ICF School

Curriculum

Intellectual Outcome O1 Erasmus+ Project

“A Common Language in School”

Developed by the Common Language Consortium

Dr. Pretis, Medical School Hamburg, Education4ALL,CDGER, Pädagogische Hochschule Steiermark, Pfennigparade

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1) ICF Curriulum for Professionals in School (O1)

1.1 Introduction

The following curriculum- in close association with the online training modules – is based on a cooperation between the consortium partners.

All involved institutions represent key stakeholer concenrnng the support of children with developmental problems in school settings.

The curriulum follows a learning outcome approach and mainly focuses on professionals on diverse EQF/NQR/DQR-levels

The curriculum is based on 3 levels, defined within the Consortium and based on previous project findings,, following the needs of the professionals in school how to implement ICF

Curriculum part 1: BASIC: This relates to basic implementation of ICF in school

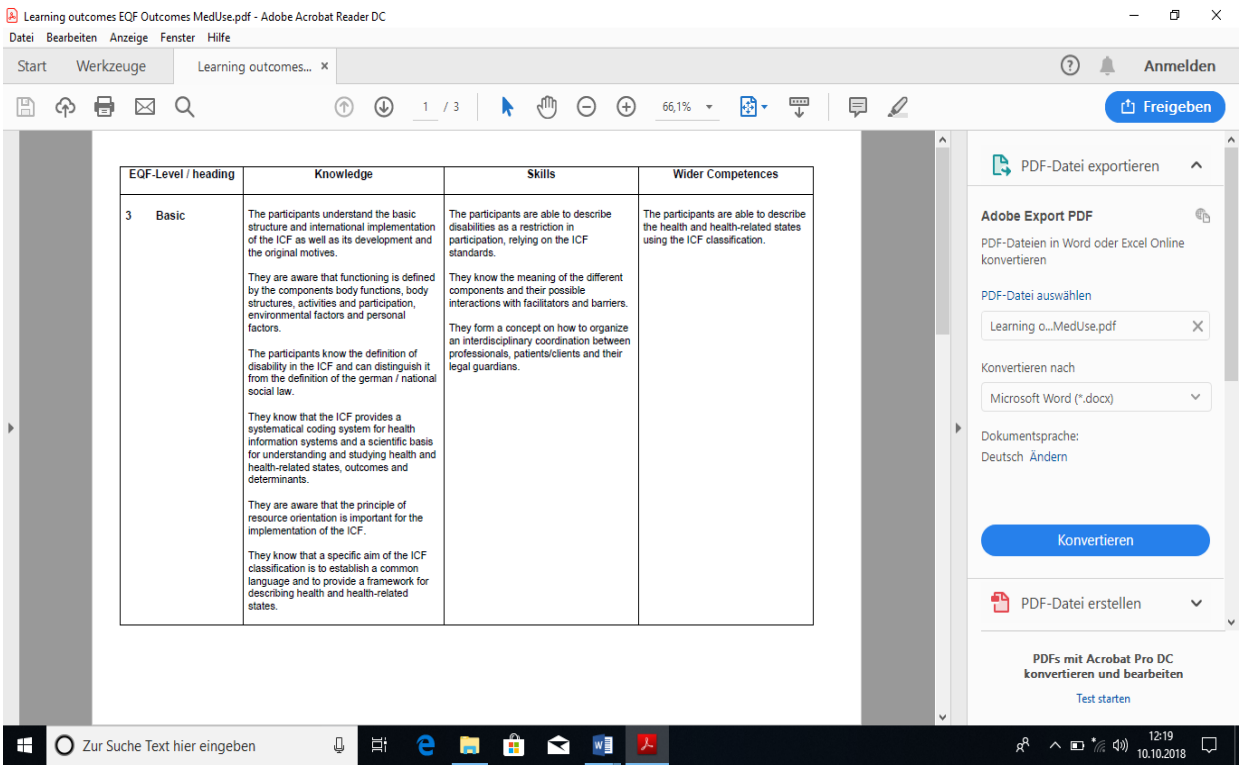
Curriculum part 2: ADVANCED: This relates to the inclusion of ICF into documentation and planning instruments in school

Curriculum part 3: EXTRA: This relates to communication and a focus on PARTICIPATION of all involved stakeholders (teachers, parents, school psychologists…)

The way the curriculum is implemented remains open, however within the certification criteria minimum requirements (time, organization, transdisciplinarity) are addressed.

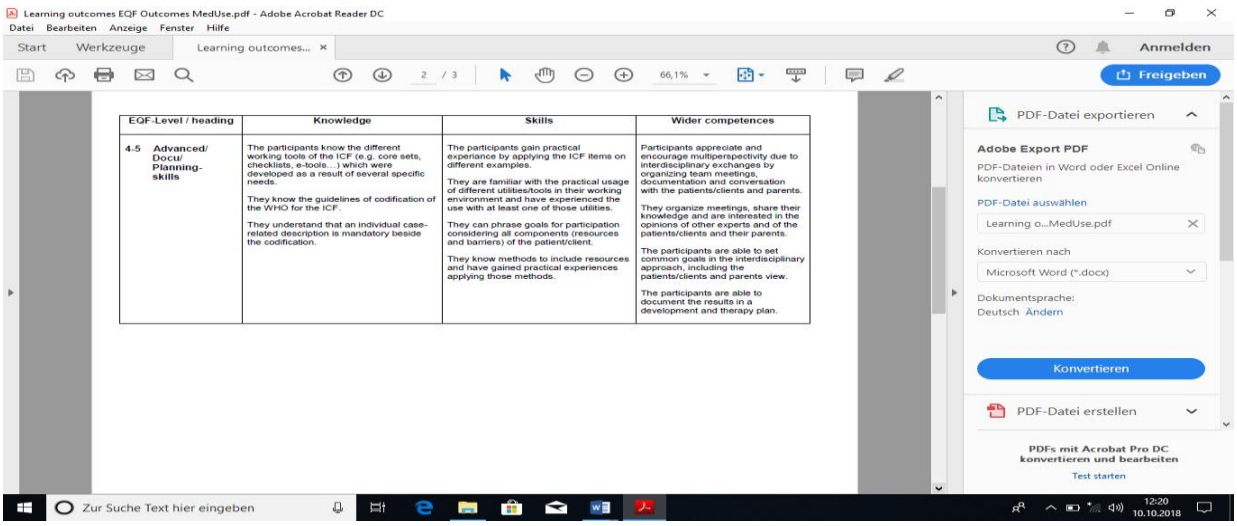
Contents and goals of the curriculum might significantly differ between the different partner countries based on the different needs within the countries.

1.2 Basic



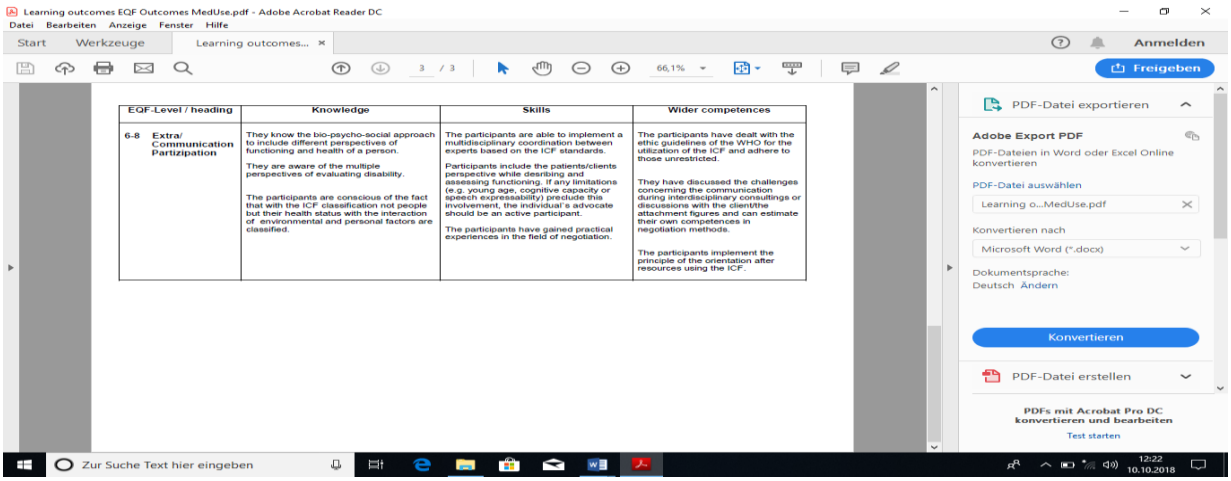
EQF-Level / heading	Knowledge	Skills	Wider Competences
3 Basic	The participants understand the basic structure and international implementation of the ICF as well as its development and the original motives. They are aware that functioning is defined by the components body functions, body structures, activities and participation, environmental factors and personal factors. The participants know the definition of disability in the ICF and can distinguish it from the definition of the german / national social law. 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. They are aware that the principle of resource orientation is important for the implementation of the ICF. 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.	The participants are able to describe disabilities as a restriction in participation, relying on the ICF standards. They know the meaning of the different components and their possible interactions with facilitators and barriers. They form a concept on how to organize an interdisciplinary coordination between professionals, patients/clients and their legal guardians.	The participants are able to describe the health and health-related states using the ICF classification.

1.3 ADVANCED



EQF-Level / heading	Knowledge	Skills	Wider competences
4-5 Advanced/ Docu/ Planning-skills	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. They know the guidelines of codification of the WHO for the ICF. They understand that an individual case-related description is mandatory beside the codification.	The participants gain practical experiance by applying the ICF items on different examples. 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. They can phrase goals for participation considering all components (resources and barriers) of the patient/client. They know methods to include resources and have gained practical experiences applying those methods.	Participants appreciate and encourage multiperspectivity due to interdisciplinary exchanges by organizing team meetings, documentation and conversation with the patients/clients and parents. They organize meetings, share their knowledge and are interested in the opinions of other experts and of the patients/clients and their parents. The participants are able to set common goals in the interdisciplinary approach, including the patients/clients and parents view. The participants are able to document the results in a development and therapy plan.

1.4 EXTRA



2. Goal and Scope of the curriculum

A) To be able to apply ICF (International Classification of Functioning, Disability and Health) in practice in schools, it is necessary to understand the underlying theories and hypothesis of this approach. ICF is not only a complex way to describe the situation of a person with a health problem, but also a paradigm shift addressing the needs of persons with a health concern. This first module focuses on the importance to fully understand this shift **from disability to ability**, therefore any training should reserve enough time resources for the learners, to understand this major change of attitude and understanding of persons with a health problem.

B) The module starts with a brief history of diverse qualifications systems within WHO (World Health Organisation). For the learners it is important to understand, that these initiatives of WHO - in a long run - focus on the comparability of a) diagnostic processes (ICD), descriptive processes (CF) and intervention processes (ICHI). In future this overall algorithm will be reflected within e.g. the international classification of health intervention (ICHI.

C) However it is important for the professionals in school to understand, that mainly the focus on ICF is highly individual. This is important to mention as participants might be afraid, that these algorithms might create some automatisms (patient 1 with diagnosis X -> ICF based complex description of the individual situation -> evidence based intervention (ICHI). The participants - (provided in the materials) should understand, that the ICF - as a basic step towards comparability - describes, what the person is able to do or how the health concern is connected with the individual reality of the person. ICF

therefore is a highly INDIVIDUAL APPROACH. Not the individual is categorized but the underlying descriptors **(module 2).**

During the 1980ies an intermediate approach (the ICIDH: International Classification of Impairment, Disability and Handicap) tried to overcome the mainly deficit oriented ICD approach. Within the ICIDH for the first time the differentiation between a) structural damage, b) functional loss and c) handicap (in terms of a social construct) is highlighted. The basic structure of ICF already can be recognized (body structures, body functions, participation).

ICIDH started to understand "handicaps" as a social construct. This will refer to the issue of participation within ICF which exceeds this traditional concept. Therefore module 3 focuses on the practical implementation of ICF to address the issue of participation.

3.Curriculum – contents - associated training materials

3.1 Basic

- 3.1.1 Have basic knowledge about the philosophy of ICF
- 3.1.2 Understand health and disability within the frame of WHO-definition
- 3.1.3 Know that the ICF-CY belongs to the „WHO-Family " of international classifications
- 3.1.4 Have basic knowledge about the aims and scopes of ICF
- 3.1.5 Understand the structure of ICF
- 3.1.6 Can understand the importance of ICF in relation to the School settings

Duration	Form	Materials
Min 1 -2 days	PPT (module 1), Face to face	http://eci20.infosoc.at/index.php?menupos=5&submenupos=1

3.2 Advanced

3.2.1^The learners know the structure of ICF
3.2.2 The learners can differentiate components of ICF
3.3.3 The learners know about assessment of components
3.3.4 The learners can associate information/observations with ICF components.
3.3.5 The participants have knowledge about the coding and the use of WHO evaluation qualifiers
3.3.6 - The participants can observe the family and the child and assign codes in a transdisciplinary cooperation
3.3.7 - The participants can communicate with the family regarding the use of WHO evaluation qualifiers

Duration	Form	Materials

Min 1 day	PPT (Moudle 2+3) , Face to face	Coding support

Coding: Overview of WHO qualifiers (for body functions, structures and participation*)

	WHO Qualifier	Time aspect	Frequency	Assistance needs
No impairment No difficulty	0		Means the person has no problem.	Independent living
Mild impairment Mild difficulty	.1	Less than 25% of the time	An intensity a person can tolerate and which happens **RARELY** over the last 30 days.	Supervision of a person might be necessary during activities.
Moderate impairment Moderate difficulty	.2	Less than 50% of the time	An intensity, which is interfering in the persons day to day life and which happens **OCCASIONALLY** over the last 30 days	Moderate assistance
Severe impairment Severe difficulty	.3	More than 50% of the time	An intensity, which is partially disrupting the persons day to day life and which happens **FREQUENTLY** over the last 30 days	Maximal assistance, perhaps 2 assisting persons
Complete impairment Complete difficulty	.4	More than 95% of the time	An intensity, which is totally disrupting the persons day to day life and which happens **EVERYDAY** over the last 30 days	Total assistance

4 *Due to a reduction of complexity of the qualifier system, this paper does not address the differentiation between competence and performance in the Activities and Participation component.

3.3 Extra

3.3.1 The learners are able to associate student/pupil-relevant information to ICF

3.3.2 The learners are able to initiate exchange processes with other team members in school about codes

3.3.3 The learners are able to qualify information within a team around the family

3.3.4 The learners understand international examples

3.3.5 The learners are able to create participation goals together in a team around the family

Duration	Form	Materials
Min 1 day	PPT, Face to face	Linkage studies, clinical documents

4. Reference

www.dimdi.de (deutsche Entwurfsversion der ICF): http://www.dimdi.de/dynamic/de/klassi/downloadcenter/icf/endfassung/icf_endfassung-2005-10-01.pdf

www.icf-training.eu

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