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CURRICULUM FLEXIBILITY AND ECTS GUIDE

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CONTENTS

1 INTRODUCTION

The EU Curriculum for "Specialists in Community-Based Interprofessional Teams (CBIT) for person-centred care" is supposed to play a reference role for any VET designer targeting this profile in any EU country; thus, it must be modular, flexible, and adaptable to different contexts and rules across Europe. Based on these premises, it has been formalized as a general and "across-the-board" set of Learning Outcomes (LOs), addressing the Competences identified in the Integrated Framework (IFC) modelled in TEAMCARE project; such set of LOs is the starting point of a design process that each VET provider adopting the TEAMCARE Curriculum has to perform in order to run a course. A set of Tools and Guides is delivered by the project to support the proper instantiation of the "general Curriculum" into a "localized" one, which will be an "intermediate result" in the progressive design of a course, localized in a specific country by a particular VET provider (see Figure 1). Some of these tools[1] allow to define and formalize the number of ECTS (European Credit Transfer and Accumulation System – see section 2) awarded by each LO, taking into account the educational strategy(ies) which will be adopted to address the LOs.
Then the "localized curriculum" has to be furtherly detailed into the design of a specific course, implemented in a specific time and place, addressing specific students and involving a team of teachers recruited to that purpose.

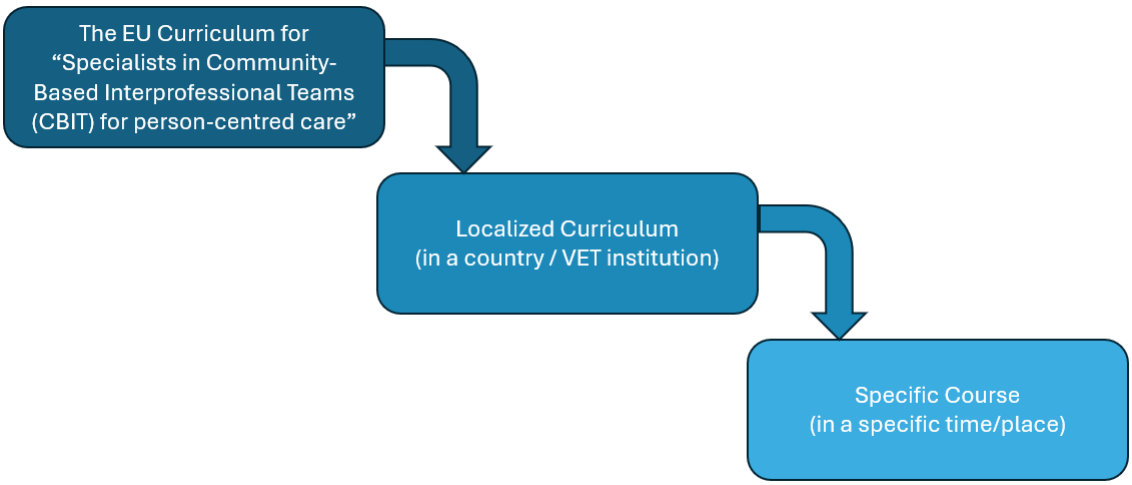

Figure 1: The TEAMCARE approach to the design of courses based on the EU Curriculum for "Specialists in CBIT for person-centred care"

[1] See Flexibility Tool and Flexibility Tool User Guide

This Guide clarifies **how to associate the appropriate number of ECTS to each LO** in the curriculum localization process.
It also envisages the possibility to introduce flexibility in the standard COMPREHENSIVE version of the curriculum, by instantiating a "lighter" version in terms of ECTS, named "ESSENTIALS version" and/or by creating different modules from the standard ones**.**

2 ECTS allocation to Learning Outcomes

The European Credit Transfer and Accumulation System (ECTS)[2] allows for accumulation and transfer of credits within the European Higher Education Area (EHEA), enhancing the development of a learned-centred approach to education.
The allocation of ECTS credits, namely "the process of assigning a number of credits to qualifications, degree programmes or single educational components"[3], varies depending on national norms and national or European frameworks. Through the allocation process, each educational component is associated to specific learning outcomes, that are themselves associated to specific assessment strategies and criteria [EC, 2017].
Although there is not a fixed amount of ECTS to be associated to single programmes or educational components, there are in fact suggested numbers of credits to be allocated. Each credit is associated to a workload, corresponding to an estimation of the time needed to complete the learning activities foreseen. Generally, according to the ECTS, **one full-time academic year corresponds to 60 ECTS** [EC, 2017], which is **equivalent to 1500–1800 hours of total workload**, irrespective of standard or qualification type. This means that **one credit corresponds to 25 to 30 hours of work:** this amount of hours represents the typical estimated workload, although for individual students the actual time to achieve the learning outcomes usually varies.
The award of credits is the "act of formally granting students and other learners the credits that are assigned to the qualification and/or its components if they achieve the defined learning outcomes" [EC, 2017]. The right to award ECTS credits is granted to institutions authorised by national authorities. The allocation of credits to individual students and other learners is based on the completion of the learning activities and the achievement of the associated learning outcomes. This process requires the evidence of appropriate assessment[4].

[2] ECTS - Credits assigned on the base of the European Credit Transfer and Accumulation System https://education.ec.europa.eu/education-levels/higher-education/higher-education-initiatives/inclusive-and-connected-higher-education/european-credit-transfer-and-accumulation-system
[3] European Commission, Directorate-General for Education, Youth, Sport and Culture, ECTS users' guide 2015, Publications Office, 2017, https://data.europa.eu/doi/10.2766/87592
[4] If students and other learners have achieved learning outcomes in other formal, non-formal, or informal learning contexts or timeframes, credits may be awarded through assessment and recognition of these learning outcomes [EC, 2017].

The **EU Curriculum for "Specialists in CBIT for person-centred care"** aims to award **a specialization at EQF6 level** through courses addressing **Social and Health Care Professionals (SHCPs) with at least a first degree.**
The standard COMPREHENSIVE version of the Curriculum awards from 20 to 40 ECTS; **the final number of awarded credits can vary from one course to another, based on the choices taken by the designer during the curriculum localization process**.
In the TEAMCARE approach, LOs are not associated to a **fixed number of credits, but to a "suggested range of credits"** (e.g. from 1 to 3). This choice would allow the designer to assign the appropriate number of ECTS to each LO of the course, considering the expected student workload, the applied educational strategy, the relative importance of the topic in the specific country/context and to the overall number of credits of the module/course. The allowed ranges of credits have been allocated to LOs based on their RELEVANCE (essential / important / basic) and have been negotiated among the experts involved in the project.
The ECTS table, presented in Section 4, outlines the "suggested range of credits" for each LO of the Curriculum and sets the bases for the Excel-based tool (Flexibility Tool) supporting designers in the EU Curriculum localization.

3 Using micro-credentials in the context of ECTS

One of the most challenging objectives of the TEAMCARE project is the definition and the implementation of a model for using micro-credentials in the context of the European Credit Transfer and in the framework of the EU Curriculum for "Specialists in CBIT for person-centred care". According to the European Council Recommendation of 16 June 2022 on a "European approach to micro-credentials for lifelong learning and employability"[5],

> *'Micro-credential' means the record of the learning outcomes that a learner has acquired following a small volume of learning. These learning outcomes will have been assessed against transparent and clearly defined criteria. Learning experiences leading to micro-credentials are designed to provide the learner with specific knowledge, skills and competences that respond to societal, personal, cultural or labour market needs. Micro-credentials are owned by the learner, can be shared and are portable. They may be stand-alone or combined into larger credentials. They are underpinned by quality assurance following agreed standards in the relevant sector or area of activity.*

[5] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32022H0627%2802%29

The European Union's view about the value of micro-credentials is broad; micro-credentials can be used to successfully upskill and reskill professionals, to support personal development, and to increase learners' potential for education advancement by providing flexible and permeable learning opportunities [European Commission, 2020]. The Council Resolution on a strategic framework for European co-operation in education and training towards the European Education Area and beyond (2021-2030) states that "exploring the concept and use of micro-credentials can help widen learning opportunities and could strengthen the role of higher education and VET in lifelong learning by providing more flexible and modular learning opportunities, and offering more inclusive learning paths." [Council of the European Union, 2021].

As outlined in OECD's publications [OECD, 2021], a lack of knowledge and common understanding has been recognised as a central challenge to the coherent implementation of micro-credentials across higher education systems. Micro-credentials are delivered through a range of different channels. The past decade has seen the emergence and rapid expansion of online learning platforms, allowing educational institutions and other providers to reach a wider audience for their content. More recently, leaders of higher education institutions highlighted a need to increase their responsiveness to learners' and labour markets' demands as one of their key motivations to offer micro-credentials.

In this context, in most cases, **the amount of study credits associated with individual offerings within micro-credential programmes is not standardised**. According to a OECD's study [2021], a wide variety of credits are associated with courses not only within institutions but within individual micro-credential programmes: **the range of ECTS available for courses within each identified micro-credential programme span from 1 ECTS to 60 ECTS** (i.e. the equivalent of one year of full-time study).

The detailed description of TEAMCARE's approach to micro-credentials in the context of ECTS will be included in the final version of the "Tools and Guides". This approach will be based on the possibility to **certify and award ECTS credits either to the EU Curriculum as a whole or to each Module of the Curriculum independently**.

The EU Curriculum is based on the TEAMCARE's Integrated Framework of Competences[6]. Its 5 Areas of Competences have been mirrored into **5 Modules of the Curriculum** which maintained the same names of the areas. **A sixth module has been added and includes a set of Learning Outcomes that have been defined as "preliminary" to the fruition of the other modules**

[6] www.projectteamcare.eu/ifc

MODULE 1. Interprofessional Teamwork
MODULE 2. Interprofessional communication, roles and professional conduct
MODULE 3. Shared vision and approach to healthcare
MODULE 4. Digital Health
MODULE 5. Planning and Coordination of Integrated Care Services
MODULE 6. Preliminary competences

If TEAMCARE's approach to micro-credentials is applied by the designer, **each Module can be run and awarded independently from the others**, with the exception of **Module 6, which is mandatory (only once) for the fruition of the other ones.**
Based on these premises, **the ECTS table introduced in the next section identifies both a range for the total credits of the whole course and a range for the total credits for each individual module.**

4 ECTS Table – COMPREHENSIVE version

The following "ECTS Table" identifies a suggested range of ECTS for each Learning Outcome of the EU Curriculum – COMPREHENSIVE VERSION.
Minimum credits for the overall curriculum are 20, while the maximum is set at 40. As described in the previous section, each Module is also characterized by a suggested minimum and maximum of credits.

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MODULES	Units of Learning Outcomes	LO CODE	LOs names	suggested range of ECTS	
				MIN	MAX
INTERPROFESSIONAL TEAMWORK	Collective leadership & interprofessional decision-making	A1	To support CBIT processes through collective leadership	0,4	1
		A2	To perform collaborative clinical decision-making within CBIT	0,4	1
		A3	To apply interprofessional team reasoning to the analysis of patient cases	0,4	1
	Team collaboration, performance and dynamics	A4	To empower CBIT establishing shared and concrete goals and applying Team Dynamics Techniques so as to strengthen the work environment	0,5	1
		A5	To drive personal and team growth through critical reflection and effective plans	0,4	1
	Interprofessional conflict management and resolution	A6	To analyse team conflicts by applying emotional intelligence and to implement suitable strategies for managing them	0,4	1
			PARTIALS	**2,5**	**6**
INTERPROFESSIONAL COMMUNICATION, ROLES AND PROFESSIONAL CONDUCT	Interprofessional communication	B1	To apply Closed-Loop Communication to facilitate information transfer, team communication and a shared language	0,3	1
	Roles and professional conduct within CBITs	B2	To identify and apply collective values, shared purposes, and goals of the CBIT	0,2	0,3
		B3	To identify and apply a shared professional and ethical code within the CBIT	0,2	0,3
		B4	To distinguish, describe, respect and value the roles, responsibilities, and expertise of other CBIT members	0,3	0,5
		B5	To demonstrate a self-improvement mindset and engage in continuing professional development, including staying up to date with the latest scientific evidence	0,2	0,3

		B6	To demonstrate an openness to learning within interprofessional communities	0,3	0,6
			PARTIALS	**1,5**	**3**
SHARED VISION AND APPROACH TO HEALTHCARE	**Person-centred approach to health**	**C1**	To describe and apply the biopsychosocial model of health referring to the International Classification of Functioning (ICF)	0,5	0,7
		C2	To conduct, in agreement with the CBIT, a comprehensive assessment of the service users' needs, preferences and goals, enhancing their autonomy, independence, well-being and quality of life	0,5	1
		C3	To create individualised care plans based on the service user's needs and values	0,5	1
	Communication with service users/families and users' empowerment and engagement	**C4**	To apply strategies and techniques to provide service users, caregivers, family or significant others with clear and understandable information about diagnoses, treatment options, and care plans	0,3	0,7
	Culture of safety and trust	**C5**	To recognise and minimise risks to service users, carers, families and the team, promoting safety and preventing harm in the homecare setting	0,3	0,5
		C6	To apply the required ethical standards and professional regulations to work within the CBIT	0,2	0,4
		C7	To utilise the appropriate tools to identify and report near misses, risks and errors	0,2	0,4
		C8	To perform critical incident analysis at the team level	0,3	0,6
	Cultural sensitivity	**C9**	To outline, select and develop strategies for effective cross-cultural communication	0,2	0,4
		C10	To identify and assess service users' needs with regard to their different values and cultures	0,3	0,5
	Health Disparities (Equity, Diversity & Inclusion)	**C11**	To describe the causes and consequences of health disparities among diverse and minoritised population groups.	0,2	0,4
	Service user's empowerment	**C12**	To create shared goals with the service user, considering the user's values, feelings and cognitive processes as essential variables to achieve them	0,5	0,7

		C13	To implement strategies empowering service users to actively participate in their healthcare decision-making process and in the negotiation, definition and implementation of a personalised care plan.	0,3	0,6
		C14	To establish supportive partnerships and an enabling relationship with service users, caregivers, family or significant others.	0,2	0,6
			PARTIALS	**4,5**	**8,5**
DIGITAL HEALTH	**Digital skills and digital literacy**	**D1**	To appraise the benefits and limitations of digital technologies and predict their impact in integrated person-centred care.	0,5	1
		D2	To browse, search and filter data, information and digital content, analysing, interpreting, and critically evaluating their reliability	0,5	1
		D3	To use computers, smartphones, tablets, internet in professional contexts.	0,3	0,7
		D4	To use software supporting personal productivity	0,3	0,7
	Digital records, registries, data management, data security, and GDPR	**D5**	To apply laws, ethical considerations and best practices for maintaining service user privacy, confidentiality, data ownership and data security when communicating and sharing health information electronically.	0,5	0,8
		D6	To apply the main cultural and ethical principles of data quality when using health data and data flow	0,5	0,8
	Resources and tools	**D7**	To select and effectively use the proper digital tools among those that are not specific for healthcare, but that may be used to support service user care or team processes, such as those supporting interaction, collaboration and sharing	0,6	1
		D8	To use telemedicine platforms for remote medical examination, teleconsultation, remote service user monitoring and telecare	0,5	1
		D9	To use electronic health records and health information systems	0,5	0,8
		D10	To select and use the main digital tools and APPs, other than telemedicine platforms, specially created for healthcare settings, such as those ones supporting health education or digital therapies	0,5	1

		D11	To recognise and explore the evolving opportunities for artificial intelligence (AI) in integrated care	0,3	0,6
	Telemedicine and remote monitoring	D12	To discriminate among the different types of telemedicine and identify the best service	0,5	0,9
		D13	To select and apply methods and best practices for conducting telemedicine	0,5	0,7
			PARTIALS	**6**	**11**
PLANNING AND COORDINATION OF INTEGRATED CARE SERVICES	**Care management across levels of care**	E1	To describe and implement strategies for integrated social and health care by ensuring care transitions and continuity across settings	0,4	1
		E2	To facilitate internal and external referrals within CBIT for seamless service integration	0,2	0,4
		E3	To identify and use organisational and operational approaches and tools for chronic care management and integrated service user support	0,2	0,5
	Regional and local social and health services network and service orientation	E4	To design and deliver integrated care services to meet diverse needs	0,4	1
		E5	To facilitate the most suitable social, social-health and health services, programs and networks at local/regional level for service users.	0,5	1
	Evaluation, assessment, and service users' feedback	E6	To apply methods and tools (such as Health Technology Assessment) for evaluating the effectiveness, efficiency, and quality of integrated care services, including outcome measures and key performance indicators	0,5	1
		E7	To include service users' feedback and experiences in the planning, delivery, and improvement of CBIT care services	0,2	0,6
	New mindsets and perspectives within the CBIT	E8	To demonstrate critical thinking skills in clinical practice	0,2	0,3
		E9	To show a culture of innovation and an open-minded attitude to enhance healthcare practices	0,2	0,3
		E10	To apply basic green skills for health in everyday practice	0,2	0,3
		E11	To foster task shifting process, being aware of its impact and being able to take part in task delegation, sharing and shifting to other professionals, patients or machines	0,2	0,4
	Service user's feedback	E12	To collect service users' feedback and experiences to evaluate user satisfaction and outcomes, planning their engagement and selecting the proper methods and tools	0,3	0,7

			PARTIALS	**3,5**	**7,5**
PRELIMINARY / BASELINE LEARNING OUTCOMES	**Effective communication**	**F1**	To apply effective communication techniques (verbal and non-verbal), prioritising active listening and empathy, to facilitate service users' or caregivers' trust and to efficiently communicate with other CBIT members	0,5	1
		F2	To be aware of behavioural differences across cultures and generations when using digital technologies, adapting communication strategies to the specific audience	0,2	0,4
	Equity, Diversity & Inclusion	**F3**	To integrate into daily practice the main EU guidelines and recommendations about Equity, Diversity & Inclusion, complying with the ethical and legal frameworks	0,2	0,6
		F4	To support Equity, Diversity and Inclusion principles, ultimately resulting in an inclusive environment that values diverse perspectives and cultures within the CBIT	0,2	0,3
		F5	To be aware of how personal values, beliefs and professional goals play into team dynamics and to recognise one's own biases, assumptions, and stereotypes	0,2	0,3
	Cultural sensitivity overcoming cultural barriers	**F6**	To identify and apply appropriate resources and strategies for overcoming cultural barriers to healthcare access	0,2	0,4
		F7	To provide culturally sensitive and respectful services considering both the service users' and the different communities' needs	0,2	0,4
	Service users' orientation	**F8**	To empower service users to actively participate in the self-management of their personalised plans	0,3	0,6
			PARTIALS	**2**	**4**
			TOTAL ECTS CURRICULUM	**20**	**40**

5 CURRICULUM FLEXIBILITY

As described in the previous sections, the standard **COMPREHENSIVE version** of the Curriculum, tested through TEAMCARE's pilot courses, awards from 20 to 40 ECTS, corresponding to about 500 – 1000 hours of students workload. **Each LO included in the curriculum is mandatory**, although the ECTS assigned to them can be defined by the designer in the localization process choosing a value in the range identified by the ECTS Table (Section 4). **LOs are distributed among 6 Modules** mirroring TEAMCARE's Integrated Framework of Competences.

Although **this standard approach is highly recommended** for the effective implementation of the Curriculum, the pilot testing pointed out the need to identify flexible solutions in order to fit the needs of the healthcare professionals training sector. TEAMCARE's Curriculum targets Social and Health Care Professionals (SHCPs) involved in Community-Based Interprofessional Teams: attending a course of about 500 – 1000 hours may be challenging for professionals already working in the healthcare system and HE/VET providers may found difficulties in arranging training paths fitting both with professionals' and with the healthcare institutions' needs. The approach based on micro-credential partially overcomes this issue enabling the design and implementation of parts of the overall curriculum that can be certified separately and independently of one another; however, when the training on the whole set of competences addressed by the Curriculum is required, focusing on the essential elements of the curriculum can sometimes provide a flexible solution that enables TEAMCARE training implementation to be delivered (which would otherwise be impossible).

To meet this need, an **ESSENTIALS version** of the curriculum—ranging from **15 to 30 credits**—is also presented here. This reduction is the result of both adjusted credits values in the ECTS table (see next section) and the inclusion of optional LOs (with a minimum of **0 ECTS**); such adaptation doesn't affect the overall LOs description (TEAMCARE Curriculum – final release), but the training strategies adopted by designers in the course localization, which should require less students effort.

Whenever a course is based on the TEAMCARE Curriculum, **it is highly recommended for the final attendance certificate to indicate whether the COMPREHENSIVE or ESSENTIALS version is adopted.**

To enable greater flexibility in micro-credential creation—currently based on the Curriculum modules—an additional localisation option has been introduced. Although the six fixed modules effectively map onto the IFC competency areas, designers can now **rearrange LOs in different modules**, much like "LEGO bricks". However, such customisation must still comply with the ECTS credit ranges set for the COMPREHENSIVE and ESSENTIALS versions. This means that in the COMPREHENSIVE version, all LOs are compulsory even if grouped differently, while in the ESSENTIALS version, only the optional LOs indicated in the ECTS table may be excluded. A specific tool "Flexibility tool

- free modules version" has been developed to support such customization, both in the COMPREHENSIVE and in the ESSENTIALS version of the Curriculum.

5.1 ECTS table – ESSENTIALS version

The following "ECTS Table" identifies a suggested range of ECTS for each Learning Outcome of the EU Curriculum – **ESSENTIALS VERSION**.
This version envisages some optional LOs (min ECTS =0). **The minimum credits for the overall curriculum are 15, while the maximum is set at 30**. As described in the previous section, each Module is also characterized by a suggested minimum and maximum of credits.

MODULES	Units of Learning Outcomes	LO CODE	LOs names	suggested range of ECTS	
				MIN	MAX
INTERPROFESSIONAL TEAMWORK	Collective leadership & interprofessional decision-making	A1	To support CBIT processes through collective leadership	0	0,5
		A2	To perform collaborative clinical decision-making within CBIT	0,3	0,5
		A3	To apply interprofessional team reasoning to the analysis of patient cases	0,2	0,5
	Team collaboration, performance and dynamics	A4	To empower CBIT establishing shared and concrete goals and applying Team Dynamics Techniques so as to strengthen the work environment	0,3	0,5
		A5	To drive personal and team growth through critical reflection and effective plans	0	0,5
	Interprofessional conflict management and resolution	A6	To analyse team conflicts by applying emotional intelligence and to implement suitable strategies for managing them	0,2	0,5
			PARTIALS	**1**	**3**
INTERPROFESSIONAL COMMUNICATION, ROLES AND PROFESSIONAL CONDUCT	Interprofessional communication	B1	To apply Closed-Loop Communication to facilitate information transfer, team communication and a shared language	0,3	0,5
	Roles and professional conduct within CBITs	B2	To identify and apply collective values, shared purposes, and goals of the CBIT	0,2	0,3
		B3	To identify and apply a shared professional and ethical code within the CBIT	0,2	0,3
		B4	To distinguish, describe, respect and value the roles, responsibilities, and expertise of other CBIT members	0,3	0,4

		B5	To demonstrate a self-improvement mindset and engage in continuing professional development, including staying up to date with the latest scientific evidence	0	0,2
		B6	To demonstrate an openness to learning within interprofessional communities	0	0,3
			PARTIALS	**1**	**2**
SHARED VISION AND APPROACH TO HEALTHCARE	**Person-centred approach to health**	**C1**	To describe and apply the biopsychosocial model of health referring to the International Classification of Functioning (ICF)	0,3	0,5
		C2	To conduct, in agreement with the CBIT, a comprehensive assessment of the service users' needs, preferences and goals, enhancing their autonomy, independence, well-being and quality of life	0,5	0,7
		C3	To create individualised care plans based on the service user's needs and values	0,5	0,7
	Communication with service users/families and users' empowerment and engagement	**C4**	To apply strategies and techniques to provide service users, caregivers, family or significant others with clear and understandable information about diagnoses, treatment options, and care plans	0,4	0,7
	Culture of safety and trust	**C5**	To recognise and minimise risks to service users, carers, families and the team, promoting safety and preventing harm in the homecare setting	0,3	0,5
		C6	To apply the required ethical standards and professional regulations to work within the CBIT	0,2	0,4
		C7	To utilise the appropriate tools to identify and report near misses, risks and errors	0	0,2
		C8	To perform critical incident analysis at the team level	0,2	0,3
	Cultural sensitivity	**C9**	To outline, select and develop strategies for effective cross-cultural communication	0,2	0,4

		C10	To identify and assess service users' needs with regard to their different values and cultures	0,4	0,5
	Health Disparities (Equity, Diversity & Inclusion)	C11	To describe the causes and consequences of health disparities among diverse and minoritised population groups..	0,2	0,4
	Service user's empowerment	C12	To create shared goals with the service user, considering the user's values, feelings and cognitive processes as essential variables to achieve them	0,3	0,6
		C13	To implement strategies empowering service users to actively participate in their healthcare decision-making process and in the negotiation, definition and implementation of a personalised care plan.	0,3	0,7
		C14	To establish supportive partnerships and an enabling relationship with service users, caregivers, family or significant others.	0,2	0,4
			PARTIALS	**4**	**7**
DIGITAL HEALTH	**Digital skills and digital literacy**	D1	To appraise the benefits and limitations of digital technologies and predict their impact in integrated person-centred care.	0,4	0,7
		D2	To browse, search and filter data, information and digital content, analysing, interpreting, and critically evaluating their reliability	0,4	0,8
		D3	To use computers, smartphones, tablets, internet in professional contexts.	0,3	0,6
		D4	To use software supporting personal productivity	0,3	0,6
	Digital records, registries, data management, data security, and GDPR	D5	To apply laws, ethical considerations and best practices for maintaining service user privacy, confidentiality, data ownership and data security when communicating and sharing health information electronically.	0,4	0,6
		D6	To apply the main cultural and ethical principles of data quality when using health data and data flow	0,4	0,6

	Resources and tools	**D7**	To select and effectively use the proper digital tools among those that are not specific for healthcare, but that may be used to support service user care or team processes, such as those supporting interaction, collaboration and sharing	0,4	0,9
		D8	To use telemedicine platforms for remote medical examination, teleconsultation, remote service user monitoring and telecare	0,5	0,8
		D9	To use electronic health records and health information systems	0,5	0,6
		D10	To select and use the main digital tools and APPs, other than telemedicine platforms, specially created for healthcare settings, such as those ones supporting health education or digital therapies	0,5	1
		D11	To recognise and explore the evolving opportunities for artificial intelligence (AI) in integrated care	0	0,3
	Telemedicine and remote monitoring	**D12**	To discriminate among the different types of telemedicine and identify the best service	0	0,4
		D13	To select and apply methods and best practices for conducting telemedicine	0,4	0,6
			PARTIALS	**4,5**	**8,5**
PLANNING AND COORDINATION OF INTEGRATED CARE SERVICES	**Care management across levels of care**	**E1**	To describe and implement strategies for integrated social and health care by ensuring care transitions and continuity across settings	0	0,5
		E2	To facilitate internal and external referrals within CBIT for seamless service integration	0,2	0,4
		E3	To identify and use organisational and operational approaches and tools for chronic care management and integrated service user support	0,2	0,5
	Regional and local social and health services network and service orientation	**E4**	To design and deliver integrated care services to meet diverse needs	0	0,5
		E5	To facilitate the most suitable social, social-health and health services, programs and networks at local/regional level for service users.	0,5	0,8

	Evaluation, assessment, and service users' feedback	**E6**	To apply methods and tools (such as Health Technology Assessment) for evaluating the effectiveness, efficiency, and quality of integrated care services, including outcome measures and key performance indicators	0,5	0,7
		E7	To include service users' feedback and experiences in the planning, delivery, and improvement of CBIT care services	0,2	0,4
	New mindsets and perspectives within the CBIT	**E8**	To demonstrate critical thinking skills in clinical practice	0,2	0,3
		E9	To show a culture of innovation and an open-minded attitude to enhance healthcare practices	0,2	0,3
		E10	To apply basic green skills for health in everyday practice	0,2	0,3
		E11	To foster task shifting process, being aware of its impact and being able to take part in task delegation, sharing and shifting to other professionals, patients or machines	0	0,4
	Service user's feedback	**E12**	To collect service users' feedback and experiences to evaluate user satisfaction and outcomes, planning their engagement and selecting the proper methods and tools	0,3	0,4
			PARTIALS	**2,5**	**5,5**
PRELIMINARY / BASELINE LEARNING OUTCOMES	**Effective communication**	**F1**	To apply effective communication techniques (verbal and non-verbal), prioritising active listening and empathy, to facilitate service users' or caregivers' trust and to efficiently communicate with other CBIT members	0,5	1
		F2	To be aware of behavioural differences across cultures and generations when using digital technologies, adapting communication strategies to the specific audience	0,2	0,4
	Equity, Diversity & Inclusion	**F3**	To integrate into daily practice the main EU guidelines and recommendations about Equity, Diversity & Inclusion, complying with the ethical and legal frameworks	0,2	0,6
		F4	To support Equity, Diversity and Inclusion principles, ultimately resulting in an inclusive environment that values diverse perspectives and cultures within the CBIT	0,2	0,3

		F5	To be aware of how personal values, beliefs and professional goals play into team dynamics and to recognise one's own biases, assumptions, and stereotypes	0,2	0,3
	Cultural sensitivity overcoming cultural barriers	**F6**	To identify and apply appropriate resources and strategies for overcoming cultural barriers to healthcare access	0,2	0,4
		F7	To provide culturally sensitive and respectful services considering both the service users' and the different communities' needs	0,2	0,4
	Service users' orientation	**F8**	To empower service users to actively participate in the self-management of their personalised plans	0,3	0,6
			PARTIALS	**2**	**4**
			TOTAL ECTS CURRICULUM	**15**	**30**

6 REFERENCES

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