, the nurses continued to share their experience with the staff at their institutions.

In addition to the offline course in Zhytomyr, we launched the online training for the representatives of pilot institutions.

## **Online training for nurses, doctors, and managers**

From October 2021 to January 2022, specialists in human resource management, communication and practical psychology conducted online trainings for management teams, doctors, and nurses of the pilot primary care centres.

During three online seminars, the management teams worked on improving the incentive system (financial and non-financial), developing

performance indicators for nurses, and developing a client-oriented approach.

- The seminar "HR Management in a Healthcare Facility" was dedicated to the concept of HR management and its importance in the management system, as well as to discussing the approach to the HR strategy as a component of the organisation's overall strategy.
- At the seminar "Building a Motivation System" the participants considered such motivation issues as financial and non-financial incentives, remuneration systems, and performance indicators.
- The seminar "Building a Personnel Development System" introduced the participants to the concept of competences and the role of their assessment in the development system. In addition, such topics as training and development of personnel, evaluation and control of personnel management activities, and key performance indicators of personnel management were discussed.

The webinars were attended by heads of pilot primary care centres, medical directors, deputy directors for economic affairs, chief nurses, heads of HR services, and project coordinators at the facilities.

Online consultations with the management of primary care centres made it possible to audit patient routes and identify points of interaction with the healthcare facility at the stage of registration and receipt of services. In this way, the teams worked to identify all the processes that needed to be changed.

The employees of the registries and contact centres attended the webinars on effective

communication, where they learned the general rules for building high-quality telephone communication and mastered the tools for effective interaction with clients. The webinars also covered the workflows of typical telephone calls and handling patient objections. The trainer provided recommendations for improving the work of contact centres, and together with the teams, they created a universal algorithm with step-by-step instructions for making an appointment with an advanced nurse practitioner.

Next, we started the training on communication skills for nurses. Communication is vital in nursing in all areas of practice and in all interventions, such as prevention, treatment, therapy, rehabilitation, education, and health promotion [10]. Effective communication skills are important for improving health outcomes, strengthening relationships with colleagues, patients and their families, and dealing with difficult situations. To improve the communication skills of the nurses participating in the project, we held a series of webinars on the specifics of nursing reception of patients, communication with patients at all stages of interaction, secrets and tools for effective communication, and crisis communication.

We also held a webinar on effective communication and teamwork for doctors, focusing on nurse appointments and delegation of functions to nurses. The doctors analysed the changes that will take place after the introduction of a new medical service — a consultation by an advanced nurse practitioner. The webinars participants worked out the algorithm for making an appointment with a nurse, mastered the tools of proper communication with clients and effective crisis communication techniques.

Finally, the nurses attended a training session with a practicing psychologist on motivation and goal setting for personal development. At the

first session, the participants learnt about the theoretical aspects of personal development, driving forces of mental development, SMART principle, and practiced formulating their goals effectively. The second session was dedicated to maintaining internal motivation for change and growth. The nurses learnt about the theoretical foundations of motivation and explored their desires and preferences in order to effectively encourage themselves and others.



## Informing patients

In addition to conducting a number of educational activities for the pilot primary care teams, the project also promoted the idea of an advanced nurse practitioner among patients.

Therefore, another important measure was the development of individual posters with the image of a nurse at each pilot facility ([Annex H](#)). These posters informed patients about who the nurse with extended role is, what services they can provide, and why patients should contact them.

Patients' attitudes towards nurses usually stem from their previous experiences with the availability of general practitioners and subspecialists. Especially in big cities, patients are used to relatively easy access to doctors and share a misconception about the lack of competence of nurses and low quality of their services. Therefore, an important part of the pilot project was to refute these stereotypes and explain to patients the role of the nurse with extended role.

Patients' trust in nurses is a critical factor in the success of their work. Some studies report

that patients' trust in nurses in general and in empowered nurses is as high as 95% [12], [13]. The patients in the pilot facilities who learned about nurses with extended responsibilities from wall posters and then had positive experiences with them are likely to have increased their trust in nurses as a reliable source of health care.

### **Promoting the idea of a nurse with extended responsibilities to a wider audience**

It was also important to promote the idea of an advanced nurse practitioner among external audiences and experts. One of the platforms for communication with such an audience at that time was the Medical Education Marathon. This regular live broadcast featured medical educators, doctors, nurses, and medical students discussing the present and future of

medical education, as well as various aspects of human resource development in the healthcare sector. We decided to devote one of the episodes of the marathon to the topic of nursing and implementation of the pilot project.



In this episode, the discussion focused on improving the accessibility of healthcare services for patients. Based on the experience of the pilot project, we discussed how to increase the efficiency of healthcare resources by strengthening the role of the nurse. We presented the results of the study "The Role and Responsibilities of Nurses at the Primary Care Level in Ukraine" and shared the key facts about the pilot project.

The representatives of the pilot PHC centres (project coordinators, doctors and nurses from Rivne, Chortkiv, and Odesa) spoke about their participation in the project, shared their satisfaction with the results, concerns about obstacles, and first success stories.

# 2022

Despite Russia's full-scale invasion of Ukraine, the pilot project continued its work, adapting to new challenges. Due to the war and the temporary occupation of Zaporizhzhia oblast, the primary healthcare centre in Melitopol was forced to suspend its participation in the pilot project from February 2022.

The focus of educational activities shifted to providing medical care in war conditions, including tactical medicine, remote counselling, and psychological support ▶J.

In October 2022, an educational intensive course on effective teamwork of primary healthcare providers was held in Lviv ▶K.

At the end of 2022, the project organised an educational tour to Croatia ▶L to study primary care practices, including the distribution of roles in primary care teams, cooperation between nurses and doctors, and quality assurance measures. The visit also explored the experience of nurses' self-governance and role and key tasks of the Croatian Nurses' Association.

## Provision of medical care in war conditions: a new direction in nursing education

In June-September 2022, we launched a new series of trainings. The first part, developed by the AFMU experts, was dedicated to the peculiarities of remote patient counselling. The pilot project participants completed a series of online trainings on remote counselling for patients with diabetes, COPD, bronchial asthma, acute

stress, and hypertension. For more information about these training programmes see [Annex J](#).

The second part of the training was conducted by a practicing psychologist. The participants completed a 4-session course covering the following topics:

- providing psychological support to healthcare professionals in the face of constant stress factors;
- understand the nature of stress, common reactions and tools to help yourself and others;
- adequate response in stressful situations to change the patient's emotional, physiological and cognitive state;
- providing first aid to patients with an acute stress reaction;
- development of self-stabilisation skills in a prolonged stressful situation.

Another component of this educational initiative was the training for employees of the pilot facilities on tactical medicine and patient triage for civilians. The training consisted of two parts. The first was a theoretical online part, covering the following issues:

- introduction to tactical medicine;
- control of massive bleeding;
- airway patency and tension pneumothorax;
- assistance in hypovolemic shock;
- briefly about medicines;
- patient triage.

The offline part of the training was held separately in each pilot facility, where participants practiced first aid skills according to the MARCH protocol.

In particular, nurses and doctors practiced stopping critical bleeding (applying various types of tourniquets), ensuring airway patency (inserting a nasopharyngeal tube, applying an occlusive dressing, decompressing the chest), providing assistance with other injuries (applying a splint, bandaging), and solving cases of patient triage.

### **Training intensive course for primary health care teams in Lviv**

In modern healthcare systems, the success of an individual professional is measured by their ability to work in a team and help create high-quality teams [11]. Effective teamwork has been shown to reduce medical errors, increase patient safety and improve mortality rates. It also leads to better staff performance, including reduced stress and increased job satisfaction. That is why building trust and encouraging teamwork among primary care workers were the main goals of the educational intensive course for primary care teams in Lviv that we conducted in October 2022. The programme of this course is provided in [Annex K](#).

### **Educational tour to Croatia**

The last educational event in 2022 was a study tour to Croatia, which we organised for the primary care workers participating in the pilot project. The main purpose of the trip was to study the specifics of primary care in Croatia, namely:

- distribution of roles in primary care teams;
- peculiarities of cooperation between nurses and doctors in primary care facilities;
- approaches to ensuring the quality of services;
- planning and implementation of CPD for nurses and doctors.

We selected 25 participants for this trip based on the motivation letters sent by the applicants. The participants included representatives of 5 pilot primary care centres (managers, doctors, nurses), peer group facilitators (doctors and nurses), representatives of the Ministry of Health of Ukraine and the National Health Service of Ukraine, and MED project coordinators.

In Croatia, we visited primary care centres and government institutions, where participants learned how primary care works in Croatia and explored the role of nurses in the healthcare system. The programme of the study tour is presented in [Annex L](#).

# 2023

In January-April 2023, the clinical competency development trainings were held for nurses and doctors of the pilot primary healthcare facilities **M**. The participants of these trainings learned how to perform otoscopy, conduct and interpret ECGs, examine children under one year of age, and develop communication skills to deal with objections and help in times of grief.



## **Trainings on the development of clinical competences for nurses and doctors of pilot primary care centres**

At the beginning of 2023, each of the project's pilot institutions chose the three most relevant clinical skills trainings for their teams from the following topics:

- Basic skills in otoscopy.
- Work with denial and help in the moment of grief.
- Developing skills in examining children under one year of age. A checklist of a healthy child.
- Screening for mental health disorders and basic counselling skills.
- The basics of ECG recording and interpretation.

We worked in partnership with the AFMU team of trainers to develop and deliver the training. See **Annex M** for more details on these training programmes. At each training session, nurses, together with doctors, learned how to perform otoscopy, ECG, and check-ups for children under one year of age, and practiced this knowledge, as well as communication skills to deal with objections and grief; recorded and interpreted ECGs. Nurses focused on red flags and learned when to delegate a patient to a doctor and when to solve a patient's problem on their own.



3



# PILOT PROJECT THROUGH THE EYES OF ITS PARTICIPANTS

In July 2023, we conducted a series of interviews with the representatives of the institutions that participated in the pilot project. In these interviews, the participants shared their impressions of the successes and difficulties encountered during the project. The feedback received from them can be divided into five thematic blocks presented below.

- **Understanding the role of the advanced nurse practitioner**

All the pilot project participants praised the significant contribution of nurses to primary care practice.

Administrators, doctors and nurses reported that they experienced some resistance to the concept of the advanced nurse role at first. This was due to the difficulties expected from losing control and having to adapt to dynamic change. However, this resistance eventually gave way to a realisation of the undeniable benefits, which ultimately contributed to a collaborative atmosphere that maximised the effectiveness of care delivery.

After completing the training, the nurses demonstrated a marked change in their approach to work. They gained the necessary confidence to make appointments, take clinical decisions and provide recommendations to patients based on their own experience and knowledge. According to the respondents,



*For successful cooperation between a doctor and a nurse, it is very important that they are on the same page and ready to work in tandem. There are cases in our institution when such cooperation failed. If the doctor was categorically negative and did not show interest, then this format was not successful.*

*Therefore, the most important thing here is mutual understanding between them about the purpose of this new format of interaction.*

Doctor

this shift away from a purely supportive role for nurses marks a move towards autonomy, responsibility, specialised skills, and greater job satisfaction.

Collaboration between doctors and nurses was also highly praised. Doctors highlighted the reduced workload and increased efficiency that this partnership brought, as nurses took on pre-medical examination responsibilities, acting as an additional filter to optimise patient care. This change allowed doctors to focus on the intricacies of the treatment process, while nurses took over the diagnostic and follow-up functions.



*Now I understand that when a patient seeks medical care, about 50% of the work or even more is done by a nurse, explaining to the patient what needs to be done, providing quality advice on further actions and referrals. If there are any uncertainties, she, of course, consults me. This approach is very convenient, as I have a limited number of personal appointments. Issues that used to require a personal visit to the patient can be resolved through the nurse, which effectively saves time for both me and the patients.*

Doctor

Interestingly, administrators and doctors expressed a desire to further expand the scope of nursing responsibilities, drawing inspiration from the models such as those in the US and UK. Such systems give nurses more autonomy and a wider range of responsibilities, unlocking the potential of nursing.

An important change was the allocation of a separate space for nurses' reception. Facility managers praised the positive impact on patient care and professional development of nurses. This separation has improved coordination between doctors and nurses, contributing to a better understanding of patient needs and more effective treatment planning.

Potential challenges include different interpretations of the advanced nurse role. While nurses see the role as career development, facility managers and physicians see it as a strategic enhancement of the primary care team. Balancing these perspectives will be crucial to reducing burnout and ensuring the long-term success of the wider implementation of the advanced nurse role.

## • Training and professional development of nurses

One of the central components of the pilot project was the training aimed at improving clinical and communication skills, as well as clinical decision-making skills. These trainings were developed on the basis of suggestions from the nurses themselves and with the involvement of other members of the primary care team.

The feedback from administrators indicates that nurses are eager to acquire knowledge and continuous development. Nurses actively request training, expressing a desire to acquire specific skills and competencies. This enthusiasm highlights the potential for additional training to allow nurses to gradually expand their roles, increasing the quality of their work and contribution to the team's efforts.



*Most nurses, in a metaphorical sense, smell blood, meaning that they understand that there is an opportunity for them to make a difference, improve their skills, and continue to develop themselves. They are aware that they have access to training and opportunities for self-development, and they want to do so.*

Administrator

Applying the knowledge gained in practice strengthens this enthusiasm. In addition to knowledge, the emotional sphere and interaction of nurses with doctors and managers play a role. Indeed, quality training that is tailored to the needs of nurses is rare in itself. Therefore, effective training that takes place in a respectful atmosphere with physicians contributes to

creating an environment in which nurses can successfully develop and fulfil their potential.

This starts a cycle of continuous learning. As nurses acquire new competencies and gain confidence in communicating with patients, they take on responsibility for decision making, prescribing, and referrals. This empowerment stimulates the desire to improve their practice, contributing to a sense of self-realisation.



*Further, the motivation lies in the fact that she/he [the nurse] feels competent in providing care... The nurse is motivated by the fact that after their consultation, the patient's condition improves. This increases their self-esteem.*

Administrator

It is noteworthy that the nurses who took part in the training represented the most active cluster in the institution. Over the course of two years, their efforts to share their experiences inspired the colleagues who were initially sceptical about the project. Gradually, most of them became intrigued, making continuous learning the new normal.



Many nurses have formed peer groups that meet regularly to share ideas and improve competencies, ensuring cohesive skill development across the facility. Importantly, along with direct knowledge, the trainings provided nurses with the tools that helped them to seek the ways to continue their professional development on their own.

In general, effective continuing professional development (CPD) that develops confident and



*We started to develop and focused on nurses. We had the nurses who became facilitators and organised a peer group. It was interconnected because the nurses saw that there was interest in them. They created a peer group on their own initiative. Initially, their meetings were attended by 4-6 participants, and now it is already 10-12 nurses. These meetings are interesting, organised, professional because the facilitator continues to learn and tries to gather the most active nurses around him.*

Administrator

competent nurses depends not only on access to specific training, but also on strong leadership support from administration, physicians and nursing colleagues. Mentoring and supervision, as emphasised in the international literature [14], play a key role in this process..

## ● Team interaction and trust

The pilot project brought about noticeable changes in the interaction between doctors and nurses, which caused different moods within the team. The reactions ranged from concern to enthusiasm: some doctors were concerned, others welcomed the changes, and some were unsure of the need to expand the role of nurses.

This change sparked discussions among doctors, nurses, and administrators about the changing dynamics of work. Many long-serving doctors found it difficult to accept these changes, perceiving the new autonomy of nurses as a departure from their usual supportive role. Doctors recognised that nurses who wanted to make changes could not go against the doctor

anyway and often continued to work in the old way. This situation revealed a systemic problem: doctors needed more time to adapt than nurses.

However, the project had a positive impact on open communication between doctors and nurses. Both groups were given the opportunity to interact as equal team members, which fostered a sense of cooperation and mutual understanding. Overcoming the difficulties in forming these new teams was achieved through dialogue, which allowed both parties to define how they wanted to work together in a way that made them both comfortable. The teams with well-established collaboration between doctors and nurses experienced fewer obstacles, quickly

building trust and productive collaboration. In contrast, the teams with nurses working on a rotating basis had to overcome more difficulties.

The nurses' feedback primarily emphasised their increased self-confidence and recognition of their key role, including increased trust from patients and doctors. The attitude of administrators has also changed, which has led to increased motivation for self-development. Previously, nurses were only intermediaries in communication between patients and doctors. Now, nurses interact directly with patients, receiving information about their health status and the course of their illness, analysing this information and making their own clinical decisions.



*I would like to draw attention to the fact that at first it was not easy, and there were situations where there was a misunderstanding of the role of the nurse. Questions arose: why is the nurse performing an ECG, commenting on the results, and not doing what I say at that moment? Why can she advise me instead of acting on my instructions? So, these were purely formal problems, in my opinion. After we sorted them out, I feel that the understanding became better for both a nurse and a doctor.*

*Such discussions arose between a doctor and a nurse who were part of different teams. But where a nurse works with a doctor in the same team, we have seen only positive effects. The nurse's skills were highly appreciated by the doctor. This made our work together much easier, and more trust was built as the nurse demonstrated an increase in their competencies.*

Administrator



*I started actively inviting people to my office and communicating with them. As a result, people were happy with me — it was noticeable. Indeed, there are many such cases. In particular, one case comes to mind. A woman came to see me because her eyesight was deteriorating. She didn't know what was wrong with her, but she was embarrassed to go to the doctor because she worked in our institution. She decided to see me for this reason. Thanks to this appointment, we discovered that she had diabetes. This situation demonstrates how much our capabilities have expanded.*

Nurse

The motivation to cooperate, redistribution of responsibilities and trust building vary considerably from team to team. Addressing these "team factors", often referred to as a common obstacle [15], requires further attention and management efforts.

## • Community and leadership

The administrators emphasised that the increased autonomy of nurses marked a "healthy decentralisation" that helped to strengthen professional contacts. Autonomy did not isolate nurses. On the contrary, it created formal and informal connections that facilitated the exchange of ideas and shaped change throughout the facility.

In the past, nurses were often seen as a support resource. Their preferences for work or professional development were rarely taken into account. This perception has evolved, and the nursing team is now viewed on a par with the medical team, recognising their specialised knowledge and competencies. Nurses have evolved into "independent combat units", becoming full participants rather than just complementary to doctors.



*This becomes obvious. Nurses who have been given expanded responsibilities and additional competencies do not stay within the boundaries of what they have already been given. They are constantly developing, gaining new knowledge and confidence, which allows them to feel more confident in the team. And this is not a problem for the doctor at all.*

Administrator

The administrators actively supported and participated in nurse peer group meetings to strengthen cooperation and team cohesion, motivating nurses to learn. Such participation helped to build team spirit and encouraged open discussions between nurses from different

outpatient clinics, which contributed to their professional growth and cohesion.

The pilot project gave nurses a stronger voice in the institution, developing their confidence to express their vision and opinions about internal processes. This newfound confidence translated into a desire for training and career development.

## • Building resilience and capacity of institution

The strengthening of the role of nurses contributed to the sustainable and high-quality provision of medical care in the pilot facilities. The nurses acquired new competencies, which facilitated active exchange of experience and professional growth.

The importance of this dynamic became apparent during the full-scale invasion. In the first months,



*Given that only three nurses work separately and hold separate appointments, we can calculate that they spend 20 minutes each day seeing three patients. This means that we provide additional consultations for patients. As a result, it is about 120 consultations per month.*

*I think it's great for patients, for the institution, for the work in general. It improves quality of service delivery, increases the number of declarants for our outpatient clinics where these nurses work, and allows us to serve more patients. This approach is important given that our payment is based on declarations.*

Administrator

many people needed a leave to recover and be with their families. As a result, many primary healthcare facilities were unable to operate at full capacity. In contrast, the pilot facilities were better able to cope with this due to the availability of more staff. The availability of these resources ensured that work continued, albeit at a reduced level. Workflows remained uninterrupted due to the expanded competencies and roles of nurses.

This expansion has provided long-term benefits, showing that strengthening the role of nurses can offer sustainable solutions. The pilot project demonstrated that more doctors are not necessary to provide care to more people. Instead, the new competencies of nurses proved to be a valuable resource, demonstrating their untapped potential.



4



# RESULTS

To evaluate the results of the project, we conducted a survey (see [Annex: Pre- and post-pilot surveys on the expanded role of nurses in the pilot facilities](#)) and collected organisational information from each pilot institution at the beginning of the project and after a year and a half of its implementation.

Based on the analysis of the collected data, we state the following:

- While none of the pilot facilities had a separate nursing reception before the project was implemented, by the end of 2022, each facility had a nursing reception for about an hour every day.
- The facilities use different models of nurse reception: fully independent reception in a separate room (pre-medical examination room) or reception in a separate room an hour before the joint reception with a family doctor. However, in none of the facilities did nurse independent work time reach 20% of their total working time, and the average was 13%.
- Only one of the eight facilities used pre-medical questioning by nurses, but after the project, five facilities started to use it.
- In most facilities, waiting times (from the moment of registration to the moment when a patient sees a doctor) remained unchanged, except for the facilities in Kyiv and Rivne, where waiting times decreased.
- All the pilot facilities involved nurses in the project activities, with engagement rates ranging from 6% to 85%. The highest engagement rates were in Lviv, Odesa, and Chortkiv (85%, 35% and 20%). Most facilities, except for Kyiv and Chortkiv, saw an increase in the number of patient visits during 2021 and

9 months of 2022.

We conducted a survey among nurses to analyse their level of job satisfaction, sense of independence in work and decision making, motivation and other aspects.

To measure job satisfaction, we asked the project participants how satisfied they were with certain aspects of their work, including salary, working hours, management, and cooperation with doctors. Before the project started, the average percentage of those who said they were satisfied with these aspects of their work was about 80%, and the final survey showed that the proportion of those satisfied had increased to 89%.

In terms of work autonomy, nurses shared their satisfaction with the level of responsibility, control over working conditions, participation in decision making and involvement in the treatment process. Before the project started, the average share of satisfaction was 74%, while after a year of the project implementation, this share reached 87%.

In the last part of the survey we explored the issue of motivation. We asked nurses whether they were satisfied with the recognition of their work by management and colleagues, whether they felt the value of working with patients, whether they received training opportunities, etc. Thus, before the start of the project, the share of those who agreed with these statements was 74%, and a year later — 95%.

Thus, we observed an increase in the motivation, satisfaction and autonomy of nurses in the pilot facilities where the project was implemented.

During the Educational Intensive Course for Primary Care Teams in Lviv, the pilot institutions formulated the key results and challenges in the



project implementation relevant as of October 2022.

The **main results** were as follows:

- A new service was launched — an independent nurse visit, during which, in particular, the following services are provided:
  - collecting complaints and conducting pre-medical questioning;
  - glucometry, pulse oximetry, body temperature and blood pressure measurements;
  - motivational counselling;
  - forming a schedule of routine vaccinations.
- Nurses have become more confident, develop their communication skills with both patients and colleagues, and share their knowledge and experience. This is a very important contribution to the attractiveness of the nursing profession and development of career opportunities.
- Overall increase in patient satisfaction.
- Increasing the trust of doctors in nurses.
- Reducing the patient's stay in the facility and reducing the live queue.
- Reducing the workload of doctors by ensuring that patients have primary contact with a nurse.

The participants also identified the **main obstacles** to the project implementation:

- Doctors' reluctance to lose their "secretary" and assistant at the reception.

- Patients' unwillingness and distrust of nurse counselling.
- Lack of premises, physical space to ensure independent reception of patients by nurses.
- Nurses' fear of making mistakes while working independently and lack of confidence in their own abilities.
- Absence of an electronic nurse's office in medical information systems.
- Insufficient motivation of nurses for training and development.
- The challenges related to the war: an increase in the number of patients, additional duties at the ASC, at the railway station, etc.

In overcoming these challenges and obstacles, the role of the institution's management is important. In general, human resource management should be at the heart of any sustainable solution aimed at improving the productivity and efficiency of health systems. Motivation, leadership, empowerment, and confidence are very important factors to consider in this regard [16].

When the staff feel that they have sufficient access to support, resources, and information, they are more likely to trust their managers and feel more committed to the goals, objectives, and policies set by the institution. Therefore, it is important to build the organisational culture based on informing and encouraging subordinates, helping and supporting them in completing tasks, training, and improving skills, respecting and rewarding work, and distributing work tasks in an even and transparent way. It

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# RECOMMENDATIONS FOR FURTHER STEPS

Recognising the advanced role of the nurse and their place in the Ukrainian healthcare system can bring numerous benefits and advantages for patients, nurses, and the system as a whole. Such recognition is an important step towards building a system of quality and affordable healthcare. Moving in this direction requires a variety of changes, the key of which are outlined below.

## Regulatory and quality assurance

In order to further expand the role of the nurse, it is important to amend the orders of the Ministry of Health:

- No. 72 of 23.02.2001 "On Approval of Certain Documents on Family Medicine", namely the Model Regulation on General Practice Nurse - Family Medicine;
- No. 504 of 19.03.2018 "On Approval of the Procedure for Provision of Primary Health Care";
- No. 595 of 16.09.2001 "On the Procedure for Preventive Vaccinations in Ukraine and Quality Control and Circulation of Medical Immunological Preparations".

These changes should address the following issues:

- Updating the regulatory definition of the functional responsibilities of nurses;
- Giving nurses more autonomy in their work and decision making, including the presence of contraindications or need for additional medical examination before a routine vaccination;

- Giving nurses the right to see patients independently, including for routine vaccination.

In addition, the following need to be developed and implemented:

- Standard for the provision of medical care by a family nurse;
- Indicators of the quality of nurse's work.

## Education and continuing professional development

The idea that a nurse is only a doctor's assistant still dominates in medical education in Ukraine. Changing this paradigm will take time, but it is possible to start changing it now.

In particular, it is necessary to change the approaches to the organisation of nursing education and allocate more time in the curriculum for the practical component. This will allow future nurses to master practical skills and competences that are in high demand on the labour market.

In addition, more attention should be paid to nursing and the role of the nurse in teamwork when teaching medical students.

In medical education institutions and during CPD training, it is necessary to introduce a format of nurse-led training by nurses. In this way, training in the following areas can take place:

- ECG and preliminary analysis;
- Telephone consultation of the patient;

- Pre-medical questionnaire;
- Advising patients on nutrition and healthy lifestyles;
- Working with patients to reduce the risk of complications in diabetes mellitus, arterial hypertension, and bronchial asthma;
- Motivational counselling;
- Oncological screening;
- Support of healthy patients;
- Basics of vaccination;
- Peculiarities of communication between a nurse and a patient.

activities should be implemented in healthcare facilities.

## Digitalisation

Expanding nurses' role requires the introduction of additional functionality into the electronic healthcare system. This functionality should ensure that the data on examinations, vaccinations, and electronic prescriptions for chronic patients are entered.

## Communication

The introduction of the role of the advanced nurse practitioner is impossible without a broad

**The pilot project could probably have been easier to implement and more sustainable if higher education institutions had developed the curricula and filled them with the competencies required by the healthcare system.**

For example, the project relied heavily on the experience and knowledge of practicing doctors and nurses to implement educational activities. A review of international experience shows greater interaction between higher education institutions where nurses are trained and innovative projects in nursing that aim to strengthen the competencies and role of nurses.

On the other hand, the system of CPD for nurses should be developed at the state level, and its

educational campaign. The target audience should be, first and foremost, patients, who will thus be able to hear about new opportunities to receive medical services.

Another equally important audience should be managers and owners of healthcare facilities. The targeted information materials should highlight various aspects of the new role in the healthcare system, including those related to financial and non-financial incentives for nurses at the facility and community levels.

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# ANNEXES

## Annex:

### Portrait of the target audience

**Nurse educator** — 35-45 years old, bachelor's + master's degree, rarely practices/not practicing, married, two children, lives in a city, no dissertation, full-time study, computer skills, poor English, salary – UAH 10,000, started teaching after studying.

She wants to:	What she is afraid of:	What we can give:
<ul style="list-style-type: none"> <li>● Practical work, work as a nurse;</li> <li>● Thesis - to become the head of the department;</li> <li>● Learn English;</li> <li>● Motivate students;</li> <li>● Implementation;</li> <li>● Community and communication with the equals</li> </ul>	<ul style="list-style-type: none"> <li>● Decrease in student enrolment, reduction in teaching hours;</li> <li>● Layoff;</li> <li>● Closure of the institution;</li> <li>● To be unfulfilled;</li> <li>● Radical changes;</li> <li>● Showing oneself to be incompetent</li> </ul>	<ul style="list-style-type: none"> <li>● English language courses;</li> <li>● Workshop in simulation centres;</li> <li>● Conferences;</li> <li>● Soft skills;</li> <li>● Community, communication with the equals</li> </ul>

**The head nurse is** 50-55 years old, has children and grandchildren, a junior specialist, graduated from medical college, a woman leader, lives in the district centre, has a certain status, and is known by everyone in the district centre.

She wants to:	What she is afraid of:	What we can give:
<ul style="list-style-type: none"> <li>● Decent salary - UAH 20,000;</li> <li>● She has ambitions, wants recognition for her merits and work;</li> <li>● Clear execution from subordinates;</li> <li>● Respect from management, colleagues, and family;</li> <li>● Stability;</li> <li>● Keeping up with the times;</li> <li>● Clear guidelines and performance standards for evaluation and planning;</li> <li>● Social recognition, to be consulted in decision making;</li> <li>● A clear division of responsibilities between a doctor and a nurse</li> </ul>	<ul style="list-style-type: none"> <li>● Fines and penalties;</li> <li>● Something new;</li> <li>● Instability in duties and pay;</li> <li>● Fear of losing control over the distribution of materials</li> </ul>	<ul style="list-style-type: none"> <li>● Satisfaction of ambitions through participation in a prestigious project;</li> <li>● Training in the project: nurses will become more independent and this will make their work easier;</li> <li>● Short-term management training, resource management;</li> <li>● The project will help to train nurses, which is their responsibility;</li> <li>● A clear separation between the nurses and the doctor will make it easier for them to plan (perform their own duties) and supervise the work of the nurses;</li> <li>● Involvement in the discussion of protocols and orders that regulate the work;</li> <li>● Independence in decision making;</li> <li>● Standardisation of work and clear rules of work and division of responsibilities.</li> </ul>

**Female nurse activist** — 35-40 years old, graduated from college, possibly a master's degree, possibly a college teacher, lives in a regional centre, in an apartment without household, wants to speak a foreign language, drives a car, computer literate, active in social networks, can run a website, can be a manager, feels herself and her offer are underestimated, not afraid of responsibility, CPD activist, informal leader, cooperates with international organisations.

She wants to:	What she is afraid of:	What we can give:
<ul style="list-style-type: none"> <li>Professional recognition;</li> <li>Career development;</li> <li>An honest, decent salary;</li> <li>Learn a foreign language and have better opportunities;</li> <li>Motivation through bonuses;</li> <li>Greater opportunities to influence decision making;</li> <li>CPD</li> </ul>	<ul style="list-style-type: none"> <li>That everything will be the same;</li> <li>Uninteresting work;</li> <li>There is a lot of bureaucracy;</li> <li>Being alone in their endeavours;</li> <li>Non-constructive criticism;</li> <li>Formalities in work are learning for the sake of learning;</li> <li>Discrimination and harassment</li> </ul>	<ul style="list-style-type: none"> <li>CPD opportunities, participation in projects;</li> <li>Communication tools (presentations, social media schools);</li> <li>Create a community of like-minded people through meetings;</li> <li>Involvement in the discussion of legislative initiatives;</li> <li>Internships;</li> <li>Learning a foreign language</li> </ul>

**Primary care nurse** — 35-45 years old, lives in an urban-type settlement, commute to work, secondary medical education, mostly computer literate, CPD — one month in five years.

She wants to:	What she is afraid of:	What we can give:
<ul style="list-style-type: none"> <li>Higher salary;</li> <li>Practical training according to their needs;</li> <li>Teamwork;</li> <li>Communication and learning among the equals;</li> <li>Respect, recognition;</li> <li>Trust in the team;</li> <li>Conditions of rest;</li> <li>Equipment and medicines</li> </ul>	<ul style="list-style-type: none"> <li>Layoffs;</li> <li>Inspections without training;</li> <li>Complaints;</li> <li>Occupational hazards;</li> <li>Patient aggression;</li> <li>Mistakes;</li> <li>Condemnation in the team</li> </ul>	<ul style="list-style-type: none"> <li>Joint training;</li> <li>Participation in the life of the team;</li> <li>Become a coach for others;</li> <li>Formation of a collective agreement;</li> <li>Communication training;</li> <li>Checklists;</li> <li>Peer groups, Balint groups, etc.</li> </ul>

**Secondary care nurse** — 45-50 years old, rayon/oblast centre, commutes from outside the city, obtained her education before 1991, official salary – up to UAH 4500. She works 7 days a month, cannot go to CPD for a month because she has a household, is waiting for her pension, has low computer literacy, participates in Viber chats, follows instructions clearly.

She wants to:	What she is afraid of:	What we can give:
<ul style="list-style-type: none"> <li>Fewer patients per nurse;</li> <li>Higher salaries;</li> <li>"as long as it's not worse";</li> <li>Recognition from doctors and patients;</li> <li>A better future for children;</li> <li>3 months of earnings leave</li> </ul>	<ul style="list-style-type: none"> <li>Layoffs;</li> <li>More work;</li> <li>Changes;</li> <li>Get sick with COVID;</li> <li>They will cancel the bus from the district;</li> <li>That the children would have no future here</li> </ul>	<ul style="list-style-type: none"> <li>Recognition through project communication;</li> <li>New skills that will help her avoid redundancy;</li> <li>Possibility of retraining;</li> <li>Computer literacy courses;</li> <li>New skills for additional income;</li> <li>Peer groups</li> </ul>

## Annex D:

### Forum of Nurses

in the framework of pilot project "Advanced Nurse Practitioner in Primary Health Care"

# Forum of Nurses "Strengthening PHC together"

11 - 12 June, 2021  
Kyiv

#### "Getting together for development: inspiring speech about importance of the community"

**Mykhailo Vynnytskyi**, associate professor of the Department of Sociology at National University "Kyiv-Mohylya Academy"

#### Developing a map of nursing problems

##### Best practices.

#### Developments of the NEST project

**Oleksandra Palahitska**, nurse and lecturer of the Lviv Medical Academy

#### Experience of the USAID Health Reform Support program

**Vladyslav Odrynskyi**, Strategic Health Care Advisor USAID Health Reform Support

#### Presentations of cases from pilot institutions

**Victoria Pokoievchuk, Valentyna Duka, Myroslava Chubirko, Oksana Farynych, Serhii Horischak**

#### Presentation on piloting of advanced nurse practitioner concept from the MED Project

**Matvii Khrenov, Ivan Didyk**

#### Presentation of research results on the role of the nurse from the MED Project

**Daryna Bogdan**, capacitybuilding and M&E coordinator, MED project

#### Stethoscopes for nurses

**Iryna Voloshina**, family doctor, board member at the NGO "Academy of Family Medicine of Ukraine"

#### Nursing component presentation from AFMU

#### Peer groups

**Nataliia Osadchuk**, nurse, Chernivtsi

#### Panel discussion "Talk about CPD"

**Vadym Vus, Oleksandra Palahitska, Iryna Voloshyna**

## Annex F:

### Educational intensive course for nurses

education intensive course for PHC teams in the framework of pilot project

# "Advanced Nurse Practitioner in Primary Health Care"

26-28 September, 2021  
Zhytomyr (Zhytomyr Medical Institute)

#### Introductory session "Advanced nurse practitioner is not fantasy, but reality"

**Matvii Khrenov**, co-founder at Ukrainian Healthcare Centre

#### Parallel sections: Master classes "Clinical skills"

##### Group 1: BLS for adults

**Ivan Kondratenko**, general practitioner, instructor of pre-medical care for adults and children

##### Group 2: Heart and lungs auscultation

**Iryna Voloshyna**, family doctor, board member at the NGO "Academy of Family Medicine of Ukraine"

##### Group 3: Basics of ECG

**Oksana Petrynych**, family doctor, associate professor at Department of Family Medicine at Bukovynian State Medical University, AFMU trainer

#### Plenary session

##### Support of healthy people

**Anastasiia Khodan**, family doctor, MhGAP national trainer, board member at AFMU, co-founder of the "Vulyk" family outpatient clinic

#### Plenary session "Fundamentals of vaccination"

**Fedir Lapii**, pediatric infectious disease doctor, chairman of National technical group of experts on immunoprophylaxis

#### Parallel sections:

##### Master classes "Communication skills"

##### Group 1: Pre-medical questionnaire (covid-19, tuberculosis, score, phq-9)

**Vadym Vus**, general practitioner, AFMU trainer, doctors competencies trainer at the projects of the MoH, WHO, UNDP, USAID

**Olena Vus**, nurse, outpatient clinic of Karpylivka village

##### Group 2: Motivational counseling - 3A, SPIKE protocol

**Kateryna Bliashyk**, family doctor, AFMU trainer

##### Group 3: Oncological screening

**Oleksandr Pavlishevskiy**, family doctor, AFMU trainer

##### Panel discussion "Algorithm for building a conversation with a patient"

**Iryna Voloshyna, Vadym Vus, Anastasiia Khodan, Matvii Khrenov**

#### Final Plenary Session

##### How to present your educational experience to colleagues?

**Inga Bayer**, specialist in external and internal communications, previously head of external communications and spokeswoman of the NHSU

## Annex H:

### Posters on the advanced nurse practitioner

пiлотний проєкт

# медична сестра

## з розширеними повноваженнями



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- провести планову вакцинацію;
- провести швидкий тест на вжитість, трипсин, BUN, цукор у сечовині тощо;
- виконати ультразвуковий тест (УЗТ) на тисні; перевірити температуру тіла;

**доступність** ви знаєте, потрапити до мене на прийом до свого сімейного лікаря чи лікарки, оскільки вони мають високі надані повноваження

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Маріанна Мурасова, медсестра кабінету доглядати пацієнтів (первинної медичної), старший медична сестра

пiлотний проєкт

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Алла Кузель, старша медична сестра

пiлотний проєкт

# медична сестра

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## Annex J:

### Distance counsellings in war time

Trainings in facilities on medical aid in war context

# Series of trainings on distance counseling in war context

July - September 2022

in the framework of Pilot project  
“Advanced Nurse Practitioner in Primary Health Care”



**Iryna Voloshyna**  
family doctor,  
board member at AFMU



**Anastasiia Khodan**  
family doctor, MhGAP national  
trainer, board member at AFMU,  
co-founder of the "Vulyk" family  
outpatient clinic



**Volodymyr Shlionskyi**  
family doctor,  
trainer at AFMU



**Khrystyna Stroyich**  
family doctor,  
trainer at AFMU

#### Online counseling of people with COPD and asthma

- In what cases can a nurse consult remotely about COPD and asthma?
- Checklist and algorithm for effective remote consultation.
- Care of inhalers.
- Analysis of clinical cases of remote consultations.

**Iryna Voloshyna**

#### Remote counseling of patients with acute stress and other psychological disorders

- Basic principles of communication.
- The most common causes of complaints related to mental health during humanitarian crises.
- Basic principles of assistance.
- Basic principles of distance counseling.

**Anastasiia Khodan**

#### Remote counseling of people with diabetes

- Advantages of remote counseling.
- What do you need to know about diabetes before starting counseling?

- Diabetes: prevention of complications.
- Assessment of risk factors.
- Red flags.

**Volodymyr Shlionskyi**

#### Remote counseling of patients with arterial hypertension

- In what cases can a nurse consult about hypertension.
- Checklist for effective remote consultation.
- "Safe" drugs for remote consultations.
- Analysis of clinical cases of remote consultations.

**Iryna Voloshyna**

#### Algorithm of telephone consultation

- Useful resources.
- Important documentation.
- Algorithm.
- Basic telephone counseling skills.
- Sorting.
- Analysis of cases.

**Khrystyna Stroyich**

## Annex K:

### Educational intensive course for primary care teams

Educational intensive course for primary care teams in the framework of

# “Advanced Nurse Practitioner in Primary Health Care”

12 - 15 October 2022

Lviv

● Plenary session "Team play: trust, leadership, cooperation"

*Mykhailo Vynnytskyi*

● Experience of the teams: Presentation of the interim results of the pilot project

All pilot institutions

● Panel discussion "Experience of role distribution at the PHC: qualification or trust?"

*Daryna Bogdan, Vadym Vus, Viktoriia Pokoievchuck, Kateryna Hurienko, Nataliia Paliy*

● Plenary session "How to work in a team"

*Matvii Khrenov*

● ISBAR is a communication tool in the medical team

*Vadym Vus, Olena Vus*

● How to involve the patient in the treatment process

*Ihor Zastavnyi*

● Evidence-based medicine at PHC

*Dmytro Gulyaev*

● Plenary session "Basic knowledge about immunity and vaccines"

*Fedir Lapii*

● Vaccination calendar. Lecture for doctors and nurses

*Fedir Lapii*

● Workshop for management teams of PHC centers

*Matvii Khrenov*

● Vaccination technique. Simulation workshop. Infection control during vaccination.

*Fedir Lapii, Iryna Voloshyna*

● Transportation and storage of vaccines. Practicing the skills of working with loggers, thermal indicators, Shake test.

*Fedir Lapii, Oleksandra Palahitska*

● Registration of a vaccination visit in the MIS. Practical master class.

*Iryna Voloshyna*

● Emergencies during vaccination. Algorithm of actions.

*Fedir Lapii, Iryna Voloshyna*

● Myths about vaccination and ways to overcome them. My patient vaccination plan.

*Iryna Voloshyna*

## Annex L:

### Educational tour to Croatia

in the framework of pilot project “Advanced Nurse Practitioner in Primary Health Care”

# Educational tour for PHC teams to Croatia

28 November - 2 December 2022

Zagreb, Croatia

#### Visit to the group practice center of Dr. Zoran Maravic and Irena Tomic near Varaždin

**Program of the visit:** Distribution of roles and interaction in the PHC team; basics of patient-oriented care; distribution of roles and interaction of a nurse and a general practitioner; organization of the reception department of the facility; vaccination, prevention and referral to specialized care, etc. Quality assurance and performance measurement of PHC institutions; existing information system of PHC

#### Visit to the PHC Center in Varaždin

**Program of the visit:** During this visit, participants had the opportunity to see how one public PHC center is organized and financed, what is the management structure, what is the role of the head nurse and midwifery centers, as well as palliative nurses, how is organized continuous education for doctors and nurses. Participants visited one practice of a family doctor, a pediatrician, a dentist, a palliative mobile team and a laboratory

#### Visit to the Croatian Institute of Public Health. Meeting with representatives of the institute and teachers of family medicine

**Program of the visit:** Participants explored Croatia activities in the field of public health; health promotion and education; disease prevention; microbiology; environmental health; school medicine; mental health care; national registers of public health. In addition, the participants met with professors specializing in family medicine

#### Meeting with the PHC contracting department of the Croatian Health Insurance Fund

**Program of the visit:** Management and financing system of PHC at different levels (including public PHC centers and private practices, field nurses, home nurses). Understanding the role of the nurse in the health care system of Croatia

#### Visit to the Chamber of Nurses

**Program of the visit:** Chamber history, role, duties and it provides; how to become a nurse in Croatia; ways of obtaining nurse education in Croatia and comparison with other European countries; how to obtain and renew a license; approaches used in planning and conducting CPD for nurses; the role of different types of nurses

#### Meeting with representatives of the PHC department of the Croatian Chamber of Physicians

**Program of the visit:** History of the Chamber, role, organization and structure; how to become a family doctor in Croatia; how to obtain and renew a license; approaches used in planning and conducting CPD for doctors; Communication with the Ministry of Health



## Annex M:

Trainings on the development of clinical competences for nurses and doctors of the pilot primary healthcare centres

Trainings on the development of clinical competences for nurses  
and doctors of the pilot primary healthcare centres

# Basic skills of otoscopy

February - April 2023

in the framework of Pilot project "Advanced Nurse Practitioner  
in Primary Health Care"



**Anastasiia Spasibo**

family doctor, founder  
of MC "Ridni"

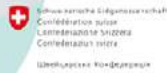
### Basic skills of otoscopy

- Registration, introduction, participants expectations.
- Initial level of knowledge entrance test
- Theoretical foundations of successful otoscopy in the practice of family doctor
- Practicing the practical skills of otoscopy in groups
- Foreign bodies and injuries.
- Peculiarities of treatment of otitis of various etiologies.
- Ear washing technique
- Feedback and reflection of the day.



**Ihor Zastavnyi**

family doctor, co-founder and  
board member of the AFMU, co-  
owner and doctor of the network  
of family outpatient clinics  
"VULYK"



Trainings on the development of clinical competences for nurses and doctors of the pilot primary healthcare centres

## Working with denial and grieving

February - April 2023

in the framework of Pilot project "Advanced Nurse Practitioner in Primary Health Care"




**Ivan Kutchack**  
family doctor, AFMU trainer

### Working with denial and grieving


- Context.
- General rules of communication with patients.
- Theory of aggression.
- Strategies for interaction with patients with aggression.
- Practical task.
- Theory of grief.
- Strategies for interacting with grieving patients.
- Practical task.
- Denial theory.
- Strategies for interacting with patients in denial.
- Practical task.




**Ihor Zastavnyi**  
family doctor, co-founder and board member of the AFMU, co-owner and doctor of the network of family outpatient clinics "VULYK"




Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra  
Швейцарська Конфедерація



Swiss TPH  
Swiss Tropical and Public Health Institute  
Schweizerisches Tropen- und Public Health Institut



МІНІСТЕРСТВО  
ОХОРОНИ  
ЗДОРОВ'Я  
УКРАЇНИ  
Ministry of Health of Ukraine



РОЗВИТОК  
МЕДИЧНОЇ  
ОСВІТИ  
Development of Medical Education

Trainings on the development of clinical competences for nurses and doctors of the pilot primary healthcare centres

## Examining children under one year old. Checklist of a healthy child

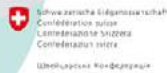
February - April 2023  
in the framework of Pilot project “Advanced Nurse Practitioner  
in Primary Health Care”



**Lyudmila Rakovska**  
pediatrician, founder of two medical centers "HELP kids+" and associate professor of the Department of Pediatrics No. 2 of Kharkiv National University named after V.Karazin

**Examining children under one year old. Checklist of a healthy child**

- Registration, introduction. Pretesting
- Planned examinations of a child under one year: who should conduct them and how? Role nurses
- Checklist of a healthy child.
- Practicing the skills of examining children up to one year.
- Red flags - urgent delegation to a doctor (including remote consultations). Analysis of clinical situations.
- Vaccination of children under one year. Nutrition. Development.
- What advice can the nurse give?
- Feedback and reflection of the day.



Trainings on the development of clinical competences for nurses  
and doctors of the pilot primary healthcare centres

## Basics of ECG registration and decoding

February - April 2023

in the framework of Pilot project “Advanced Nurse Practitioner  
in Primary Health Care”



**Natalya Tunik**  
family doctor, director of the  
Novotroitskyi PHC Centre

### Basics of ECG registration and decoding

- ECG method.
- Reasons for performing an ECG.
- System of the heart.
- Film speed.
- Basics of ECG registration, electrode placement, 12-15-18 leads, registration speed.
- Reminders for the patient before the ECG.
- ECG check sheet. General characteristics. Analysis of own ECG.
- ECG with stress ECG.
- Red flags - urgent delegation to a doctor.
- Reflection. Feedback.

## Annex:

### Pre- and post-pilot surveys on the expanded role of nurses in the pilot facilities

1. Time taken for a patient to get an appointment with a doctor (from the moment of registration, waiting in the queue)
2. Satisfaction with the work of a nurse
  - How satisfied are you with your salary?
  - How satisfied are you with the hours you work?
  - How satisfied are you with the flexibility in scheduling your working hours?
  - How satisfied are you with your line manager?
  - How satisfied are you with the cooperation with the doctors you work with directly?
3. Feeling of independence in work and decision making by a nurse
  - How satisfied are you with your scope of responsibility?
  - How satisfied are you with your control over your working conditions?
  - How satisfied are you with your participation in organisational decision making?
  - I notice that the doctor involves me in discussing cases.
  - The management suggests that nurses should be more involved in the treatment process.
4. Motivation for nurses to work
  - How satisfied are you with your career opportunities?
  - How satisfied are you with the recognition from the management?
  - How satisfied are you with the recognition from your colleagues?
  - I believe that the moments of interaction with patients are the most valuable in my work.
  - I believe that the management offers me the opportunities for learning.
  - I feel that the management encourages suggestions and ideas to improve the service delivery process.
5. Involvement of nurses in the pilot project
6. Length of time a nurse works separately from a doctor
7. Increase/decrease in the total number of admissions to the institution
8. Conducting pre-medical questionnaires by a nurse



8

# USEFUL LINKS AND RESOURCES

## General practice-family medicine. A guide for educatorsA guide for educator

This guide contains teaching and methodological materials for the course "General practice-family medicine". The course materials were created in tandem of practicing physicians and medical educators, they correspond to the needs of specialty and are presented in a format convenient for teaching. We recommend using this guide as a constructor - you can use all its parts, or you can use formats, educational materials, simulation scenarios and implement them in your teaching.

The course materials describe in detail the competencies that students will master, educational goals, thematic plan, each topic material, descriptions of practical tasks, training cases, simulation scenarios, test tasks, etc. Also recommendations for using various formats, conducting checkin, brainstorming or working with cases are offered.

The manual is available for free download and can be used by educators and practitioners.





## ABC of clinical skills of PHC provider

What clinical skills should future primary care providers (general practitioners, family doctors, nurses, pediatricians, etc.) in Ukraine have? Such a list of skills was lacking until 2020, both for navigating the continuous professional development of doctors, nurses and all those working in primary care, as well as for students, interns and educators. Therefore, Ukrainian-Swiss project "Medical Education Development" together with the Academy of Family Medicine of Ukraine created a document that could become a good guide for interns and their mentors for planning internship work and tracking progress in gaining autonomy in practicing these skills. We consider the ABC of Clinical Skills as a kind of guide, not absolute truth, for primary care

providers at the level of teams and facilities to help determine what is the nurse's primary responsibility and what is the physician's. Of course, the health care system is constantly developing new responses to the challenges that appear due to new viruses, climate change, new epidemic profiles of the countries, due to migration and external factors (such as war), so we do not exclude that in the coming years the list of skills will be enriched.



### Інші важливі навички

1 Вк Вакцинація	2 ICPC Використання ІСРС-2
3 3-А Візнає вія куряни: модель трьох «А»	4 Дхл Дотримання холодового ланцюга
5 Івд Інтерв'ювання дитини	6 Ік Інфекційний контроль
7 Кгв Консультація з питань грудного годування	8 ISBAR Методика дистанційної консультації
9 Мі Мотивація інтерв'ювання	10 Пр Превенція
11 Пф Призначення лікаротерапії	12 Пдк Принципи дистанційного консультування
13 МЗС Принципи медичних, засвоєної на свідченнях	14 Со Стерилізація обладнання
15 Тп Транспортування пацієнта	16 Тр Триаж
17 Фд Формулювання діагнозу	

## ВМІННЯ НАДАВАЧА ПМД

### Оцінювання

1 Анп Антропометрія	2 Ак Аускультація	3 Вгз Визначення гострого зору, базовий огляд ока	4 Ват Вимірювання артеріального тиску	5 Втт Вимірювання температури тіла
6 Го Головоушні огляд	7 Збм Збір біологічного матеріалу	8 Зм Збір мазків	9 Зас Збір анамнезу та скарг	10 Зоа Зняття та оцінювання аудіограми
11 Зш Зондування шлунка	12 Ір Інтерпретація рентгенограм	13 Оз Огляд загальний	14 Ос Огляд по-системний	15 От Отоскопія
16 Оф Офтальмоскопія	17 Обс Оцінювання больового синдрому	18 Од Оцінювання дихання	19 Он Оцінювання набрятку	20 Одш Оцінювання провідності дихальних шляхів
21 Осм Оцінювання стану свідомості	22 Осп Оцінювання стану психічного здоров'я	23 Опз Оцінювання стану пошкодження зору	24 Осс Оцінювання стану свідомості	25 Ош Оцінювання стану шкіри
26 Пц Пальпація	27 Про Пальцевий ректальний огляд	28 ПДХ Проба діас-Холліна	29 Пк Пульсоксиметрія	30 ЕКГ Регістрація та аналіз ЕКГ
31 Рамц Робота з аналізами, ревізії, лабораторії, центрифугування	32 СП Співометрія та піфурометрія	33 Шт Швидкі тести (експрес-тести)	34 FAST FAST-протокол	

### Ведення

1 Вбс Ведення больового синдрому	2 Во Ведення епілепсії	3 ПНПР Ведення ПНПР-розладів і станів	4 Взо Ведення поєднаних створінь тіл з ока
5 Дф Дефібриляція	6 ГГ-т Допомога в разі гіпер/гіпотермії	7 Гдн Допомога в разі гострої дислоїної недостатності	8 Ен Допомога в разі епілептичного нападу
9 Дн Допомога в разі несприятливості	10 Дот Допомога в разі дотримання	11 Пнз Допомога в разі перерозуміння нервової системи	12 Тгк Допомога в разі травми грудної клітки
13 Хдн Допомога в разі дислоїної недостатності	14 С-с Допомога за різних серцево-судинних станів	15 Шс Допомога за різних серцево-судинних станів	16 Дп Допомога під час пологів
17 Дх Допомога в разі дислоїної недостатності	18 Імк Імунізація інфекцій	19 Ксм Катетеризація мочевого міхура	20 Мхв Май-хрусткий втручання
21 Мр Менеджмент ризику	22 Ок Оксигенотерапія	23 Пе Прийом Еплі	24 Пі Проведення інтубації
25 Пв Примивання вузла	26 Плп Профілактика і лікування пролежнів	27 Рпа Розтин паратонзиллярного абсцесу	28 СЛР Серцево-легеневий реанімація
29 Тп Тимпанометрія			

### «М'які» навички



Онлайн-курс «М'які навички лікаря ПМД», розроблений проектом «Тайм-світлий лікар» спільно з Академією НСЗУ

### Інші компетентності, що потребують уваги

1 Анг Англійська мова	2 Кмп Комп'ютерні навички
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Якщо ви маєте доповнення, надішліть нам у формі запитового листа



## Peer groups

Peer groups are regular meetings of a group of professionals with equal (peer) positions, who, using structured approaches to discussion, analyze professional situations, complex clinical or organizational cases, share knowledge, exchange experience, and build professional links with colleagues.

Among the key advantages of peer groups participants mention:

- Possibility to have access to timely knowledge and skills upgrading, based on practical needs (e.g. COVID-19);
- Possibility to study together with colleagues, which helps to build trust in a team, and to develop the same level of competencies among all the professionals in a facility;
- Open and informal atmosphere of studying. Application of interactive approaches to learning promotes positive inclination to CPD;
- Convenient time and place for meetings simplifies access to learning, and regularity fits the need of medical professionals to study during their whole professional life;
- During the meetings of peer groups, participants support each other which helps to reduce stress and professional burnout;
- Support the introduction of learning organization principles in medical facilities.



Since recently, peer groups became an officially recognized format of continuous professional development (CMU Resolution No. 1036 of 09/29/2023). So stay tuned and follow the training announcements on the Facebook page of the Ukrainian-Swiss project "Medical Education Development".

## Basic dignity checklist for healthcare workers

Patients can remember a careless word, address, look or some other "minor" thing for the rest of their lives. These seemingly simple things can become decisive in a patient's life! After an unsuccessful experience, they may stop seeking medical help and seek salvation in dubious alternative methods or self-medication.

To prevent this, we remind you of simple and universal rules that will help avoid many problems and misunderstandings with patients and build mutual trust. This checklist is part of the Humanity and Empathy in Health Care guide.



## SKOVORODA online courses platform

SKOVORODA is a convenient and easy-to-use interactive platform designed to inspire and strengthen competences for development through education, exchange of experience and strengthening of the professional networks.

Here you will find opportunities for self-education and the most relevant knowledge that will help you shape your educational path.

The following courses are currently available on the platform:

- *Quality management in healthcare;*
- *Mentoring in health care: being a professional;*
- *Human resources in health care;*
- *Simulation approaches in medical education: international experience;*
- *Moodle and its friends.*

In the near future you will also find following courses on the platform:



- *How health care works;*
- *Basics of fundraising for medical institutions: how to attract additional resources;*
- *Financial management for health care managers;*
- *Strategic management for healthcare institutions;*
- *Healthcare financing systems.*

Shape your educational trajectory, choose the courses you like!



## BOOSTER

The "Booster" platform was created to provide opportunities for employees of the health care system to constantly improve themselves and improve the medical care provided to patients. The platform is modern informational space for self-education of medical workers of Ukraine.

The target audience of "Booster" is primarily PHC doctors and interns in the field of "family medicine".

Features of the "Booster" Platform:

- information aggregated on the Platform is grouped according to rules (topics, labels, codes) it undergoes a multi-level check for correctness, reliability, completeness, expediency and applicability
- obtaining information is convenient for users. It is organized according to the algorithms of the most common search engines around the world: search by keywords with the use of additional filters.

