

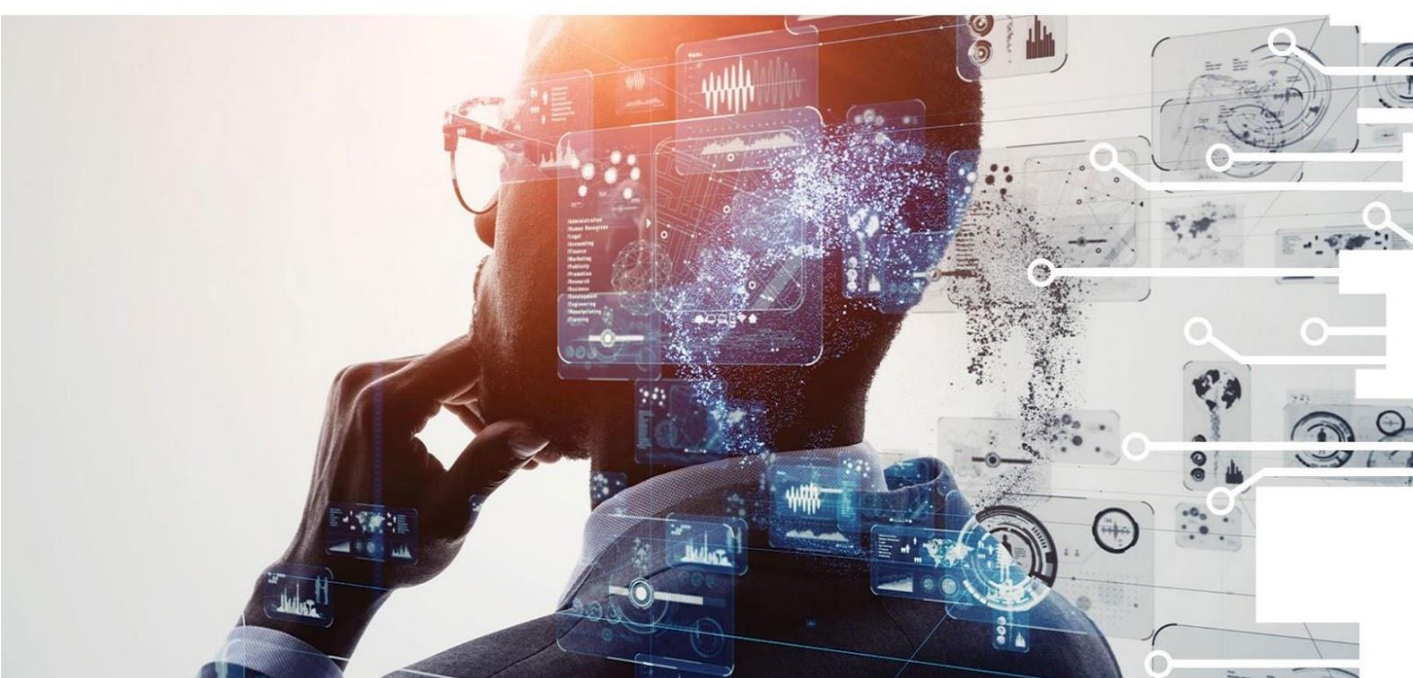


AI4VET4AI

AI-powered Next Generation of VET

AI in Healthcare

CVET Teacher Training Materials



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Purpose of the document

This document supports CVET teachers, trainers, instructors, workplace mentors and training managers in delivering the MOOC "Doctor-Patient Interactions using AI" in adult learning, professional development and workplace training contexts.

The emphasis is on professional relevance, flexible delivery, workplace application, competence demonstration and practical implementation in healthcare settings.

The guide is not intended to replace institutional teaching, clinical governance, assessment or quality assurance systems. It is designed to complement them with ready-to-use workshop ideas, workplace tasks, discussion prompts, assessment options and practical facilitation guidance.

CVET orientation

For CVET delivery, the trainer role is less about classroom teaching and more about facilitating professional reflection. Trainers should help learners connect AI concepts to current work practices, patient safety, communication quality and responsible human oversight.

1. Introduction to the MOOC and Its Relevance for CVET Trainers

1.1 What this MOOC is about

This MOOC introduces adult learners and healthcare professionals to practical uses of Artificial Intelligence in doctor-patient communication. It focuses on how AI can support clinical documentation, patient understanding, language support, medication adherence and trust in care pathways.

The course is organised into three modules: Challenges and the Scope of AI Tools; Overcoming Communication Barriers; and Medication Adherence and Fostering Trust. Learners explore AI digital scribes, chatbots, machine translation, generative AI, clinical decision support, medication support tools and the ethical limits of these technologies.

1.2 Why this topic matters in today's workforce

AI is increasingly present in healthcare environments. It may help transcribe consultations, organise notes, translate information, simplify medical language, flag medication risks or support follow-up outside the clinic. These tools can improve efficiency, but they also create new responsibilities around accuracy, privacy, bias, transparency and accountability.

For CVET learners, the aim is not to become AI engineers. The aim is to become confident users, critical interpreters and responsible professionals who know when AI can help, when it should be questioned, and when human judgement must take priority.

1.3 Addressing uncertainty around AI

Adult learners may have strong clinical or administrative experience but limited confidence with AI. Some may worry that AI is too technical, unreliable, legally risky or threatening to professional autonomy. Trainers should address these concerns directly and present AI as a decision-support tool that requires human oversight and professional accountability.

1.4 Who the MOOC is designed for

Healthcare professionals seeking upskilling or reskilling in digital health and AI-supported communication.

Nurses, medical assistants, clinical pharmacists and allied health professionals involved in patient education or care coordination.

Healthcare administrators, clinic managers and patient pathway coordinators.

Job seekers or career changers aiming to enter healthcare support, health administration or digital health roles.

Adult learners in CPD, blended learning, workplace training or lifelong learning programmes.

1.5 How this guide supports CVET trainers

Reduces preparation time by providing ready-to-use activities, use cases, assessment ideas and templates.

Explains AI concepts in non-technical language linked to healthcare work.

Supports self-paced, trainer-guided, blended and workshop-based delivery.

Helps trainers connect MOOC content to real workplace challenges and professional experience.

Encourages ethical, inclusive and human-centred AI adoption.

2. Target Learners and Professional Relevance

2.1 Target learner profiles

The MOOC is suitable for adult learners from different professional backgrounds. It can be used with participants who are employed, unemployed, self-employed, returning to education or moving into healthcare-related roles.

Table 1 Target learner profiles

Learner profile	Relevant workplace context	Main learning need
Nurses and medical assistants	Patient intake, daily care, discharge education and follow-up	Use AI-supported tools while maintaining empathy, safety and patient understanding.
Clinical pharmacists and pharmacy staff	Medication review, adherence support and medication reconciliation	Evaluate AI tools that flag medication risks and support adherence without replacing professional judgement.
Physicians and clinical trainees	Consultations, documentation, clinical reasoning and shared decision-making	Understand AI scribes, CDSS and patient communication risks.
Healthcare administrators	Scheduling, patient pathways, documentation quality and service coordination	Use AI to improve workflows while respecting privacy, governance and accountability.
Community health and patient support roles	Chronic care, remote follow-up, patient education and outreach	Use chatbots, reminders and plain-language resources responsibly.
Digital health and health-informatics staff	Implementation, integration, training and governance of healthcare tools	Translate technical AI capabilities into safe, usable and compliant workflows.

2.2 Prior knowledge requirements

No previous AI or programming knowledge is required.

Basic digital literacy is recommended, such as using online platforms, digital forms, spreadsheets and video-learning environments.

Foundational healthcare knowledge is helpful, especially around confidentiality, informed consent, patient communication and common clinical workflows.

Trainers should provide extra support for learners with low confidence in online learning or data-based activities.

2.3 Professional relevance

The MOOC supports professional development by helping learners understand how AI affects daily communication, documentation, patient education, medication safety and workflow design. It is especially relevant where healthcare organisations must respond to digital transformation, workforce pressure, multilingual patient populations and stronger expectations around data protection and AI governance.

2.4 Employability and workplace benefits

Improved confidence in using and questioning AI-supported workplace tools.

Better ability to explain AI outputs to colleagues and patients in plain language.

Stronger awareness of privacy, consent, bias, accessibility and human oversight.

Ability to identify realistic AI-supported improvements for clinical and administrative workflows.

Improved professional communication across clinical, administrative and digital health teams.

3. Learning Objectives and Competence Development

3.1 Main learning objectives

Explain how AI tools can support or hinder doctor-patient communication. (Understand)

Identify key AI applications in healthcare communication, including digital scribes, chatbots, machine translation, generative AI, CDSS and medication support tools. (Remember / Understand)

Interpret simple healthcare communication scenarios to identify patient safety, privacy, bias and accessibility risks. (Apply / Analyse)

Apply AI concepts to workplace scenarios involving documentation, patient education, translation, adherence support and workflow improvement. (Apply)

Analyse how AI-supported decisions may affect trust, professional accountability, patient autonomy and shared decision-making. (Analyse)

Evaluate the benefits and risks of AI tools in healthcare using human oversight, data protection and ethical reasoning. (Evaluate)

Propose a practical AI-supported improvement for a healthcare communication or patient support process. (Create)

3.2 Competences developed

Table 2 Competences developed

Competence area	Competences developed
Technical and digital competences	AI literacy; basic data literacy; understanding of digital scribes, NLP, machine translation, chatbots, CDSS, generative AI and medication support tools.
Professional competences	Patient-centred communication; AI-supported documentation; safe use of decision-support outputs; medication adherence support.
Transversal competences	Critical thinking; ethical reasoning; communication; empathy; teamwork; adaptability; reflective practice; human-AI collaboration.

3.3 Competence development and career growth

The MOOC helps learners move from awareness to professional application. Participants do not need to become technical specialists. They should become competent users, critical reviewers and responsible contributors to AI-supported communication and workflow improvement in healthcare settings.

Trainer facilitation point

Ask learners to bring one real workplace challenge into the course. This may be poor documentation quality, language barriers, low health literacy, repeated medication errors, missed follow-up, alert overload or patient mistrust. Use this challenge as a thread throughout the MOOC.

4. Constructive Alignment

Constructive alignment helps trainers connect learning objectives, MOOC content, practical activities and competence evidence. In CVET settings, assessment should show that learners can apply ideas to professional contexts, not simply recall definitions.

Table 3 Constructive alignment table

Learning objective	MOOC content	CVET activity	Competence evidence
Explain AI concepts in healthcare communication	Module 1 and key concepts	AI in my workplace mapping exercise	Short explanation, glossary card or oral discussion
Identify patient communication risks	Modules 1-2	Communication barrier audit	Risk list with proposed safeguards
Apply AI to documentation and patient education	Modules 1-2	Digital scribe or plain-language prompt workshop	Revised workflow or prompt with human review points
Evaluate AI risks and ethics	Ethics sections across modules	Responsible AI risk clinic	Risk register and mitigation plan
Propose an AI-supported care improvement	Module 3 and capstone activity	Implementation pitch	Workplace action plan, poster or presentation
Practical principle Every activity should end with a human judgement question: What must a healthcare professional check before the AI output is used with a patient or saved in a clinical record?			

5. Overview of the MOOC Structure and Content

5.1 MOOC overview

The MOOC is structured into three thematic modules and a practical capstone. The full estimated workload is approximately 125-150 hours, including lectures, tutorials, individual work and applied tasks. CVET trainers can use the full MOOC or select units for shorter programmes.

Table 4 MOOC overview

Module	Title	Core professional focus
A	Challenges and the Scope of AI Tools	Doctor-patient communication, ethics, documentation, CDSS and patient engagement.
B	Overcoming Communication Barriers	Health literacy, plain language, visual explanation, translation, inclusive design and risk mitigation.
C	Medication Adherence and Fostering Trust	Medication support, adherence barriers, alerts, automated reconciliation, explainability and trust.
Capstone	Patient Journey Improvement Project	Applying course ideas to a realistic workflow with safeguards, human oversight and competence evidence.

5.2 Recommended CVET delivery pathways

Table 5 Recommended CVET delivery pathways

Pathway	Duration	Best for	Suggested output
Awareness workshop	2-4 hours	Mixed professional groups needing an introduction to AI in healthcare communication	Personal action note and discussion reflection
Applied skills workshop	6-8 hours	Professionals who need practical examples and tool confidence	AI opportunity canvas or tool evaluation worksheet
Blended CPD pathway	12-24 hours	Upskilling staff across several weeks	Portfolio with reflections, risk task and workplace proposal
Workplace improvement project	20-40 hours	Teams solving a real organisational challenge	Implementation plan, risk register and final presentation

Full MOOC integration	125-150 hours	Extended CVET programme or certified training pathway	Comprehensive portfolio or capstone project
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5.3 Unit summary

Table 6 Unit summary

Unit	Topic	Workplace application
A1	Doctor-patient communication and AI	Identify where AI can support relationship-building, information exchange and shared decision-making.
A2	Ethics and regulatory awareness	Discuss autonomy, confidentiality, consent, GDPR, accountability and professional responsibility.
A3	AI tools in clinical workflows	Explore digital scribes, NLP, CDSS and patient engagement platforms.
B1	Communication barriers	Map language, literacy, cultural, emotional and environmental barriers.
B2	Machine translation and risk	Distinguish low-risk information support from high-risk real-time clinical translation.
B3	Generative AI for explanation	Create plain-language and visual explanations with strict safety constraints and human review.
C1	Medication adherence	Understand adherence phases and barriers linked to patients, systems, conditions and therapy.
C2	Medication support tools	Review reminders, chatbots, predictive tools, MTM and automated reconciliation.
C3	Trust and oversight	Design transparent, inclusive workflows with clear professional accountability.

6. Key AI Concepts Explained for Trainers

The following explanations are written for trainers who may not have a technical background. Trainers can use them as short briefing notes before facilitating the MOOC or as simplified explanations for learners.

Table 7 Key AI concepts

Concept	Plain-language explanation	Healthcare example	Professional relevance
Artificial Intelligence (AI)	Computer systems that recognise patterns, make predictions, generate text or support decisions.	A tool that drafts a consultation note from spoken dialogue.	Helps professionals understand how digital tools support communication and decisions.
Machine Learning	AI that learns patterns from data and improves outputs as it analyses examples.	A system that identifies patients at risk of missed medication doses.	Supports planning, monitoring and early intervention.
Natural Language Processing (NLP)	AI that processes human language, including speech and text.	Transcribing a consultation and structuring it into a clinical note.	Useful for documentation, summaries and patient communication.
Generative AI	AI that creates text, images or other outputs from prompts.	Drafting a simple explanation of a procedure for a patient leaflet.	Can save time but must be checked for accuracy and safety.
Machine Translation	AI that translates text or speech between languages.	Translating appointment instructions for a non-native speaker.	Can improve access but is risky in urgent or complex clinical conversations.
Clinical Decision Support Systems (CDSS)	Tools that provide prompts, warnings or recommendations based on clinical data and guidelines.	A drug interaction warning during prescribing.	Supports decisions but does not replace clinical judgement.
Chatbots	Conversational systems that answer questions or guide users through simple steps.	A reminder chatbot for chronic medication routines.	Can support adherence and triage, with clear escalation to humans.
Hallucination	An AI output that sounds plausible but is wrong or unsupported.	An AI-generated diagram or explanation with a clinical error.	Requires verification before patient use.

Human-in-the-loop	A human professional reviews and remains accountable for AI-supported outputs.	A clinician checks an AI note before saving it in the EHR.	Central to patient safety, trust and governance.
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Plain-language reminder

AI should be presented as a support tool, not an automatic authority. Learners should ask: What data was used? What could be wrong? Who checks it? Who is accountable?

7. AI Tools and Practical Implementation

This section helps trainers move from general AI concepts to practical implementation. The focus should remain on workplace relevance, safe adoption and human-centred use.

Table 8 AI tools

Tool category	Possible use	Trainer implementation idea	Main safeguard
Digital scribe / speech recognition	Drafting notes from consultations	Compare a manual note with an AI-assisted note in a roleplay.	Human review before saving to the EHR.
NLP summary tools	Summarising patient messages or long notes	Ask learners to identify missing or incorrect details in a generated summary.	Check against source information.
Machine translation	Supporting basic written information in another language	Classify translation scenarios as low, medium or high risk.	Avoid unsupervised use in urgent or high-risk care.
Generative AI	Plain-language explanations, patient leaflets, visual prompts	Draft and improve a prompt using safety constraints.	Clinical validation and accessible language review.
CDSS	Alerts, reminders, guideline prompts and medication warnings	Discuss when alerts help and when they create fatigue.	Professional judgement and escalation rules.
Patient engagement chatbots	Reminders, FAQs, symptom check-ins and follow-up nudges	Design a chatbot escalation pathway.	Transparency, privacy and clear contact points.

7.1 Implementation questions for trainers

What task is the AI tool intended to support?

What data does the tool use, and is personal or sensitive data involved?

What could go wrong if the output is inaccurate, incomplete or biased?

Who checks the output before it affects a patient or a record?

How will patients, staff and learners understand the role and limits of the tool?

What non-digital or human alternative remains available?

8. Guidance for Facilitating Learning in CVET Contexts

CVET learners often bring real professional experience. Trainers should use this experience as a resource. The most effective sessions start from familiar work situations and then introduce AI as one possible support mechanism.

Table 9 Facilitation models

Model	How it works	Best for
Self-paced MOOC plus check-ins	Learners complete online units independently and meet briefly for discussion or questions.	Busy professionals and distributed teams.
Blended workshop	Short concept input, MOOC extract, practical activity and peer discussion.	Professional groups needing applied confidence.
Case-based session	Learners analyse one patient communication scenario from multiple perspectives.	Mixed clinical and administrative groups.
Workplace project	A team selects one real process and designs a small AI-supported improvement.	CPD programmes linked to organisational change.

8.1 Good practice for healthcare facilitation

Start with patient safety and communication quality, not with technology.

Use plain language before introducing acronyms.

Invite learners to compare AI output with professional judgement.

Use roleplay and scenario analysis to make risks visible.

Keep legal and ethical issues practical: consent, privacy, accuracy, accountability, bias and accessibility.

Encourage scepticism without creating fear; the goal is responsible use.

Table 10 Common barriers and responses

Barrier	Trainer response
Limited time	Use micro-activities, short check-ins and selected units rather than requiring the full MOOC.
Low digital confidence	Provide a short tool demonstration and pair learners with peer support.
Clinical scepticism	Frame AI as decision support and ask learners to define human review points.
Legal concerns	Use a risk register and discuss approved institutional tools and policies.

Different roles	professional	Use scenarios that include clinical, administrative and patient perspectives.
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9. AI Use Cases for Professional and Workplace Contexts

Use cases should help learners recognise where AI may support communication, where risks arise and what safeguards are needed.

Table 11 AI Use Cases for Professional and Workplace Contexts

Use case	Scenario	Discussion questions
AI digital scribe	A consultation is transcribed and converted into a structured note.	What could be missed or misheard? Who checks the note? How does the tool affect eye contact and rapport?
Machine translation triage	A clinic wants to translate patient instructions into several languages.	Which situations are low-risk? Which require a professional interpreter? How is quality checked?
Plain-language explanation	A team uses generative AI to simplify discharge instructions.	Is the explanation accurate? Is it understandable? Does it leave out safety warnings?
Medication adherence chatbot	A chronic patient receives reminders and educational messages.	When should the chatbot escalate to a human? How is privacy protected?
Alert fatigue reduction	A CDSS generates many medication warnings.	Which alerts matter most? How can overload be reduced without hiding critical risks?
Trust and transparency	A patient asks whether AI was used in their care pathway.	What should staff disclose? How can they explain limits and human accountability?

Trainer tip

For each use case, ask learners to identify the AI input, output, decision point, possible failure and human oversight step.

10. Practical Training Activities and Workshop Exercises

The following activities can be used as stand-alone workshops or combined into a longer blended pathway. They are designed to be practical, discussion-based and adaptable.

Table 12 Practical Training Activities and Workshop Exercises

Activity	Duration	Group size	Output
AI in my workplace mapping	30-45 min	Individual or pairs	Map of current or possible AI touchpoints in a care process.
Digital scribe roleplay	45-60 min	Groups of 3	Comparison of manual vs AI-assisted documentation and a safety checklist.
Translation risk audit	45-60 min	Groups of 4	Risk classification and mitigation steps for translation scenarios.
Plain-language prompt workshop	60 min	Pairs	Safe prompt and revised patient-facing explanation.
Alert fatigue filter challenge	45 min	Groups of 3-5	Prioritised alert list with justification and escalation rules.
Patient journey improvement canvas	60-90 min	Small teams	AI-supported improvement proposal with human oversight points.

10.1 Example activity: Plain-language prompt workshop

Give learners a short clinical explanation containing jargon.

Ask them to write a prompt that requests a patient-friendly explanation at an appropriate reading level.

Require the prompt to include safety constraints: do not add new medical facts, preserve warnings, advise contacting a professional for uncertainty.

Compare outputs and mark where human review is needed.

Debrief on accuracy, tone, accessibility and trust.

10.2 Example activity: Patient journey improvement canvas

Select a common pathway such as appointment booking, consultation, discharge or medication follow-up.

Map pain points before, during and after the patient interaction.

Identify where AI could support staff or patients.



Add safeguards for privacy, bias, accessibility and human oversight.

Present one realistic first step rather than a large technology project.

11. Assessment and Competence Validation

Assessment in CVET should focus on competence demonstration. Trainers can use light-touch assessment for workshops or more formal rubrics for certified pathways. Assessment approaches should always be adapted to the institutional context.

11.1 Suggested assessment methods

Short reflection on how AI could affect a professional role.

Case study analysis of a patient communication scenario.

Tool evaluation checklist completed for an AI-supported healthcare tool.

Responsible AI risk register for a proposed workflow.

Short presentation or poster proposing a safe AI-supported improvement.

Portfolio combining workplace mapping, risk analysis and action plan.

Table 13 Competence validation rubric

Criterion	Excellent	Satisfactory	Needs improvement
AI understanding	Explains AI role, limits and workflow relevance clearly.	Identifies basic AI function and use case.	Uses vague or inaccurate descriptions.
Workplace application	Connects AI to a realistic healthcare process and specific problem.	Suggests a relevant but general application.	Application is unrealistic or not linked to work.
Patient safety and ethics	Identifies privacy, accuracy, bias, consent and oversight safeguards.	Identifies some key risks and basic safeguards.	Risks are missing or treated superficially.
Human oversight	Defines clear review, escalation and accountability points.	Mentions need for human checking.	Assumes AI can act without professional review.
Communication	Explains ideas in accessible, patient-centred language.	Communicates main points clearly.	Uses unclear or overly technical language.

11.2 Feedback guidance

Feedback should help learners improve professional judgement. Focus on what they checked, what they missed, how they protected patients and how their proposal could be implemented safely in a real organisation.

12. Adapting the MOOC for Different CVET Settings

The MOOC can be adapted for short awareness sessions, role-specific CPD, blended learning or workplace improvement projects. Trainers should select the format that best fits learner needs, available time and institutional requirements.

Table 14 Adapting the MOOC for Different CVET Settings

Setting	Recommended adaptation
Hospital CPD session	Use high-risk clinical examples, digital scribe scenarios, medication alerts and governance discussion.
Primary care or outpatient clinic	Focus on patient communication, appointment instructions, translation, follow-up and chronic care support.
Pharmacy or medication safety training	Emphasise adherence, MTM, reconciliation, interaction alerts and patient counselling.
Healthcare administration training	Focus on workflow efficiency, patient pathway communication, documentation quality and data protection.
Digital health implementation team	Use risk registers, tool evaluation checklists, accessibility review and human oversight workflow design.
Job seeker or career change programme	Use plain-language AI literacy, role awareness and transferable digital skills.

12.1 Selecting the right depth

Awareness level: explain key concepts and discuss examples.

Application level: practise tool evaluation and scenario analysis.

Implementation level: create a workplace improvement plan with safeguards.

Certified pathway: combine MOOC units, portfolio evidence and competence validation.

13. Supporting Learners with Different Backgrounds and Needs

CVET groups may include learners with different levels of digital confidence, professional authority, language proficiency and educational experience. Inclusive facilitation improves participation and learning outcomes.

Table 15 Supporting Learners with Different Backgrounds and Needs

Learner need	Support strategy
Low digital confidence	Offer a short orientation, avoid unnecessary technical terms and provide step-by-step examples.
Limited healthcare background	Use simple clinical scenarios and explain acronyms before using them.
Experienced professionals sceptical of AI	Invite critical evaluation and connect discussion to patient safety and professional autonomy.
Different languages or cultural backgrounds	Use examples that respect local care contexts and discuss safe use of translation support.
Learners with disabilities	Provide accessible materials, captions, readable layouts, alternative formats and non-digital options.
Mixed professional hierarchy	Use small-group tasks where each role contributes a different perspective.
Inclusive practice Do not assume that every learner has access to the same digital tools or clinical systems. Use screenshots, mock scenarios and paper-based alternatives where needed.	

14. Teaching Materials and Resources

The materials below are suggested resources that trainers can prepare or adapt. They are designed to reduce preparation time and make CVET sessions practical and workplace-focused.

14.1 Suggested teaching materials

Short slide deck introducing AI in doctor-patient interactions and selected MOOC units.

Plain-language AI glossary for healthcare professionals.

Patient journey improvement canvas.

Healthcare AI opportunity canvas.

Responsible AI risk register template.

AI tool evaluation checklist.

Case study factsheets on digital scribes, translation, plain-language explanations, CDSS and adherence support.

Assessment rubric for implementation proposals or presentations.

14.2 Suggested workshop structure

Stage	Timing	Purpose	Example method
Warm-up	10 min	Connect AI to learner experience.	Ask: Where have you seen AI in healthcare this month?
Concept input	15 min	Introduce key terms in plain language.	Mini-presentation using healthcare examples.
MOOC link	15 min	Connect activity to MOOC unit.	Review a case, video or scenario.
Practical activity	45 min	Apply ideas to workplace context.	Audit, roleplay, tool evaluation or canvas.
Peer discussion	15 min	Compare contexts and share expertise.	Group exchange or gallery walk.
Reflection	10 min	Identify next step.	Personal action note or exit ticket.

14.3 Suggested visual resources

AI decision-support workflow: data -> AI analysis -> human judgement -> action -> review.

Doctor-patient-AI triangle showing patient, professional and tool responsibilities.

Patient journey map showing where AI can support booking, consultation, explanation, discharge and follow-up.

Risk map showing privacy, bias, transparency, accessibility, accuracy and human oversight.

Escalation pathway showing when AI-supported communication must move to a human professional.

15. Additional Resources for Trainers

Trainers can use the following resource categories for preparation, further reading or optional learner extension tasks. Always check availability, language, accessibility and institutional policy before assigning external tools or websites.

15.1 Beginner-friendly AI learning

Elements of AI - free introductory course for non-technical learners.

IBM SkillsBuild - AI foundations and digital skills resources.

Google AI for Anyone - accessible introductions to AI concepts and responsible use.

European Commission resources on AI skills, digital competence and responsible AI.

15.2 Healthcare, ethics and policy topics

GDPR and privacy-by-design in healthcare data use.

EU AI Act and risk-based AI governance.

Clinical safety, human oversight and accountability in digital health.

Health literacy, plain language and inclusive patient communication.

Accessibility and inclusive digital service design.

15.3 Practical tool categories to explore

Digital note-taking and transcription tools used in clinical documentation.

Generative AI tools for drafting simple explanations or training materials.

Machine translation tools for low-risk written communication support.

Dashboard and workflow tools for monitoring patient pathways or service quality.

Medication reminder and patient engagement platforms.

16. Self-Study Guidance for CVET Trainers

16.1 Recommended reading order

Read Sections 1-3 to understand the CVET purpose, learner profiles and competences.

Review Section 5 to understand the MOOC structure and select the units most relevant to your learners.

Use Section 6 as your quick concept briefing before training.

Select a facilitation model from Section 8 and activities from Section 10.

Use Sections 11-14 to prepare competence validation, adaptation and teaching materials.

Use the appendices as ready-to-use templates for workshop or workplace tasks.

Table 16 Estimated preparation time

Preparation task	Suggested time
Read this CVET guide	2-3 hours
Review selected MOOC units	3-6 hours for selected units; longer for full MOOC
Prepare workshop slides and handouts	1-2 hours
Adapt examples to local workplace context	1 hour
Prepare assessment or feedback criteria	30-60 minutes

16.2 Reflection questions for trainers

Which AI applications are already present in my learners' workplaces?

Which patient communication challenge will make the MOOC feel immediately relevant?

Do learners need awareness, practical tool confidence or an implementation project?

What digital skills support will be needed before learners can complete the activities?

How will I ensure AI is presented as responsible decision support, not as an automatic answer?

Which ethical risks are most relevant in this local healthcare context?

16.3 Final note for trainers

This MOOC is not intended to turn healthcare professionals into AI engineers. Its goal is to build confidence, awareness, critical judgement and practical competence in using AI-supported thinking within doctor-patient



interactions. Trainers play a key role in helping adult learners connect digital transformation to patient safety, communication quality and professional responsibility.

Appendices – Ready-to-Use Workplace Templates

Appendix A: Healthcare AI Opportunity Canvas

Prompt	Learner notes
Workplace or care context	
Specific communication or workflow problem	
Current process or pain point	
AI-supported opportunity	
Data needed	
People affected	
Expected benefit	
Main risk	
Human oversight needed	
First practical next step	

Appendix B: Responsible AI Risk Register

Risk area	Questions to ask	Mitigation action
Privacy and consent	Are personal, clinical or sensitive data involved?	Use approved platforms, data minimisation, consent and anonymisation where possible.
Accuracy and safety	Could an incorrect output affect patient care or records?	Require professional review before use in care or documentation.
Bias and fairness	Whose needs, language, disability or cultural context may be missing?	Test with diverse examples and include human review.
Transparency	Will patients or staff know AI is being used?	Explain purpose, limits and contact points clearly.
Accessibility	Could the tool exclude people with low literacy, disability or low digital access?	Provide alternatives and test accessibility.
Human oversight	Who checks outputs and remains accountable?	Define review roles and escalation points.

16.4 Appendix C: Patient Communication Journey Map

Journey stage	Current communication need	AI opportunity	Human safeguard
Before consultation			
During consultation			
After consultation			
Medication follow-up			
Escalation or urgent issue			

Appendix D: AI Tool Evaluation Checklist

What information must be checked by a human before use?

Does the tool require personal, clinical or sensitive data?

Could the output disadvantage some patient groups?

Is the recommendation realistic for the workplace budget, staff skills and systems?

Does the tool improve communication without increasing risk?

Who is responsible for final decisions based on the tool output?