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INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

PILOT TESTING OF 4-LEVEL MODEL IN 4 REGIONS IN THE CZECH REPUBLIC: IS REAL TO IMPLEMENT THE NATIONAL QUALIFICATION SYSTEM FOR PROFESSIONALS IN PREVENTION OF RISK BEHAVIOUR?

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Project VYNSPI II (2014-2015), CZ.1.07/2.4.00/17.0111 OP VK

This project is co-funded by the European Social Fund and the state budget of the Czech Republic

Introduction 1: quality standards for....

- The first quality standards for preventive providers in the Czech Republic were formulated in 2003 (Miovsky et al., 2003).
- The system was based on preparatory and process normative evaluation (see also WHO, 2000).
- We decided to use standards for providing/providers (context, technical aspects, safety rules, informing etc.) and general (not specific) standards of methods.
- **But what about others standards:**
- Specific standards of methods and implementation.
- Ethical standards.
- Standards for staff etc.

Why an assessment system for staff?

- The **National qualification system is a formal frame** for assessment of qualification to preventive work with kids and adolescents.
- Safety means qualified staff – safety for kids and staff.
- There are no quality standards for staff in school prevention in the Czech Republic now and this task was a reaction on **missing tool for this purpose**. **Standard mechanisms failed** (qualification criteria given by relevant professions like teachers, psychologist etc.) and we were not able **manage and moderate situation** in the field (troubles with voluntaries, groups like scientologist and generally people with no adequate education and training).

Specific situation in the Czech Republic 1

- We have started with **quality standards for school prevention** in 2000 and first complex version was implemented by Ministry of education in 2005 including certification procedure of providers in the field.
- We choose just **quality standards of school prevention providers** (outside the schools) for many reasons: tradition and experiences with same approach in treatment, difficult legislative frame in CZ, strong position of some professions (e.g. psychologist, GPs) and missing experiences with another approach.
- We assess **just general conditions and criteria** like a safety regulation, providing information to target population, need assessments, general requirements on interventions (e.g. continuity, age relevance etc.).

Specific situation in the Czech Republic 2

- There is **poor collaboration between relevant ministries** in the area of school prevention in the Czech Republic. Ministries have different strategies and strategy documents.
- There are **a lot of professions participated on school prevention** of risk behaviour with zero communication and sharing what is the minimum level for qualification for preventive work in schools. Some of these professions don't care about discussions like this **and completely ignored quality standards** for staff.
- The most important providers (from capacity perspective) are (1) teachers, (2) police workers, (3) NGOs, (4) health P.
- **All providers have different financial sources and different motivation to participate on quality standards/assessment.**

II.
Four-level Model of qualifications

For full-text on ResearchGate:

Charvát, M., Jurystová, L., & Miovský, M. (2012). Four-level model of qualifications for the practitioners of the primary prevention of risk behaviour in the school system. *Adiktologie,* (12)3, 190–211.

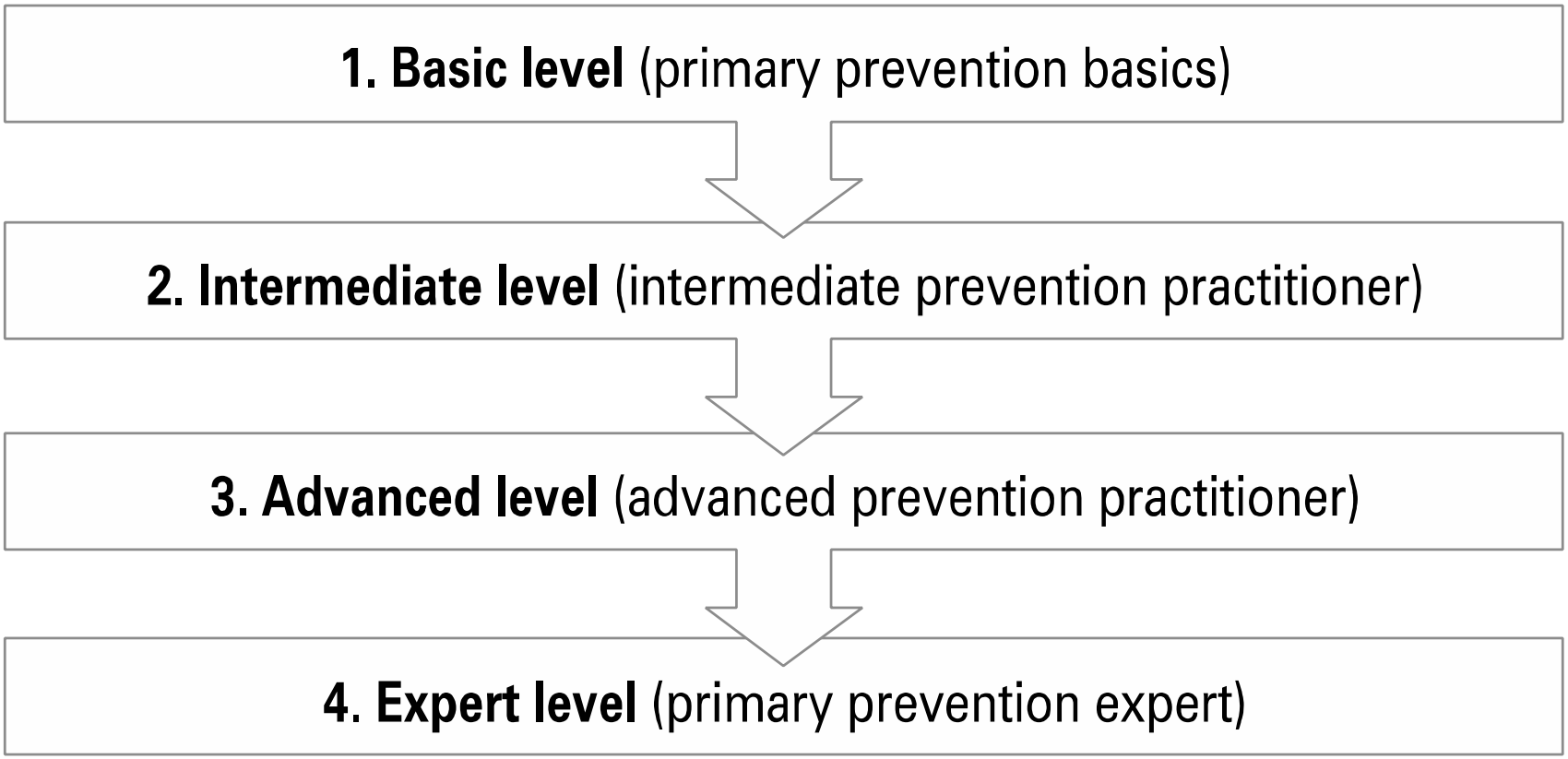
Four-level Model of qualifications: basic requirements

- The assessment system has to be **simple, easy manageable and economically adequate** to the purpose.
- It has to **follow the Czech legislation** and don't be destructive to on-going qualification system.
- Is has to be based on interdiciplinary approach and integrative: (1) the assessment has to be **relevant to wider concept of school prevention** of risk behavior and (2) the **assessment of all relevant professions** through this system has to be **comparable and compatible** (independently on sector: education, health, social etc.).
- The system has to **follow concept used by EMCDDA** (universal, selective and indicated prevention).
- The system has to be **a hierarchic model** for life-long education **shared by all relevant professions**.

Four-level Model of qualifications: basic parameters

- The assessment system has 3 fundamental levels of expertness and 4th (the highest) level for a leadership position and supervision.
- The core of the model use **concept knowledge-skills-competencies** what is shared by EU universities for creating of “descriptors” (learning outcomes) in the university programs context (NUV, 2012).
- For all 4 level we created list of knowledge, skills and competencies (according to terminology of learning outcomes concept) **independently on perspectives of different professions**. We used just review of literature and concepts what were published and used the preventive context.
- For all 4 levels we defined how to test/evaluate these knowledge, skills and competencies.

The core structure of 4-level Model



(A) First level: basic level

- **This qualification level is the requirement for delivering prevention at the lowest complexity level.** It governs the minimum requirements applicable to all individuals pursuing prevention activities with groups of children and young people in the school settings. In terms of the type of activities, this may include, for example, educational and awareness-building activities, work with the community circle and atmosphere in the class, and other common **means of universal prevention.**
- **Examples of typical positions:** Teachers, a voluntary worker conducting a prevention programme of an NGO at a school under the supervision of an on-staff school prevention worker.

(B) Second level: intermediate level

- The main scope of this level is to work with the target group of pupils and students**. It concerns more complex prevention efforts such as universal prevention or selective prevention programmes**. In terms of the type of activities, it includes managing programmes with an interactive component (e.g. the training and acquisition of life skills etc.). The important factors include the use of feedback, the ability to motivate the group to undertake more complex interactions, and specific knowledge of the individual types of risk behaviour.
- Examples of typical positions: a trained prevention practitioner who is **a teacher implementing an interactive universal prevention programme** based on developing life skills; an external NGO **implementing a long-term and comprehensive universal prevention programme** at the school etc.

(C) Third level: advance level

- An advanced prevention practitioner **is able to work with all types of prevention programmes, including the indicated prevention.** The programmes concerned are more complex and **also apply methods close to the therapeutic ones** (typically, simple cognitive-behavioural techniques). In a school, an advanced prevention practitioner may provide professional guidance to prevention practitioners at the basic and intermediate qualifications.
- **Examples of typical positions**: **a special educator or psychologist** carrying out an indicated prevention programme based on **the screening** of the risk personality factors; a teacher or special educator in the role of the school prevention worker, an NGO manager responsible for the form and quality of primary prevention activities under a certified programme.

(D) Fourth level: expert level

- **An expert primary prevention practitioner mainly performs coordination, guidance, counselling, training and supervisory tasks**. They coordinate the primary prevention system and the cooperation among the stakeholders within larger units such as municipalities, areas or regions. Their jurisdiction includes **the provision of guidance** to other prevention practitioners with a lower qualification level.
- **Examples of typical positions:** a regional prevention worker in pedagogical-psychological counselling centres; a prevention worker or prevention coordinator in larger municipal, regional or other offices; **a trainer, a prevention trainer with long-standing self-experience training** to **hold intervisory or supervisory** meetings for his/her colleagues.

Preparatory and process evaluation of testing procedure and materials

Pilot testing 2014-2015

in collaboration with Ministry of education
and participation by Ministry of Health

Recommended reference scope of training by level and component

Qualification level	Number of hours recommended for individual training components							
	Theoretical knowledge		Practical skills		Self-experience		Level total	Aggregate
1. Basic level	**16**	40%	**16**	40%	**8**	20%	40	**40**
2. Intermediate level	**8**	20%	**16**	40%	**16**	40%	40	**80**
3. Advanced level	**40**	33%	**40**	33%	**40**	33%	120	**200**
4. Expert level	**32**	33%	**32**	33%	**32**	33%	96	**296**
Column aggregate:	96	—	104	—	96	—	—	—

The proposed content and prevailing form of examination and additional requirements for the individual levels

	Theoretical part – knowledge	Practical part – skills	Additional requirements for the candidate
1. Basic level (The exam is conducted by a single expert practitioner)	50% written test, oral examination	50% practical demonstration, model situations	secondary education certificate
2. Intermediate level (The exam is conducted by a single expert practitioner)	30% written test, oral examination	70% practical demonstration, model situations	university (bachelor's) degree, level 1 certificate, min. 24 hours of self-experience
3. Advanced level (examining board of two authorised persons – experts)	50% oral examination	50% practical demonstration, paper, video recording	university (master's) degree, level 2 certificate, proof of 2 years of experience, min. 64 hours of self-experience
4. Expert level (examining board of two authorised persons – experts)	50% oral examination	50% practical demonstration, video recording	university (master's) degree, level 3 certificate, proof of 5 years of experience, min. 96 hours of self-experience

Parameters of the pilot test

- Duration: 10 months.
- 4 teams of professionals in 4 regions (selected from 13) of the Czech Republic.
- All teams have same instructions and tasks but all teams work independently (for comparative study) according to the identic structure and list of outputs.
- Min. no. of professionals evaluated by the teams: 30 (each) with different original background/profession.
- The second task: to describe what and how they do it and record it including all troubles and difficulties etc.
- **The outputs were evaluated** by co-ordination team with **task to create uniform general model** recommendable for the National-wide context.

Tasks and Research Questions

- Practical experiences with **assessment of different professionals** with different original background.
- Practical experiences **how to prepare, manage** and provide independent assessment of qualification to preventive work in schools.
- **Assessment of costs** for the assessment and personal and institutional requirements.
- Practical guide how the assessment system can be **provided on the national level** and how to promote it and implemented and spread in to the all 13 regions.
- How to connect the assessment system **with current legislation** and what is necessary to do step by step for future possible sharing the system by all ministries.

Sample and Methods

- 103 preventive professionals (teachers, preventive workers from NGOs and police preventive workers).
- For evaluation we used an adopted WHO guideline for process evaluation (WHO, 2000; Neaman et al., 2000). We analysed and assessed: (a) all materials (textbooks etc.) what professionals used, (b) testing procedure and its technical aspects and documentation of testing procedure, (d) results of pilot testing of professionals, sustainability and (e) feasibility for potential further implementation in the Czech Republic.

A. Study materials (textbooks…)

Positive:

- Availability and price
- Language (Czech)
- Wide scale and total number

Negative:

- Available info about materials and related skills.
- Terminology (according to the date of publishing)
- Theoretical Consistency
- National oriented instead of international
- Professional group oriented (psychology, medicine, pedagogy…)
- Frequently missing evidence based and critical point of view (“everything is nice and effective…”).

B. Testing procedure and documents

Positive:

- Well-defined and comprehensive and structured.
- Practical and theoretical aspects are well-balance.
- It was seriously prepared and formally good quality

Negative:

- Too difficult and hard manageable.
- Too expensive for expecting no. of professionals
- Bigger part of assessment can be better standardized
- Some testing commission members had a problems with enough skills and knowledge – they have a problem with questions, clarifications etc.
- On the list are unclear questions and tasks and some of them are too difficult and complex

C. Outputs

Positive:

- Generally positive attitudes of participants (surprising finding?) and openness
- Good results of practical part – worse in theory
- Drafting of new testing documents

Negative:

- Gap between some different professions and missing health professions in pilot test
- Age differences and traditions and prejudices…
- Social behaviour: what exactly means term “professional behaviour”?
- Formal grounding = legislation = key critical parameter

Sustainebility and economy

- **Legislation**, formal grounding and political support
- There is necessary general approval by all affected **Ministries** (Health, Social, Education, Interior…) or to start only with one-resort model (first step).
- **No. of professions** is limited factor – using this model in practice and future implementation affected extremely high number of different professionals in more than 10 professions…
- **Local providers:** there is no possible to centralised the testing procedure and we need decentralised model and available provider in all 14 regions.
- **Acceptance by key players** – ministries, societies, local governments etc.

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Thank you for your attention