Hybrid Healthcare

Teaching Carers to Use Digital Tools Well

Practical skills for improved care

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Contents

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01

What you will be able to do

By the end, you will be able to:

- Recognise three everyday care tasks where a digital tool could support your work
- Use ChatGPT to draft a care communication, and know what to check before you use it
- Identify what tools like ChatGPT can help with, and what they should not be used for
- Turn a short observation into a clear, factual update for a colleague or family member
- Apply the S-A-F-E check to anything a digital tool produces
- Name one specific change you will try in the next week

Why start small

This session is built around one tool, one care scenario, and one change to try this week. You do not need to learn a whole new system. The aim is to practise one useful skill: using a digital tool to help make care communication clearer, safer and easier to understand. This approach:

- Fits into a single 60-minute session
- Builds confidence with something you already have access to
- Works whether you've never used a tool like this, or already use one every day
- Focuses on a real task carers already do: passing on important observations

02

Digital Tools and Skills in Care Work

Why digital skills are becoming part of care?

Care is changing. More people are receiving support at home, in the community, or across several services. This means information often needs to move between carers, families, nurses, GPs, care coordinators and other professionals.

The European Care Strategy highlights the need for:

- quality, affordable and accessible care across the EU, and for
- better support for both care receivers and the people who care for them. Digital skills are part of this wider change, because carers increasingly need to use digital systems and tools as part of safe, coordinated care.

Why digital skills are becoming part of care?

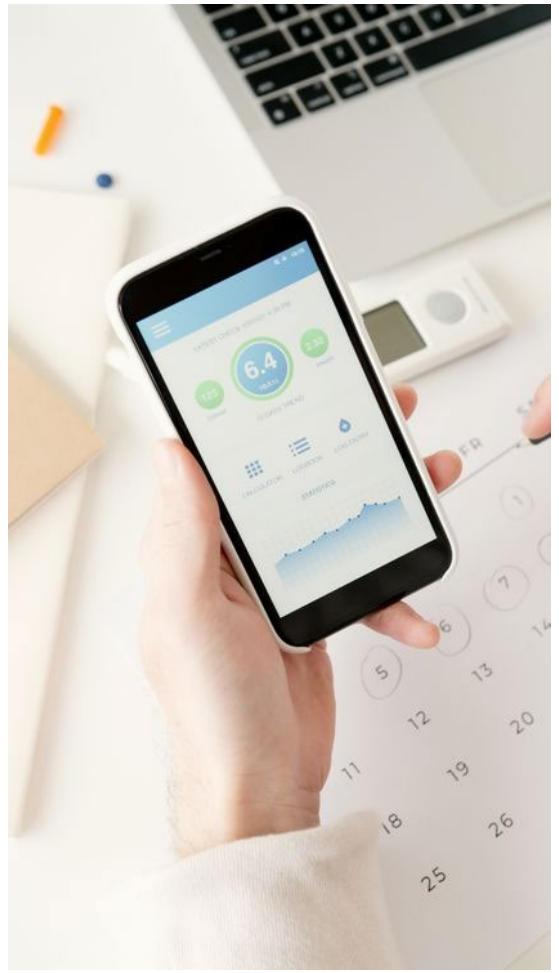
A European policy brief on digital skills in healthcare notes that appropriate digital skills can help health professionals work more efficiently, use technologies ethically, make evidence-informed decisions, and spend more time on direct care.

It also warns that the EU health and care workforce still has digital skills gaps.

The role of technology in care work

Digital tools are now part of everyday care. They are used to record visits, share updates, manage medication records, report concerns, contact families, support translation, and access information during a working day.

Across Europe, health and care systems are also becoming more digital. The European Commission describes digital health and care as a way to support safer, more connected services, including secure access to health information and better exchange of data between professionals and services.



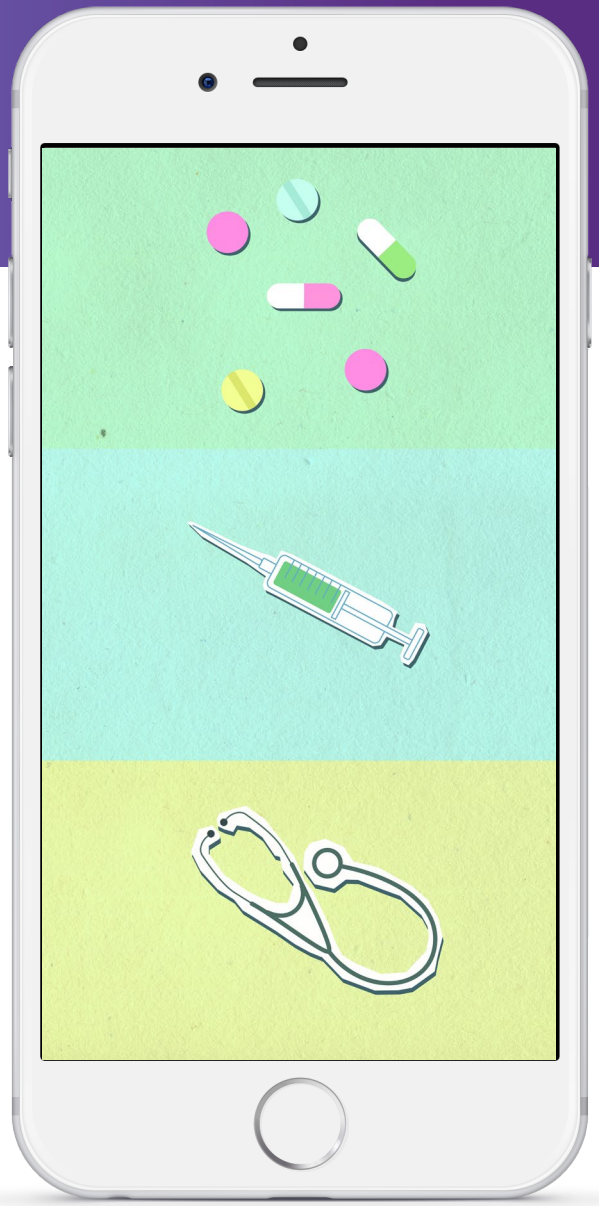
For carers, this does not mean becoming technology experts. It means knowing how to use simple tools well, safely and confidently.

Digital tools can help carers to:

- record observations more clearly
- prepare updates for families or colleagues
- reduce missed details in handovers
- support communication across language barriers
- save time on routine written tasks
- check that a message is calm, factual and easy to understand

The carer still makes the judgement.

The tool supports the communication.



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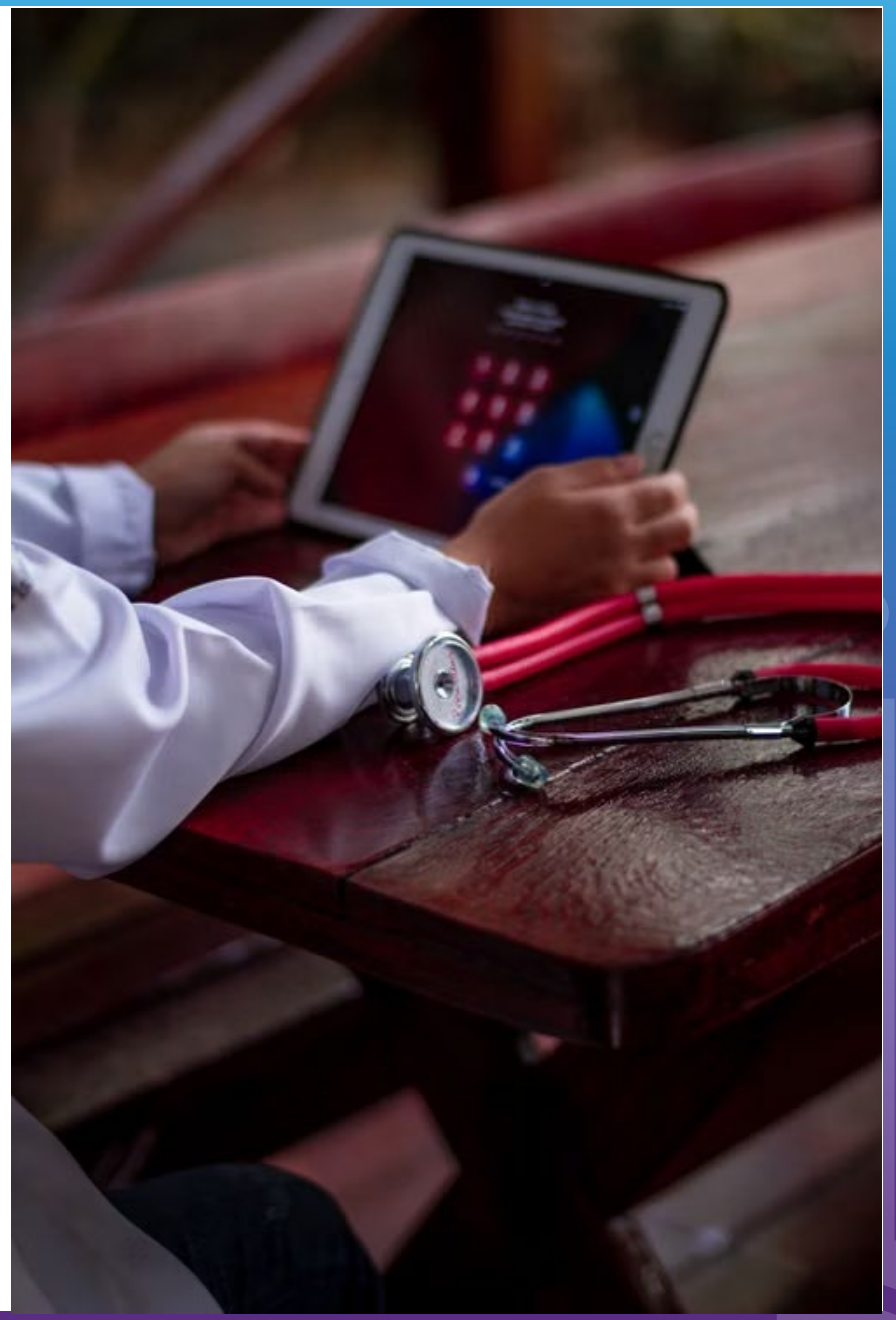
The starting point

You already use digital tools, every day. A smartphone, a weather app, Google Maps, these are digital tools, and you use them without a second thought.

Today you will learn which ones can help you do your job better, we will explore this in particular with regard to how you communicate what you see and know to families and colleagues.



Where tools already show up in care

1

Recording and sharing observations

Care recording apps that replace paper notes

2

Medication management

electronic medication administration record (eMAR) systems that track what's been given and when

3

Reporting incidents and safeguarding concerns

Digital forms instead of paper reports

4

Communicating with clinical colleagues and families

Secure messaging that reaches the right person directly, instead of repeated calls and voicemails

5

Learning and looking things up

Quick answers when you need them, on shift

This module is built around **communication** because it's where carers spend the most time, and where the evidence shows the most consistent gaps.

A focus on care communication

Digital tools can support many parts of care work, but this module focuses on one everyday moment: when a carer needs to explain, record or hand over what they have noticed.

This is important because carers often notice small changes first. A person may eat less, move more slowly, seem confused, feel dizzy, complain of pain, or behave differently from usual. These details may seem small, but they can help others understand what is happening.

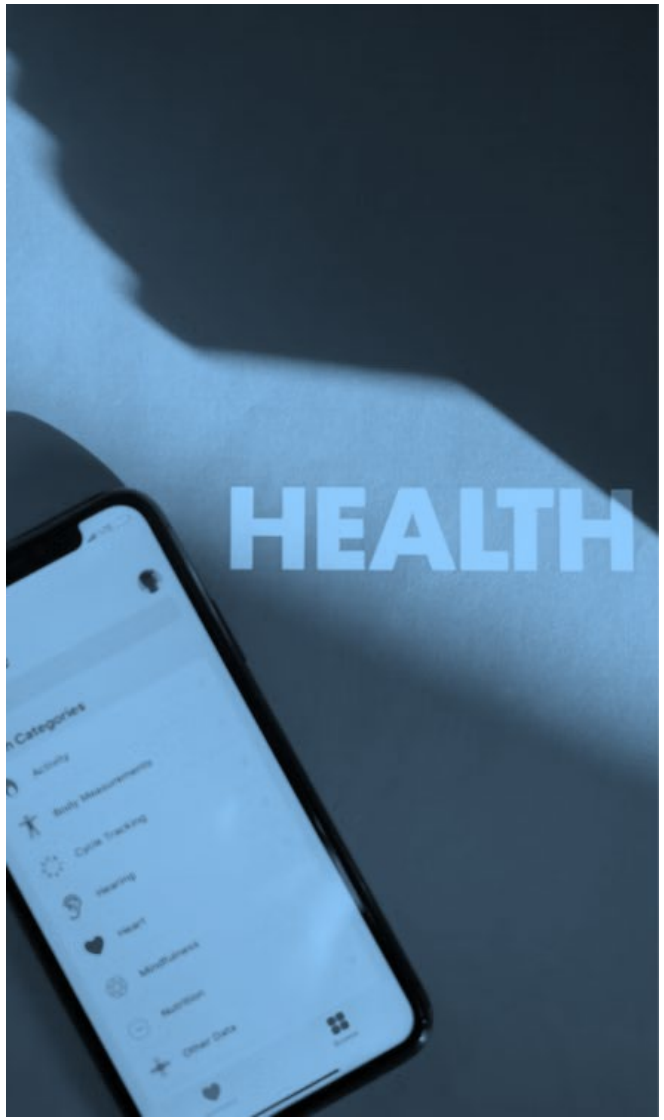
The challenge is that these observations need to be communicated clearly

A message may need to reach:

- the next carer on shift
- a family member
- the care office
- a nurse or GP
- another health or social care service

If the message is unclear, too vague, too alarming, or missing key details, it may be harder for the next person to act.

This is where digital tools can help. They can support carers to organise what they want to say, use plain language, prepare a factual handover, or make a family update calmer and clearer.



A focus on care communication

Carers identify this as where digital tools matter most.

- **In a 2025 industry survey of paid caregivers, communication with clients and care teams was named as the second most valuable use of technology in their role, and**
- **nearly 70% said they would spend extra time recording observations if it meant better outcomes for the person in their care, up from 57% the year before (HHAeXchange, 2025).**

A focus on care communication

It is also where things most often go wrong.

- A 2025 survey of UK home care providers found staff describing care delivered with incomplete information passed on from the NHS and other services, warning that gaps in data flow directly affect safety and coordination (CareLineLive, 2025).

Getting this moment right means a family understands what's happening with their relative. A colleague picks up where you left off without gaps. A concern gets raised clearly enough to be acted on.

This module gives you one tool and one simple check to support that moment specifically.

In care communication

Technology can help with:

- structuring a handover note
- turning observations into clear sentences
- checking tone and plain language
- translating simple messages
- preparing for conversations
- reducing time spent trying to write from scratch

Technology cannot help with:

- diagnose a person
- decide whether someone is safe
- replace safeguarding procedures
- replace local care policies
- know the full context unless the carer provides it
- take responsibility for what is shared

It is crucial in care settings that every digital output is checked by a person before it is used.

03

Who this is for

Audience

For carers working in home care, residential, and community care settings. This includes:

- Home care workers visiting patients in their own homes
- Care assistants in residential and nursing settings
- Community care staff supporting patients between clinical appointments
- New starters going through digital skills induction, and experienced carers doing refresher CPD

How this session is designed

- Works on your own phone
- Plain language, no clinical jargon
- No assumption about how confident you already feel with technology

The focus of this session

In this session, we will use one fictional care example to practise using a digital tool safely.

You will look at Marie, a home care worker, and Anne, the person she supports. Marie has noticed three things: Anne has eaten very little, is moving more slowly than usual, and mentioned feeling dizzy the day before.

You will practise using tools like ChatGPT and Google Translate to help prepare a clear message, then check and edit it before using it.

The aim is simple: to help carers communicate what they already know in a clearer, calmer and safer way.

04

Marie's handover notes

Marie's visit in Ireland

Marie has been a home care worker in Ireland for 22 years.

Today, Tuesday, she visited Anne, 81, and noticed three things:

- Despite seeming in good mood, Anne had barely touched her breakfast
- she was moving more slowly than usual getting up from her chair, and
- she'd mentioned feeling dizzy the day before

The family conversation – Anne’s Daughter

Marie called Anne's daughter to let her know. Anne's daughter asked what the dizziness could mean, whether it was related to her blood pressure medication, and whether she should call the GP.

Marie knew it was worth looking into. She did not know how to explain it clearly without worrying the family more than necessary.

She did her best but feels she could have done better.

Communication task 1 – family conversation

Marie needs to prepare for a conversation with Anne's daughter, based on what she noticed. This session uses Marie and Anne as fictional examples to practise using a digital tool to support clear, calm communication.

Step 1 — Write your own version first
Write what you would normally say to Anne's daughter if you were explaining the situation yourself.

Step 2 — Generate a ChatGPT version
Use ChatGPT to create a calm, clear response using the same three details: Anne skipped breakfast, was moving more slowly, and felt dizzy the day before.

Step 3 — Compare the two versions side by side
Look at your version and the ChatGPT version. Compare the tone, clarity, level of detail, and whether the response avoids giving medical advice.

Step 4 — Improve the final response
Edit the ChatGPT version so it still sounds like you, while keeping it factual, reassuring, and appropriate for a family member.

A second conversation – Aldo Anne’s Son in Law

Later that evening, Anne's son-in-law Aldo arrives to help with dinner. Aldo moved from Brazil two years ago and speaks limited English.

He wants to know how Anne is doing today, but Marie's usual approach, speaking slowly, using simple words, only gets some of it across.

She's not confident he's understood the parts that matter: what to watch for, and when to call for help.

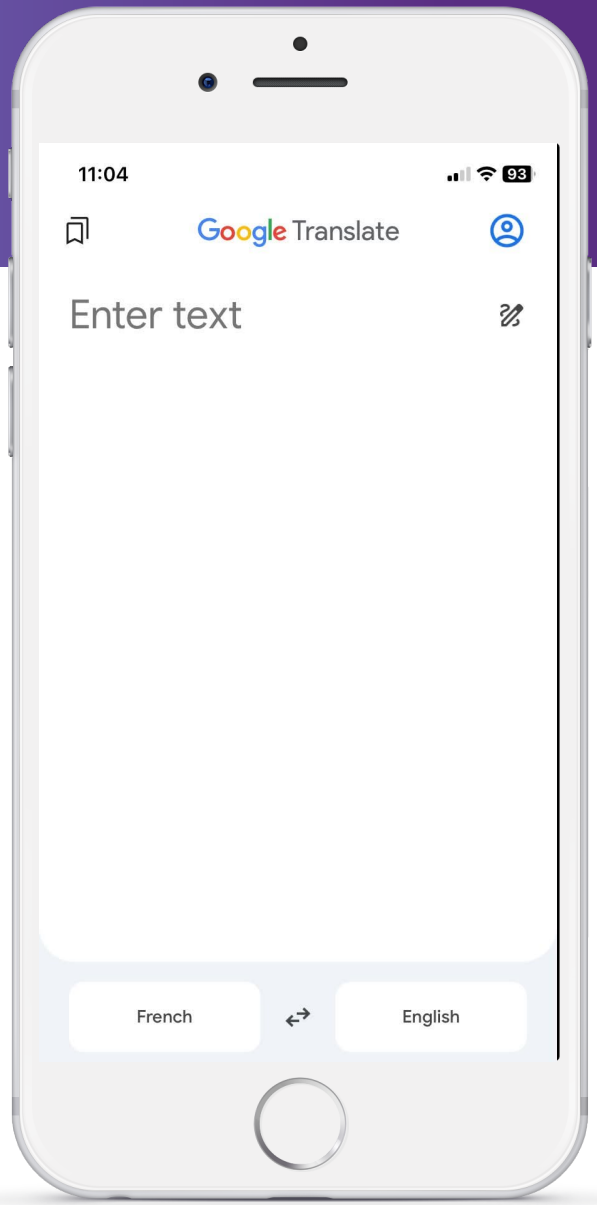
Communication task 2 – explaining it to Aldo

Marie wants Aldo to understand two things clearly: that Anne should rest today, and that he should call the office if the dizziness comes back.

Step 1 — Say it to Aldo in your own words first, the way Marie tried to.

Step 2 — Type the message into Google Translate and translate it into Portuguese: “Anne should rest today. If the dizziness comes back, please call the office straight away."

Step 3 — Read the translation back, does it still say what you meant?



Google Translate for Care Communication Reflection

- Was anything easier to follow in writing than spoken aloud?
- Did the translation keep the two key points clear, or did anything get lost?
- Would you trust a translation tool with something more complex, like explaining a medication change?

Remember: Translation tools are useful for simple messages, but they can make mistakes. For serious, sensitive or urgent conversations, follow your workplace policy and use approved interpretation support.

The colleague conversation

Marie needs to write a handover note for the next carer, covering what she saw. She has five other clients to update after Anne, and only a few minutes before her next visit.

She wants the note to be clear and factual enough for the next person to know what to watch for, without causing alarm.

With six updates to get through in a short window, she's not confident she can get that balance right for all of them.

Communication task 3 - Colleague handover

Marie needs to prepare a handover note for the next carer, based on what she noticed during her visit with Anne. This session uses Marie and Anne as fictional examples to practise using ChatGPT to support clear, factual care communication.

Task: Prepare a Handover Note with ChatGPT

Step 1 — Write your own handover note first
Write a short handover note for the next carer, as you would normally write it.

Step 2 — Generate a ChatGPT version using the same three details: skipped breakfast, slower movement, dizziness the day before.

Step 3 — Compare both versions
Read your original version and the ChatGPT version side by side.

Chat GPT for care communication reflection

Time to reflect and consider:

- What did the ChatGPT version include that was useful?
- Was anything missing that you knew to include, because you were there?
- Did it sound too certain about anything that was actually just an observation?

05

Why this matters

Carers notice small changes first

Carers often notice the early signs that something has changed.

This might be:

- eating or drinking less
- moving more slowly
- feeling dizzy
- seeming confused
- being quieter than usual
- struggling with a normal routine

These observations may seem small on their own. But when they are passed on clearly, they can help families, colleagues and health professionals understand what is happening.

The carer’s observation is valuable. A digital tool can be helpful to help turn that observation into a clear message.

Handover is a known risk point

When information passes from one carer to the next, or from a carer to a family member, gaps in that communication are a leading cause of missed or delayed care.

Miscommunication between caregivers during handovers accounts for 80% of serious medical errors (The Joint Commission, cited in HIPAA Journal, 2026).

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Carers are usually the first to notice

A study of paid caregivers supporting homebound older adults found **that the pathway for communicating symptom changes to families and clinical teams is often unclear or inconsistent**, even though carers are frequently the first person to notice that something has changed (Reckrey et al., 2020, *The Gerontologist*).

Home care carries its own version of this risk

Providers across the home care sector report that **staff are still working with incomplete information passed on from hospitals and other services, and identify this as a direct safety concern** rather than an administrative inconvenience (CareLineLive UK, State of the Home Care Sector Survey, 2025).

Home care depends on this kind of handover constantly, often without the structure that hospital settings have around it.

Research tells us that the tools haven't caught up

A 2024 qualitative study of family and paid caregivers coordinating complex home care found persistent gaps in how health information is communicated and coordinated between caregiver teams, and concluded that **existing technology has not been designed around how caregivers actually communicate** (Tennant et al., 2024, *JMIR Formative Research*).

This leaves carers managing exactly the kind of conversation Marie has with Anne's daughter, without support built for that moment.

What can go wrong in care communication

Important information can be lost when a message is:

- too vague
- too long
- too alarming
- missing key details
- based on guesses instead of facts
- shared with the wrong person
- written in a way the family cannot understand

For example:

“Anne wasn’t great today” - does not give the next carer enough to act on.

A clearer version is:

“Anne seemed in good mood, but she ate very little breakfast, moved more slowly than usual when standing up, and said she felt dizzy yesterday.”

Clear communication helps the next person know what to watch for.

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Structured support helps

A randomised controlled trial of digital support in 24-hour home caregiving found it improved the quality and continuity of communication, without requiring specialist training (Haslinger-Baumann et al., 2023, *BMC Geriatrics*).

That is the same idea behind today's session: one free, familiar tool, used well, closes part of this gap.

Digital tools help, but they must be checked

A tool like ChatGPT can help you draft a message, but it can also make mistakes.

It might:

- add details you did not provide
- sound too formal
- sound too certain
- give advice that is outside your role
- include private information
- make the message longer than needed

That is why the carer must always check the final version before using it.

06

Using tools like ChatGPT the right way

What this tool is for

In this session, and in your own practice, ChatGPT is useful for:

- Drafting a first version of a note, message, or explanation
- Turning a clinical term or instruction into plain language for a family member
- Practising how to phrase something difficult, before you say it to a real person

In every case, you write and check the real version yourself. The tool gives you a starting point, not a finished product.

Do not use ChatGPT for:

- Any real patient's name or identifiable details, even to draft a note
- Deciding what is medically true or what to do — it is not a clinical source
- Anything you would not be comfortable explaining to your manager afterward

If you want to practise with a scenario, invent one, or use a fictional name — the way today's session uses Marie and Anne.

Do not use ChatGPT for:

Before you use it for anything connected to your actual job:

- Check whether your employer has a policy on using AI tools at work
- If you're not sure, ask before you use it with any real work content, even without a patient's name attached
- An employer having no stated policy is not the same as being cleared to use one.

Before you use anything a tool produces, run it through one check: S-A-F-E.

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The S-A-F-E table

Check	Green flag	Red flag
S — Sounds like you	Reads the way you'd actually speak to this family or colleague	Sounds stiff, generic, or overly formal
A — Anything private	No names, no identifiable details included	A name, address, or specific detail has slipped in
F — Facts checked	Matches what you actually saw and know	States something as certain that you only suspected
E — Easy to understand	Plain language a family member could follow	Full of terms you'd need to explain yourself

Look back at the ChatGPT version from Marie's task.

Run it through S-A-F-E as a group, does it pass all four checks, or does something need fixing first?

07

Take it into your week

What you've covered

In this session, you have looked at:

- where digital tools already fit into care work
- why clear handovers and family updates matter
- how ChatGPT can support a first draft
- how Google Translate can support simple communication across languages
- what digital tools should never be used for
- how to check a digital message using S-A-F-E

Use digital tools to support your communication. Do not let them replace your judgement.

Different tools help with different communication tasks:

ChatGPT can help you:

- turn observations into a clearer handover note
- make a family update calmer and easier to understand
- simplify wording
- check tone
- prepare what you want to say

Google Translate can help you:

- share a simple message in another language
- check whether basic information is understood
- support communication when a family member has limited English
- reduce confusion in everyday, low-risk conversations

Next steps:

TRY — one small communication task where a digital tool could help you prepare. For example:
use ChatGPT to make a handover note clearer
use ChatGPT to make a family update calmer and more factual
use Google Translate to prepare a simple everyday message
use Google Translate to check key words with a family member

CHECK — Run it through S-A-F-E before you send or use it

SHARE — Tell one colleague what you tried and how it went

ASK — Ask about which digital tools are already used in your workplace, including any policy on AI tools

Two prompts to take away

For ChatGPT

“Help me turn these care observations into a clear, calm handover note. Keep it factual. Do not give medical advice. Use plain language. Here are the observations: [add only non-identifying details].”

Two prompts to take away

For Google Translate

Keep the message short and simple.

Example:

“Anne should rest today. If the dizziness comes back, please call the office straight away.”

Then check:

- *Is the message still simple?*
- *Has the meaning changed?*
- *Is this suitable for a translation tool?*
- *Would this need an interpreter or manager instead?*

08

Sources

The Joint Commission, cited in: HIPAA Journal (2026 update). *Effects of Poor Communication in Healthcare*. https://www.hipaajournal.com/effects-of-poor-communication-in-healthcare/ CareLineLive (2025, 8 December).

State of the Home Care Sector Survey 2025 Report. https://carelinelive.com/survey-2025/ HHAeXchange (2025, 19 November).

2025 Homecare Insights: Caregiver Voices Survey. https://www.hhaexchange.com/press-releases/2025-hhaexchange-survey-technology-caregiver-retention Tennant, R., Allana, S., Mercer, K., Burns, C.M. (2024, 4 July).

Capturing Home Care Information Management and Communication Processes Among Caregivers of Older Adults: Qualitative Study to Inform Technology Design. JMIR Formative Research, 8, e53289. https://doi.org/10.2196/53289 Reckrey, J.M., Geduldig, E.T., Lindquist, L.A., Morrison, R.S., Boerner, K., Federman, A.D., Brody, A.A. (2020, 15 May).

Paid Caregiver Communication With Homebound Older Adults, Their Families, and the Health Care Team. The Gerontologist, 60(4), 745–753. https://doi.org/10.1093/geront/gnz067 Haslinger-Baumann, E. et al. (2023).

Digital support for quality assurance in 24-hour caregiving at home: a randomised controlled trial. BMC Geriatrics, 23, 750. https://doi.org/10.1186/s12877-023-04454-4

European Commission (n.d.). Digital Health and Care. https://health.ec.europa.eu/ehealth-digital-health-and-care/digital-health-and-care_en

European Commission (2022, 7 September). A European Care Strategy for caregivers and care receivers. https://employment-social-affairs.ec.europa.eu/news/european-care-strategy-caregivers-and-care-receivers-2022-09-07_en

European Commission (n.d.). Electronic cross-border health services. https://health.ec.europa.eu/ehealth-digital-health-and-care/digital-health-and-care/electronic-cross-border-health-services_en

European Commission (n.d.). European Health Data Space Regulation. https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds_en

Williams, G.A., Falkenbach, M., van Schaaijk, A., Rijken, M., & BeWell Consortium. (2025, 1 May). Closing the digital skills gap in health care: Identifying core digital skills and competencies and education and training opportunities for health professionals in the European Union. European Observatory on Health Systems and Policies, Policy Brief 71. https://eurohealthobservatory.who.int/publications/i/closing-the-digital-skills-gap-in-health-care-identifying-core-digital-skills-and-competencies-and-education-and-training-opportunities-for-health-professionals-in-the-european-union

Melchiorre, M.G., Papa, R., Rijken, M., van Ginneken, E., Hujala, A., Barbabella, F., & Lamura, G. (2018, January). eHealth in integrated care programs for people with multimorbidity in Europe: Insights from the ICARE4EU project. *Health Policy, 122*(1), 53–63. https://doi.org/10.1016/j.healthpol.2017.08.006

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follow our journey

Thank you

Any questions?

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