

O2 Learningoutcomes

Intellectual Outcome des Erasmus+ Projektes

ICF-CY MedUse

Developped by Meduse Konsortium

Medical School Hamburg, DGSPJ, Bundes VIFF, MIPH, Infosoc, Dr. Pretis,
University of Roehampton, Medea, University Clinic Skopje and Turgut Özal
University/CDGER

Attribution 4.0 International (CC BY 4.0) <https://creativecommons.org/licenses/by/4.0/legalcode.en>



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein

1.2 Basic

EQF-Level / heading	Knowledge	Skills	Wider Competences
3 Basic	<p>The participants understand the basic structure and international implementation of the ICF as well as its development and the original motives.</p> <p>They are aware that functioning is defined by the components body functions, body structures, activities and participation, environmental factors and personal factors.</p> <p>The participants know the definition of disability in the ICF and can distinguish it from the definition of the German / national social law.</p> <p>They know that the ICF provides a systematical coding system for health information systems and a scientific basis for understanding and studying health and health-related states, outcomes and determinants.</p> <p>They are aware that the principle of resource orientation is important for the implementation of the ICF.</p> <p>They know that a specific aim of the ICF classification is to establish a common language and to provide a framework for describing health and health-related states.</p>	<p>The participants are able to describe disabilities as a restriction in participation, relying on the ICF standards.</p> <p>They know the meaning of the different components and their possible interactions with facilitators and barriers.</p> <p>They form a concept on how to organize an interdisciplinary coordination between professionals, patients/clients and their legal guardians.</p>	<p>The participants are able to describe the health and health-related states using the ICF classification.</p>

1.3 ADVANCED

EQF-Level / heading	Knowledge	Skills	Wider competences
4-5 Advanced/ Docu/ Planning-skills	<p>The participants know the different working tools of the ICF (e.g. core sets, checklists, e-tools...) which were developed as a result of several specific needs.</p> <p>They know the guidelines of codification of the WHO for the ICF.</p> <p>They understand that an individual case-related description is mandatory beside the codification.</p>	<p>The participants gain practical experience by applying the ICF items on different examples.</p> <p>They are familiar with the practical usage of different utilities/tools in their working environment and have experienced the use with at least one of those utilities.</p> <p>They can phrase goals for participation considering all components (resources and barriers) of the patient/client.</p> <p>They know methods to include resources and have gained practical experiences applying those methods.</p>	<p>Participants appreciate and encourage multiperspectivity due to interdisciplinary exchanges by organizing team meetings, documentation and conversation with the patients/clients and parents.</p> <p>They organize meetings, share their knowledge and are interested in the opinions of other experts and of the patients/clients and their parents.</p> <p>The participants are able to set common goals in the interdisciplinary approach, including the patients/clients and parents view.</p> <p>The participants are able to document the results in a development and therapy plan.</p>

1.4 EXTRA

EQF-Level / heading	Knowledge	Skills	Wider competences
<p>6-8 Extra/ Communication Partizipation</p>	<p>They know the bio-psycho-social approach to include different perspectives of functioning and health of a person.</p> <p>They are aware of the multiple perspectives of evaluating disability.</p> <p>The participants are conscious of the fact that with the ICF classification not people but their health status with the interaction of environmental and personal factors are classified.</p>	<p>The participants are able to implement a multidisciplinary coordination between experts based on the ICF standards.</p> <p>Participants include the patients/clients perspective while describing and assessing functioning. If any limitations (e.g. young age, cognitive capacity or speech expressability) preclude this involvement, the individual's advocate should be an active participant.</p> <p>The participants have gained practical experiences in the field of negotiation.</p>	<p>The participants have dealt with the ethic guidelines of the WHO for the utilization of the ICF and adhere to those unrestricted.</p> <p>They have discussed the challenges concerning the communication during interdisciplinary consultations or discussions with the client/the attachment figures and can estimate their own competences in negotiation methods.</p> <p>The participants implement the principle of the orientation after resources using the ICF.</p>