# Task sharing

In geographic locations currently facing or anticipating the wave of COVID-19 patients, neurosurgeons can begin task sharing to strengthen workforce systems while continuing to triage operative cases and invest in contingency plans if the pandemic is prolonged [1].

Task sharing uses tiered staffing models with collaborative teams of specialists and less qualified cadres who share clinical responsibility and rely on iterative communication and training to preserve high-quality outcomes. The application of task shifting and task sharing for medical, surgical, and neurosurgical specialties in low-resource settings has shown that task sharing is preferred to task shifting to maintain safety.

As patient burden exceeds provider capacity, there will be greater pressures to use a task-shifting approach with less oversight, but task sharing is preferred when possible

[1]

Robertson FC, Lippa L, Broekman MLD. Editorial. Task shifting and task sharing for neurosurgeons amidst the COVID-19 pandemic. J Neurosurg. 2020 Apr 17:1-3. doi: 10.3171/2020.4.JNS201056. [Epub ahead of print] PubMed PMID: 32302998; PubMed Central PMCID: PMC7164328.

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