# R3.1.2

# EU CURRICULUM FOR SPECIALIST IN COMMUNITY BASED INTERPROFESSIONAL TEAMS FOR PERSON-CENTRED CARE - FINAL VERSION


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# ABSTRACT

This report contains the final version of the **EU Curriculum for Specialists in Community-Based Interprofessional Teams (CBIT) for person-centred care**. The final release of the curriculum comprises **59 Learning Outcomes grouped into 24 Units**, each aligned with the core competences identified through the Integrated Framework of Competences (IFC). It is designed to be modular and adaptable, allowing its implementation across different EU countries while complying with EU standards and tools such as EQF, ECTS and micro-credentials.



# KEYWORDS

Curriculum, Learning Outcomes, Units of Learning Outcomes, Community-Based Interprofessional Teams


# REVIEWER HISTORY

| REVIEWER NAME | EXTERNAL REVIEWER | ORGANISATION | DATE OF APPROVAL |
|---|---|---|---|
| Kleio Koutra | No | HMU | 29/06/2026 |

# AUTHORS' AND CONTRIBUTORS' HISTORY

| NAME, ORGANISATION | STATUS* | DATE | PROVIDED CONTENT OR CONTRIBUTION |
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A - Author (including author of revised deliverable)
C - Contributor
IF – Internal Feedback (within the partner organization)

# LIST OF ABBREVIATIONS

| | |
|---|---|
| AI | Artificial Intelligence |
| CBIT | Specialists in Community-Based Interprofessional Teams |
| CoI | Communities of Inquiry |
| EQF | European Qualifications Framework |
| ECTS | European Credit Transfer and Accumulation System |
| HE | Higher Education |
| EHR | Electronic Health Record |
| IFC | Integrated Framework of Competences |
| LO | Learning Outcome |
| VET | Vocational Education and Training |

# EUROPEAN CURRICULUM FOR SPECIALISTS IN COMMUNITY-BASED INTERPROFESSIONAL TEAMS (CBITs) FOR PERSON-CENTRED CARE: DETAILED DESCRIPTION OF LEARNING OUTCOMES

## MODULE A: INTERPROFESSIONAL TEAMWORK

| **Unit of Learning Outcome: Collective leadership & interprofessional decision-making** |
|---|
| **List of Learning Outcomes:** |
| **A1** To support CBIT processes through collective leadership<br>**A2** To perform collaborative clinical decision-making within CBIT<br>**A3** To apply interprofessional team reasoning to the analysis of patient cases |

| **LO CODE: A1**<br>**LO TITLE: To support CBIT processes through collective leadership** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 1.1.1. Applying the principles of collective leadership in order to facilitate discussions and integrate diverse perspectives, including those of service users | The professional is able to:<br>KNOWLEDGE:<br>• Describe the principles of collective leadership<br>SKILLS:<br>• Implement collective leadership principles |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |

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|---|---|
| **EQF level***: 6<br>**Other frameworks****:<br>CIHC Interprofessional Framework<br>https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf<br>Collaborative Leadership; Team Functioning. | • Facilitate the inclusion and participation of all- especially the person participating in or receiving care- in health care and services<br>• Establish and maintain the sharing of leadership and accountability<br>ATTITUDES (as illustrated by behaviours):<br>• Practice trust, empathy, respect and compassion for persons, caregivers, and health professionals |

| **LO CODE: A2**<br>**LO TITLE: To perform collaborative clinical decision-making within the CBIT** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 1.1.2. Performing collaborative clinical decision-making through team consensus within the CBIT and consideration of ethical, cultural and practical factors | The professional is able to:<br>KNOWLEDGE:<br>• Describe the domains and processes of collaborative decision-making<br>SKILLS:<br>• Embed structures and tools for collaborative decision making<br>• Facilitate effective team processes for collaborative decision making and reevaluate as needed<br>• Analyse the team processes for collaborative decision making<br>ATTITUDES (as illustrated by behaviours):<br>• Promote opportunities for collaborative decision making<br>• Support a workplace where differences are respected |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****:<br>IPEC Competency Framework<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf | |

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|---|---|
| TT3. Practice team reasoning, problem-solving, and decision-making. | • Shared responsibility, ethical reasoning, and respect for service-user preferences. |

| **LO CODE: A3**<br>**LO TITLE: To apply interprofessional team reasoning to the analysis of patient cases** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 1.1.3. Implementing interprofessional team reasoning to pursue patient cases | The professional is able to:<br>KNOWLEDGE:<br>• Describe the principles and processes of interprofessional team reasoning<br>SKILLS:<br>• Collectively analyse patient cases<br>• Integrate the perspectives of all relevant people in interprofessional reasoning<br>• Practice team reasoning and problem solving<br>ATTITUDES (as illustrated by behaviours):<br>• Prioritise opportunities for team reasoning |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

| Unit of Learning Outcome: Team collaboration, performance and dynamics |
|---|
| **List of Learning Outcomes:** |
| **A4** To empower CBIT establishing shared and concrete goals and applying Team Dynamics Techniques so as to strengthen the work environment<br>**A5** To drive personal and team growth through critical reflection and effective plans |

| LO CODE: A4<br>LO TITLE: To empower CBIT establishing shared and concrete goals and applying Team Dynamics Techniques so as to strengthen the work environment | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 1.2.1. Collaborating effectively and efficiently within the CBIT, facilitating a positive team climate (i.e. through regular interprofessional team meetings and rounds, building trust, fostering team cohesion, enhancing CBIT dynamics) | The professional is able to:<br>KNOWLEDGE:<br>• Describe the techniques that foster positive team dynamics<br>SKILLS:<br>• Use common purpose and values to continuously negotiate norms regarding team functioning to facilitate or participate in team dynamics<br>• Consider influencing factors such as co-location, team composition, team maturity, technologies and resources<br>• Discuss organisational structures, policies, practices, resources, access to information, and timing issues that impact the effectiveness of the team<br>• Advance interdependent working relationships among all participants |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****:<br>IPEC Competency Framework<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf | |

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| C4: Promote common understanding of shared goals.<br><br>CIHC framework<br>https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf<br>Team differences/disagreements processing | • Practice active listening within the CBIT that encourages ideas and opinions of all team members<br>•<br>ATTITUDES (as illustrated by behaviours):<br>• Promote a common understanding of shared goals<br>• Examine one's position, power, role, unique experience, expertise and culture towards improving communication and managing conflicts |

| **LO CODE: A5**<br>**LO TITLE: To drive personal and team growth through critical reflection and effective plans** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 1.2.2. Critically reflect on and evaluate teamwork as part of ongoing personal and team development<br>1.2.3. Proactively planning, organising and coordinating individual and teamwork (i.e. establishing priorities and allocating resources and adjusting work to accomplish goals) | The professional is able to:<br>KNOWLEDGE:<br>• Describe the process of team development and team practices<br>• Describe structures, policies and practices that can be used to facilitate goal setting<br><br>SKILLS:<br>• Collectively reflect regularly on team functioning<br>• Demonstrate continuous quality improvement<br>• Reflect on the relation between personal development and team development |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

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|---|---|
| IPEC Framework<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf<br>TT6 Reflect on self and team performance to inform and improve team effectiveness.<br><br>CIHC framework<br>https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf<br>Team functioning | • Implement organisational structures, policies, practices, resources, access to information, and timing issues to facilitate individual and team goal setting<br>• Analyse and adjust resource allocation for team functioning<br><br>ATTITUDES (as illustrated by behaviours):<br>• Appreciate team members diverse experiences, cultures, positions, power and roles towards improving team function<br>• Respect ethical aspects of team function, including resource allocation |

| **Unit of Learning Outcome: Interprofessional conflict management and resolution** |
|---|
| **List of Learning Outcomes:** |
| **A6** To analyse team conflicts by applying emotional intelligence and to implement suitable strategies for managing them |

| **LO CODE: A6**<br>**LO TITLE: To analyse team conflicts by applying emotional intelligence and to implement suitable strategies for managing them** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 1.3.1. Managing conflict constructively through the adoption of appropriate strategies for the context | The professional is able to:<br>KNOWLEDGE: |

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| 1.3.2. Exploring the source of conflict, applying emotional intelligence to understand one's feelings and those of others, and managing escalating emotions that might negatively affect team harmony. | • Describe the attributes of emotional intelligence<br>• Describe the potential positive nature of different perspectives within an interprofessional team<br>• Describe strategies and methods for managing disagreement or conflict within interprofessional teams<br>SKILLS:<br>• Effectively work to address and resolve disagreements, including analysing the causes of disagreement and working to reach an acceptable solution<br>• Demonstrate emotional intelligence to understand one's feelings and those of others<br>• Implement proactive processes that prevent escalation of conflict<br>• Select and apply interprofessional conflict management strategies and methods<br>•<br>ATTITUDES (as illustrated by behaviours):<br>• Value diversity, identities, cultures and differences<br>• Use constructive feedback |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****:<br>IPEC Framework<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf<br>TT5. Apply interprofessional conflict management methods, including<br>identifying conflict cause and addressing divergent perspective<br>CIHC framework<br>https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf<br>Team differences/disagreements processing | |

# MODULE B: INTERPROFESSIONAL COMMUNICATION, ROLES AND PROFESSIONAL CONDUCT

| Unit of Learning Outcome: Interprofessional communication |
|---|
| **List of Learning Outcomes:** |
| **B1** To apply Closed-Loop Communication to facilitate information transfer, team communication and a shared language |

| LO CODE: B1<br>LO TITLE: To apply Closed-Loop Communication to facilitate information transfer, team communication and a shared language | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.1.1. Applying Closed-Loop Communication for information transfer, effective team communication, and adopting a shared language. | The professional is able to:<br>KNOWLEDGE:<br>• Explain key communication theories and principles that underpin Closed-Loop Communication<br>SKILLS:<br>• Apply Closed-Loop Communication in various settings, especially in high-stakes or complex environments where miscommunication can have serious consequences.<br>• Use feedback loops effectively to ensure all team members have a shared understanding.<br>ATTITUDES (as illustrated by behaviours): |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

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| | • Value clear, accurate, and efficient communication as a critical component of teamwork.<br>• Show openness to feedback and willingness to adjust communication strategies as necessary to ensure clarity and understanding.<br>• Value teamwork and cooperation in communication processes |

| **LO CODE: B2-B6**<br>**Unit of Learning Outcome: Roles and professional conduct within CBITs** |
|---|
| **List of Learning Outcomes:** |
| **B2** To identify and apply collective values, shared purposes, and goals of the CBIT<br>**B3** To identify and apply a shared professional and ethical code within the CBIT<br>**B4** To distinguish, describe, respect and value the roles, responsibilities, and expertise of other CBIT members<br>**B5** To demonstrate a self-improvement mindset and engage in continuing professional development, including staying up to date with the latest scientific evidence<br>**B6** To demonstrate an openness to learning within interprofessional communities |

| **LO CODE: B2**<br>**LO TITLE: To identify and apply collective values, shared purposes, and goals of the CBIT** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.2.1 Applying collective values, shared purposes, and goals of CBITs, and putting them into clinical practice | The professional is able to:<br>KNOWLEDGE:<br>• Describe the importance of collective values and shared goals within a CBIT |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually | |

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| ☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***: 5<br>**Other frameworks** | • Explain the core values and principles that guide the CBIT<br>• Describe the mission and vision of the CBIT<br>SKILLS:<br>• Apply in daily practice collective values, shared purposes, and goals of the CBIT<br>ATTITUDES (as illustrated by behaviours):<br>• Show willingness to prioritise CBIT goals over individual interests.<br>• Adhere to ethical standards and practices in interprofessional collaboration.<br>• Show openness to feedback and willingness to learn from others.<br>• Value the input and perspectives of all stakeholders involved. |

| **LO CODE: B3**<br>**LO TITLE: To identify and apply a shared professional and ethical code within the CBIT** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.2.2. Adopting a shared professional and ethical code within the CBIT<br>**PERFORMANCE TYPE**<br>☒ Performed individually<br>☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***: 6<br>**Other frameworks****: | The professional is able to:<br>KNOWLEDGE:<br>• Describe the ethical guidelines and professional standards relevant to various health and social care professionals.<br>• Describe the legal and regulatory frameworks governing professional practice within community-based settings.<br>SKILLS:<br>• Evaluate and apply ethical principles and professional codes in real-world scenarios. |

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| | • Identify and resolve ethical dilemmas within interprofessional teams.<br>• Analyse complex situations and make informed decisions considering ethical implications.<br>ATTITUDES (as illustrated by behaviours):<br>• Show respect for diverse perspectives and contributions from team members of different professional backgrounds.<br>• Show respect for the autonomy and expertise of other professionals within the team<br>• Show awareness of cultural differences and their impact on interprofessional collaboration. |

| **LO CODE: B4**<br>**LO TITLE: To distinguish, describe, respect and value the roles, responsibilities, and expertise of other CBIT members** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.2.3. Distinguishing the roles, responsibilities, and expertise of other CBIT members, to recognise which areas of practice could be completed by a range of team members to avoid overlap or confusion. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the process of interprofessional team operation within community settings, including their structures, processes, and objectives.<br>• Describe in detail roles, responsibilities, and expertise of other CBIT members and their contribution to community health and well-being.<br>SKILLS:<br>• Critically analyse and evaluate the roles and contributions of team members |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

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|---|---|
| | • Work effectively as part of a diverse team, contributing own expertise while valuing others' input.<br>• Cooperate within the CBIT integrating everyone's expertise<br>ATTITUDES (as illustrated by behaviours):<br>• Value and respect the diverse backgrounds, perspectives, and expertise of all team members.<br>• Openness to learning from others and recognising the limits of one's own knowledge and expertise.<br>• Take a proactive approach to personal and professional development within the interprofessional team context. |

| **LO CODE: B5**<br>**LO TITLE: To demonstrate a self-improvement mindset and engage in continuing professional development, including staying up to date with the latest scientific evidence** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.2.4 Adopting a self-improvement mindset based on continuing professional development, staying up to date with the latest scientific evidence and being open to learning | The professional is able to:<br>KNOWLEDGE:<br>• Describe the principles and methodology of Evidence-Based Practice and critical appraisal<br>SKILLS:<br>• Apply the evidence-based practice methodology to search the main scientific databases<br>• Recognise practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**: EQF6 | |
| **Other frameworks:** | |

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| • "European Core Competences Framework for Health and Social Care Professionals Working with Older People[1]" (https://www.researchgate.net/publication/337941211) and CanMEDS 2015 Physician Competency Framework (https://canmeds.royalcollege.ca/en/framework ) *Related Competences*: Scholar – 1.1, 1.2, 3.1, 3.2, 3.3, 3.4 | • Evaluate and choose the best available evidence in the literature develop, implement, monitor, and revise a personal learning plan to enhance professional practice<br>• Identify opportunities for learning and improvement by regularly reflecting on and assessing one's own performance using various internal and external data sources<br>• Identify, select, and navigate pre-appraised resources<br>• Critically evaluate the integrity, reliability, and applicability of health-related research and literature<br>• Integrate best available evidence into decision-making<br>ATTITUDES (as illustrated by behaviours):<br>• Adopt a self-improvement mindset based on openness to change to the new evidence<br>• Adopt a new mindset based on willingness to learn in the interprofessional communities |

| **LO CODE: B6**<br>**LO TITLE: To demonstrate an openness to learning within interprofessional communities** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.2.4 - Adopting a self-improvement mindset based on a continuing professional development attitude, staying up to | The professional is able to:<br>KNOWLEDGE: |

[1] Dijkman, Bea & Roodbol, Pétrie & Aho, Jukka & Andruszkiewicz, Anna & Coffey, Alice & Felsmann, Miroslawa & Mikkonen, Irma & Schoofs, Greet & Soares, Célia & Sourtzi, Panayota. (2016). European Core Competences Framework for Health and Social Care Professionals Working with Older People 10.13140/RG.2.2.15194.08648.

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| date with the latest scientific evidence and being open to learning | • Describe the main elements that trigger effective learning in an interprofessional community<br>• Understand and recognise in other members of a learning community the social, the cognitive and the teaching dimensions, as they are defined in the Communities of Inquiry (CoI) framework.<br>SKILLS:<br>• Perform effective and open communication in an interprofessional learning community (social dimension)<br>• Engage and contribute to the cognitive dimension of an interprofessional learning community<br>• Apply the teaching dimension within an interprofessional learning community.<br>ATTITUDES (as illustrated by behaviours):<br>• Show openness to learning in an interprofessional learning community.<br>• Show willingness to contribute to an interprofessional learning community. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**: EQF6 | |
| **Other frameworks:**<br>• "European Core Competences Framework for Health and Social Care Professionals Working with Older People[2]" (https://www.researchgate.net/publication/337941211) and CanMEDS 2015 Physician Competency Framework (https://canmeds.royalcollege.ca/en/framework ) *Related Competences*: Scholar – 1.3, 4.1, 4.2, 4.5 | |

[2] Dijkman, Bea & Roodbol, Pétrie & Aho, Jukka & Andruszkiewicz, Anna & Coffey, Alice & Felsmann, Miroslawa & Mikkonen, Irma & Schoofs, Greet & Soares, Célia & Sourtzi, Panayota. (2016). European Core Competences Framework for Health and Social Care Professionals Working with Older People 10.13140/RG.2.2.15194.08648.

# MODULE C: SHARED VISION AND APPROACH TO HEALTHCARE

| Unit of Learning Outcome: Person-centred approach to health |
|---|
| **List of Learning Outcomes:** |
| **C1** To describe and apply the biopsychosocial model of health referring to the International Classification of Functioning (ICF)<br>**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<br>**C3** To create individualised care plans based on the service user's needs and values |

| LO CODE: C1<br>LO TITLE: To describe and apply the biopsychosocial model of health referring to the International Classification of Functioning (ICF) | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.1.1. – Assessing patients throughout a biopsychosocial lens, referring to the International Classification of Functioning (ICF) | The professional is able to:<br>KNOWLEDGE:<br>• Describe the biopsychosocial model of health<br>• Describe the International Classification of Functioning (ICF)<br>• Explain the importance of assessing service users' needs, preferences, goals, autonomy, independence, well-being and quality of life |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |

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| **EQF level***: 6<br>**Other frameworks**<br>CIHC Interprofessional Framework<br>https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf<br>Patient/client/family /community-centred care<br>Area 6: C31, C32 | SKILLS:<br>• Apply the ICF tool in assessments and interventions<br>• Apply the biopsychosocial model of health to clinical assessment and intervention<br>ATTITUDES (as illustrated by behaviours): |

| **LO CODE: C2**<br>**LO TITLE: 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** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.1.1. Conducting, in agreement with the CBIT, a comprehensive assessment including users' needs, preferences and goals, considering user's autonomy, independence, well-being and quality of life | The professional is able to:<br>KNOWLEDGE:<br>• Describe techniques for conducting comprehensive assessments, including interviews, questionnaires, and observational methods that align with the ICF<br>• Acknowledge strategies to involve users in their care and decision-making processes<br>SKILLS:<br>• Perform a comprehensive assessment of service users' needs, preferences, goals, autonomy, independence, well-being and quality of life adopting a biopsychosocial approach<br>• Recognise and respect diverse backgrounds and perspectives and adapt assessment and intervention strategies to meet the cultural needs of users.<br>ATTITUDES (as illustrated by behaviours): |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks** | |

| LO CODE: C3<br>LO TITLE: To create individualised care plans based on the service user's needs and values | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.1.3. Developing, in agreement with the CBIT, an individualised care plan tailored to the user's needs and values | The professional is able to:<br>KNOWLEDGE:<br>• Describe the elements and principles of a person-centred care plan within the CBIT<br>• Describe the principles of relevance within the CBIT care plans<br>• Understand the importance of the values and needs of service users within a care plan<br>• Describe assessment tools and methods to gather comprehensive information about the service user's health status, preferences, and goals and principles of the biopsychosocial model and its application in understanding user needs.<br>• Explain theories of motivation and behaviour change and strategies to foster user engagement and commitment to care plan.<br>SKILLS:<br>• Organise care plans within the CBIT integrating service users' needs and values<br>• Apply the principles of relevance to tailor care plans to service users<br>• Incorporate service users' values, preferences, and life circumstances into care planning |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks** | |

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|---|---|
| | • Accurately document assessments, care plans, and progress notes<br>• Evaluate the effectiveness of the care plan and make adjustments based on service user progress and feedback<br>ATTITUDES (as illustrated by behaviours):<br>• Take into consideration health service users' needs and values during all steps of the care plan |

| **Unit of Learning Outcome: Communication with service users/families and users' empowerment and engagement** |
|---|
| **List of Learning Outcomes:** |
| **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 |

| **LO CODE: C4**<br>**LO TITLE: 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** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.2.2. Providing clear and understandable information about diagnoses, treatment options, and care plans to service users and their caregivers, family or significant others. | The professional is able to:<br>KNOWLEDGE:<br>• Describe strategies and techniques to communicate clearly with service users, caregivers, family or significant others |
| **PERFORMANCE TYPE** | |

| | |
|---|---|
| ☒ Performed individually<br>☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***: 5<br>**Other frameworks** | • Describe the principles of an adaptive communication style<br>• Describe strategies to tailor communication to diverse backgrounds and contexts<br>SKILLS:<br>• Apply strategies and techniques to communicate clear information related to diagnoses, treatment options and care plans<br>• Adapt the communication style to service users, caregivers and family<br>• Customise information based on the user's educational background, literacy level, and cultural context<br>ATTITUDES (as illustrated by behaviours):<br>• Adopt a clear and unambiguous communication style<br>• Build a trusting relationship and environment with service users and their families to foster open communication |

## Unit of Learning Outcome: Culture of safety and trust

### List of Learning Outcomes:

**C5** To recognise and minimise risk to service users, carers, families and the team, promoting safety and preventing harm in the homecare setting
**C6** To apply the required ethical standards and professional regulations to work within the CBIT
**C7** To utilise the appropriate tools to identify and report near misses, risks and errors
**C8** To perform critical incident analysis at the team level

| LO CODE: C5<br>LO TITLE: To recognise and minimise risks to service users, carers, families, and the team, promoting safety and preventing harm in the homecare setting | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.3.1 Promoting safety and preventing harm in homecare settings by recognising and minimising risks to service users, carers, families and the team. | The professional is able to:<br>KNOWLEDGE:<br>• Describe common hazards and risks that service users, carers, families and the team may face in a homecare setting<br>• Describe the principles for dealing with specific risks in a homecare setting.<br>• Outline risk management principles and theories, crisis management and emergency response procedures<br>• The main elements of the Health and Safety at Work Act<br>• Outline local and national guidelines and standards for homecare services<br>• Explain the impact of mental health issues and their impact on service users' safety and well-being<br>• Understand cultural differences and how they may impact service users' experiences and perceptions of risk.<br>SKILLS:<br>• Assess the community care setting for the presence or absence of risks to service users, carers, families and the team<br>• React immediately to current risks in the home care setting<br>• Think critically and creatively to develop solutions to mitigate risks<br>• Maintain accurate and up-to-date records of risk assessments, incidents, and actions taken to minimize risks |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

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|---|---|
| | ATTITUDES (as illustrated by behaviours):<br>• Promote a culture of safety for service users, carers, families and the team in a homecare setting |

| **LO CODE: C6**<br>**LO TITLE: To apply the required ethical standards and professional regulations to work within the CBIT** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.3.2. Adhering to ethical standards and professional regulation within the CBIT. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the ethical standards of behaviour for CBIT members<br>• Describe the professional regulations for CBIT members<br>SKILLS:<br>• Adhere to the ethical standards of behaviour for CBIT members<br>• Adhere to the professional regulations for CBIT members<br>ATTITUDES (as illustrated by behaviours):<br>• Adopt a mindset that pursues honesty and integrity within the CBIT<br>• Adopt a mindset that fosters no-blame policy as a key factor of quality improvement |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 5 | |
| **Other frameworks** | |

| LO CODE: C7<br>LO TITLE: To utilise the appropriate tools to identify and report near misses, risks, and errors | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.3.3 Using tools to identify and report errors, risks, or near misses | The professional is able to:<br><br>KNOWLEDGE:<br>• Describe tools for identifying and reporting near misses, risks and errors<br>SKILLS:<br>• Use, when confronted with specific near misses, risks and errors, the appropriate tools to identify and report them<br>ATTITUDES (as illustrated by behaviours):<br>• Promote appropriate tools for identifying and reporting near misses, risks and errors<br>• Adopt the mindset based on learning from the incident |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

| LO CODE: C8<br>LO TITLE: To perform critical incident analysis at team level | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.3.4. Reflecting on errors and hazards and performing critical incidents analysis at the CBIT level. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the main characteristics of critical incident analysis |

| PERFORMANCE TYPE | |
|---|---|
| ☐ Performed individually<br>☒ Performed in team | in healthcare context and how such analysis can be performed at team level<br>SKILLS:<br>• Proactively resolve critical incidents at team level<br>• Apply critical incident technique reflecting on errors and hazards<br>• Negotiate changes at group level to reduce the risk of critical incidents<br><br>ATTITUDES (as illustrated by behaviours):<br>• Promote a culture of proactive team handling of specific critical incidents |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

## Unit of Learning Outcome: Cultural sensitivity

### List of Learning Outcomes:

**C9** To outline, select and develop strategies for effective cross-cultural communication
**C10** To identify and assess service users' needs with regard to their different values and cultures

## LO CODE: C9
## LO TITLE: To outline, select and develop strategies for effective cross-cultural communication.

| ADDRESSED COMPETENCE(s) | MAIN KNOWLEDGE, SKILLS AND ATTITUDES |
|---|---|

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|---|---|
| 3.4.1. Providing culturally sensitive person-centred care, developing strategies for effective cross-cultural communication, and fostering an inclusive environment that values diverse perspectives. | The professional is able to:<br>KNOWLEDGE:<br>• Describe strategies and policies to assist cross-cultural communication<br>• Describe approaches to enhance interpersonal communication in cross-cultural contexts<br>SKILLS:<br>• Apply active listening and asking questions to ensure mutual understanding.<br>• Develop empathy.<br>• Avoid jargon, keep expressions clear and straightforward, to ensure clear information exchange. Use as simple language as possible, and speak slowly.<br>• Adapt communication style to match cultural norms.<br>• Avoid stereotyping.<br>• Communicate in a culturally safe, respectful manner.<br>• Communicate respectfully to all staff and service users and their representatives.<br>• Apply tips for effective cross-cultural communication in healthcare settings<br>ATTITUDES (as illustrated by behaviours):<br>• Be aware of your tone of voice and how you speak.<br>• Be sympathetic.<br>• Develop respectful and culturally sensitive behaviour.<br>• Support a workplace where cultural dimensions are respected. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: CIHC Interprofessional competency framework | |

| LO CODE: C10<br>LO TITLE: To identify and assess service users' needs with regard to their different values and cultures. | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.4.2. Identifying and assessing users' needs linked to different values, cultures, providing respectful services, and responses. | The professional is able to:<br>KNOWLEDGE:<br>• Explain how cultural differences affect service users' needs<br>SKILLS:<br>• Assess individuals' and caregivers' needs within a specific cultural context<br>• Assess service users' needs with regard to their different values and cultures<br>ATTITUDES (as illustrated by behaviours):<br>• Adopt the mindset based on empathy, tolerance, distance from the role, and adaptability. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 5 | |
| **Other frameworks****: CIHC Interprofessional competency framework | |

| Unit of Learning Outcome: Health Disparities (Equity, Diversity & Inclusion) |
|---|
| **List of Learning Outcomes:** |
| **C11** To describe the causes and consequences of health disparities among diverse and minoritised population groups. |

| LO CODE: C11<br>LO TITLE: To describe the causes and consequences of health disparities among diverse and minoritised population groups. | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.5.2 Identifying the causes and consequences of health disparities among diverse population groups, including racial, religious, and ethnic minorities, LGBTQIA+ individuals, socioeconomically disadvantaged populations, and persons with disabilities. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the root causes of health disparities<br>• Describe how structural inequalities, social conditions of health, and health equality are combined.<br>• Describe social determinants of health and health disparities research |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: CIHC Interprofessional competency framework | |

| Unit of Learning Outcome: Service user's empowerment |
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| **List of Learning Outcomes:** |
| **C12** To create shared goals with the service user, considering the user's values, feelings and cognitive processes as essential variables to achieve them |

**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.
**C14** To establish supportive partnerships and an enabling relationship with service users, caregivers, family or significant others.

| **LO CODE: C12**<br>**LO TITLE: To create shared goals with the service user, considering the user's values, feelings and cognitive processes as essential variables to achieve them.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.1.2. Co-creating therapeutic aims with the care recipient, considering the user's values, feelings and cognitive processes as essential variables to achieve them. | The professional is able to:<br>KNOWLEDGE:<br>• Describe how to create shared goals with the care recipient, considering the user's values, feelings, and cognitive processes.<br>• Explain the theories and models of effective communication, including active listening and motivational interviewing techniques.<br>• Explain Cultural Competence<br>• Describe the basics of Psychology of Motivation and behaviour change.<br>• Explain the psychological factors that influence motivation and behaviour change, including intrinsic and extrinsic motivators.<br>• Describe health literacy principles and how it affects a care recipient's ability to understand and engage in their care plan.<br>• Describe goal-setting techniques like SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals, to create clear and achievable objectives.<br>SKILLS: |

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| | • Adapt interactions with awareness of principles of motivation and behaviour change, including intrinsic and extrinsic motivators.<br>• Create shared goals with the care recipient<br>• Cultivate empathy to connect with the care recipient on an emotional level<br><br>ATTITUDES (as illustrated by behaviours):<br>• Adopt a mindset based on attentive attitude and listening to the service user |

| **LO CODE: C13**<br>**LO TITLE: 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.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.2.3. Supporting service users' empowerment, self-management of care and orientation and fostering the participation of users and caregivers in the negotiation, definition and implementation of the personalised care plan. | The professional is able to:<br>KNOWLEDGE:<br>• Recognise the benefits of involving the service user in the decision-making process.<br>• Explain strategies of user empowerment and channels of active participation in a healthcare system<br>• Describe principles and best practices of user empowerment<br>• Describe the principles of empowerment in healthcare<br>• Outline health literacy concepts and how they impact users' ability to engage in their care and make informed decisions<br>• Describe effective self-management strategies, including education on disease management and lifestyle modifications |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: CIHC Interprofessional competency framework | |

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| | • Describe collaborative care models that involve service users, caregivers, and healthcare providers working together to create and implement care plans<br>SKILLS:<br>• Implement strategies empowering service users to actively participate in their healthcare decision-making process Adopt person-centred care approaches that prioritise the preferences, needs, and values of service users and their caregivers<br>• Educate service users and caregivers about their conditions, treatment options, and self-management techniques<br>• Build an environment for trust and rapport with service users and caregivers, fostering a collaborative environment<br>ATTITUDES (as illustrated by behaviours):<br>• Show patience, enthusiasm and tolerance |

| **LO CODE: C14**<br>**LO TITLE: To establish supportive partnerships and an enabling relationship with service users, caregivers, family or significant others.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.2.4. Building and maintaining a supportive partnership and an enabling relationship with service users, caregivers, family or significant others. | The professional is able to:<br>KNOWLEDGE:<br>• Explain the principles of verbal and non-verbal relationship with the service user's family/ significant others.<br>• Recognise the positive importance of building partnerships.<br>• Describe family dynamics and how they influence the care |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |

| PROFICIENCY LEVEL | |
|---|---|
| **EQF level***: 4 | process, including roles, responsibilities, and support systems<br>• Describe conflict resolution strategies to address disagreements or misunderstandings with service users', caregivers, family or significant others<br>• Describe feedback mechanisms to encourage open dialogue about the partnership and make necessary adjustments<br>SKILLS:<br>• Demonstrate active listening,<br>• establish supportive partnerships and an enabling relationship<br>ATTITUDES (as illustrated by behaviours):<br>• Show mindfulness of informing all those involved.<br>• Show proactiveness in informing.<br>• Cultivate empathy to connect with service users and caregivers on an emotional level, validating their feelings and experiences |
| **Other frameworks****: CIHC Interprofessional competency framework | |

# MODULE D: DIGITAL HEALTH

| Unit of Learning Outcome: Digital skills and digital literacy |
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| **List of Learning Outcomes:** |
| **D1** To appraise the benefits and limitations of digital technologies and predict their impact in integrated person-centred care.<br>**D2** To browse, search and filter data, information and digital content, analysing, interpreting, and critically evaluating their reliability<br>**D3** To use computers, smartphones, tablets, internet in professional contexts.<br>**D4** To use software supporting personal productivity |

| LO CODE: D1<br>LO TITLE: To appraise the benefits and limitations of digital technologies and predict their impact in integrated person-centred care. | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.1.1. Evaluating benefits and limitations and weighing up the impact of digital technologies in integrated and person-centred care. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the main laws and rules governing Digital Health at local/regional/national level<br>• Demonstrate understanding of the main concepts of Digital Health, the most relevant evolutionary factors, and the implications for healthcare facilities and professionals<br>• Identify opportunities for change and innovation in services and processes, based on the potential offered by digital technologies and tools<br>• Identify limits of integrated and person-centred care which may be overcome by the use of digital technologies<br>• Outline institutions, agencies, etc. that at local/regional/national level support the planning, management and implementation of digital health<br>SKILLS:<br>• Evaluate benefits and limitations of digital tools specially created for healthcare settings and digital tools not specific for healthcare, but that may be used to support the care process, such as those supporting interaction, collaboration and sharing<br>• Evaluate the impact of digital health technologies in health and social care services and processes<br>ATTITUDES (as illustrated by behaviours): |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**: 6 | |
| **Other frameworks**:<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of The Health System in Italy"<br>***Related competences***: FSD-MS-06, FSD-MS-08, FSD-BS-08, FSD-AS-01/13 | |

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| | • Show openness to new digital technologies |

| **LO CODE: D2**<br>**LO TITLE: To browse, search and filter data, information and digital content, analysing, interpreting, and critically evaluating their reliability.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.1.2. Critically analysing, interpreting, and evaluating the reliability of data sources, information and digital content.<br>**PERFORMANCE TYPE**<br>☒ Performed individually<br>☐ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***:6<br>**Other frameworks**:<br>• DigiComp 2.2 EU Framework;<br>*Related competences*: 1.1 Browsing, searching and filtering data, information and digital content; 1.2 Evaluating data, information and digital content.<br>*Level*: intermediate-4.<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of The Health System in Italy"<br>*Related competence*s: FSD-BS-04, FSD-BS-05 | The professional is able to:<br>KNOWLEDGE:<br>• Describe information needs.<br>• Describe how to access data, information and content, and how to navigate between them.<br>SKILLS:<br>• Organise the searches of data, information and content in digital environments.<br>• Organise personal search strategies.<br>• Critically analyse, interpret, and evaluate the credibility and reliability of sources of data, information, and digital content.<br>• Critically analyse, interpret, and evaluate the credibility and reliability of data, information, and digital content.<br>• Communicate findings from data analysis, presenting the information clearly and accurately to different audiences.<br>ATTITUDES (as illustrated by behaviours):<br>• Intentionally avoids distractions and aims to avoid information overload when accessing and navigating information, data and content. |

<table>
<tr><th colspan="2">LO CODE: D3<br>LO TITLE To use computers, smartphones, tablets, internet in professional contexts.</th></tr>
<tr><th>ADDRESSED COMPETENCE(s)</th><th>MAIN KNOWLEDGE, SKILLS AND ATTITUDES</th></tr>
<tr><td>4.1.3. Using word processing software, spreadsheets, relational databases, and presentation programs, as well as computers, smartphones, tablets, internet in professional contexts.</td><td rowspan="4">The professional is able to:<br>KNOWLEDGE:<br>• Describe the main functions of the most common digital devices (e.g. computer, tablet, smartphone).<br>• Explain the concept of Internet of Things (IoT) and is aware of the most frequent sources of problems in Internet of Things (IoT) and mobile devices (connectivity, battery, limited processing power, etc.).<br>• Differentiate minor technical problems when operating devices and using digital environments.<br>SKILLS:<br>• Find solutions on the internet when facing a technical problem in professional contexts.<br>• Solve minor technical problems related to the use of digital devices and environments.<br>• Manage digital files, documents, and data across various devices and platforms.<br>ATTITUDES (as illustrated by behaviours):<br>• Takes an active and curiosity-driven approach to explore how digital technologies operate.</td></tr>
<tr><th>PERFORMANCE TYPE</th></tr>
<tr><td>☒ Performed individually<br>☐ Performed in team</td></tr>
<tr><th>PROFICIENCY LEVEL</th></tr>
<tr><td>EQF level:5<br>Other frameworks:<br>• DigiComp 2.2 EU Framework;<br>Related competences: 5.1 Solving technical problems<br>Level: intermediate-4.<br>• The “General Strategy of Digital Skills Enhancement” delivered by the TSI “Digital Skills To Increase Quality and Resilience of the Health System in Italy”<br>Related competences: FSD-BS-01, FSD-BS-02</td></tr>
</table>

| LO CODE: D4<br>LO TITLE: To use software supporting personal productivity | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.1.3. Using word processing software, spreadsheets, databases, and presentation programs, as well as computers, smartphones, tablets, internet in professional contexts. | The professional is able to:<br>KNOWLEDGE:<br>• Outline basics rules of accessibility<br>• Differentiate between different types of storage locations (local devices, local network, cloud) that are the most appropriate to use (e.g. data on the cloud is available anytime and from anywhere but has implications for access time).<br>SKILLS:<br>• Use word processing software's to support personal productivity<br>• Use spreadsheets to support personal productivity<br>• Use digital presentation software's to support personal productivity and to share information<br>• Use data tools (e.g. databases, data mining, analysis software) designed to manage and organise complex information, to support decision-making and solving problems.<br>• Organise information, data and content to be easily stored and retrieved<br>• Organise information, data and content in a structured environment.<br>• Collect digital data using basic tools such as online forms,<br>Attitudes (as illustrated by behaviours): |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**:6 | |
| **Other frameworks:**<br>• DigiComp 2.2 EU Framework;<br>*Related competences*: 5.1 Solving technical problems; 1.3: Managing, Information and Digital Content<br>*Level*: intermediate-4.<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of the Health System In Italy"<br>*Related competences*: FSD-BS-06 | |

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| | • Using productivity software ethically, respecting intellectual property, data privacy, and copyright laws.<br>• Be willing to learn new software features and updates, and to explore innovative ways to use software for increased productivity. |

| **Unit of Learning Outcome: Digital records, registries, data management, data security, and GDPR** |
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| **List of Learning Outcomes:** |
| **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.<br>**D6** To apply the main cultural and ethical principles of data quality when using health data and data flow |

| **LO CODE: D5**<br>**LO TITLE: 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.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.2.1. Applying laws, rules and best practices for maintaining patient privacy, confidentiality, and data security when communicating and sharing health information electronically.<br>4.2.2. Applying the ethical and legal considerations related to access to electronic health information, including consent, privacy rights, and data ownership issues. | The professional is able to:<br>KNOWLEDGE:<br>• Explain the key elements of the EU's General Data Protection Regulation (GDPR) and general privacy policy statements of how personal data is used in digital services. |

| PERFORMANCE TYPE | |
|---|---|
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**:6 | |
| **Other frameworks**<br>• DigiComp 2.2 EU Framework;<br>*Related competences*: 4.2. Protecting personal data and privacy.<br>*Level*: advanced - 5<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of the Health System in Italy"<br>*Related competences*: PSD-PS-01-02, SP-PS-01, SP-PS-02, SP-SS-02, SP-SS-03, SP-SS-04, SP-SS-01, FSD-MS-01 | • Outline basics of digital identity applied to the healthcare sector.<br>• Outline and describe the main EU and national laws, rules and best practices for maintaining service user privacy, confidentiality, and data security.<br>• Outline the ethical and legal considerations related to access to electronic health information, including consent, privacy rights, and data ownership issues.<br>• Outline the main privacy and data security issues related to the Electronic Health Record.<br>SKILLS:<br>• Apply different ways to protect personal data and privacy in digital environments and to guide others in this task;<br>• Apply different specific ways to share data while protecting oneself and others from dangers and to guide others in this task;<br>• Apply the main EU and national laws, rules and best practices for maintaining service user privacy, confidentiality, and data security<br>• Apply the ethical and legal considerations related to access to electronic health information, including consent, privacy rights, and data ownership issues<br>• Request service user consent in a timely manner and properly, implementing the most suitable procedure and using the proper tools and templates<br>• Communicate complex legal and ethical considerations to service users, healthcare providers, and IT professionals in an table and accessible manner.<br>ATTITUDES (as illustrated by behaviours): |

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| | • Weigh the benefits and risks before allowing third parties to process personal data |

| **LO CODE: D6**<br>**LO TITLE: To apply the main cultural and ethical principles of data quality when using health data and data flow.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.2.3. Applying the main principles of data quality in using health data and data flow (clinical databases, pathology online registries, etc.). | The professional is able to:<br>KNOWLEDGE:<br>• Describe the main cultural and ethical principles of data quality related to the use of health data and data flow and their implications<br>• Outline health data quality issues related to Population Health Management<br>• Outline health data quality issues related to the One Health paradigm<br>SKILLS:<br>• Apply the main principles of data quality when using clinical databases<br>• Apply the main principles of data quality when using pathology online registries<br>• Evaluate the implications of cultural diversity on data interpretation and decision-making.<br>ATTITUDES (as illustrated by behaviours):<br>• Consider potential information biases caused by various factors, including cultural ones |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: EQF6 | |
| **Other frameworks**<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills To Increase Quality And Resilience Of The Health System In Italy"<br>*Related competences*: DM-DCS-01, DM-DCS-08, DM-DCS-09, DM-DCS-02 | |

| Unit of Learning Outcome: Resources and tools |
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| **List of Learning Outcomes:** |
| **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<br>**D8** To use telemedicine platforms for remote medical examination, teleconsultation, remote service user monitoring and telecare<br>**D9** To use electronic health records and health information systems<br>**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<br>**D11** To recognise and explore the evolving opportunities for artificial intelligence (AI) in integrated care |

| LO CODE: D7<br>LO TITLE: To select and effectively use the proper digital tools among those that are not specific to healthcare but that may be used to support service user care or team processes, such as those supporting interaction, collaboration, and sharing. | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.3.1. Selecting the proper digital tools supporting the care process among the ones available in the team's health/social care system according to the identified users' needs and the contextual constraints. | The professional is able to:<br>KNOWLEDGE:<br>• Identify and describe digital tools that are not specific for healthcare, such as those supporting interaction, collaboration and sharing, that may be used to support CBIT processes and dynamics<br>• Identify and describe digital tools that are not specific for healthcare, such as those supporting interaction, |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |

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| **EQF level**: EQF5<br>**Other frameworks**<br>• DigiComp 2.2 EU Framework;<br>*Related competences*: 2.1. Interacting through digital technologies; 2.2. Sharing through digital technologies; 2.4. Collaborating through digital technologies. *Level*: intermediate-4<br>*Related competences:* 2.2. Sharing through digital technologies;<br>*Level*: advanced - 5<br><br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills To Increase Quality And Resilience Of The Health System In Italy"<br>*Related competences*: FSD-SS-04, FSD-CS-03, FSD-SS-05, FSD-CS-04, FSD-BS-03 | collaboration and sharing, that may be used to support service user care<br>• Explain which communication tools and services (e.g. phone, email, video conference, social networks, podcast) are appropriate in specific circumstances (e.g. synchronous, asynchronous), depending on the audience, context and purpose of the communication.<br>• Outline basic issues of digital tools accessibility.<br>SKILLS:<br>• Assess communication needs and identify, choose, and use, based on those needs, the best digital tools to address them<br>• Interact with service users through various digital technologies, selecting the communication tools are most appropriate in the Digital Health context for the specific user<br>• Interact and collaborate with the CBIT members through various digital technologies, selecting the tools are most appropriate<br>• Use a variety of videoconferencing features (e.g. moderating a session, recording audio and video)<br>• Achieve effective communication in asynchronous (non-simultaneous) mode using digital tools (e.g. for reporting and briefing, sharing ideas, giving feedback and advice, scheduling meetings, communicating milestones)<br>• Share data, information and digital content through a variety of appropriate digital tools<br>ATTITUDES (as illustrated by behaviours):<br>• Adapt appropriate communication strategies depending on the situation and digital tool: verbal strategies (written, oral language), non-verbal strategies (body language, facial |

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| | expressions, tone of voice), visual strategies (signs, icons, illustrations) or mixed strategies<br>• Listen to others and to engage in online conversations with confidence, clarity and reciprocity, both in personal and social contexts<br>• Consider responsible and constructive attitudes on the internet, as they are the foundation for human rights, together with values such as respect for human dignity, freedom, democracy and equity. |

| **LO CODE: D8**<br>**LO TITLE: To use telemedicine platforms for remote medical examination, teleconsultation, remote service user monitoring and telecare** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.3.2. Applying digital tools and resources used in healthcare settings, including electronic health records (EHRs), telemedicine platforms, health information systems, and mobile applications. | The professional is able to:<br>KNOWLEDGE:<br>• Outline the main platforms supporting remote medical examination used at local/regional/national level<br>• Outline the main platforms supporting teleconsultation used at local/regional/national level<br>• Outline the main platforms supporting remote service user monitoring used at local/regional/national level for specific diseases<br>• Outline the main platforms supporting telecare used at local/regional/national level for specific diseases<br>SKILLS: |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: EQF6 | |
| **Other frameworks** | |

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| • The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of the Health System in Italy"<br>*Related competences*: PSD-TS-09/15 | • Integrate into daily practice the use of platforms supporting remote medical examination<br>• Integrate into daily practice the use of platforms supporting teleconsultation<br>• Integrate into daily practice the use of platforms supporting remote service user monitoring<br>• Integrate into daily practice the use of platforms supporting telecare<br>ATTITUDES (as illustrated by behaviours):<br>• Show openness to new telemedicine solutions |

| **LO CODE: D9**<br>**LO TITLE: To use electronic health records and health information systems.** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.3.2. Applying digital tools and resources used in healthcare settings, including Electronic Health Records (EHRs), telemedicine platforms, health information systems, and mobile applications. | The professional is able to:<br>KNOWLEDGE:<br>• Outline the international definition of Electronic Health Record and describe the main characteristics of the National Electronic Health Records (EHR) system implemented in one's own country<br>• Depict different scenarios for the use of the HER in various healthcare settings (community-based services, hospitals, emergency, etc.)<br>SKILLS:<br>• Effectively use the HER in daily practice, complying with ethical and privacy issues<br>ATTITUDES (as illustrated by behaviours): |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**: EQF6 | |
| **Other frameworks** | |

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| • The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of The Health System in Italy"<br>*Related competences*: AT-AS-01/15, PSD-EHR-02/07, PSD-EHR-08 | • Adopt a mindset that is oriented to integrated care |

| **LO CODE: D10**<br>**LO TITLE 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.** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.3.2. Applying digital tools and resources used in healthcare settings, including electronic health records (EHRs), telemedicine platforms, health information systems, and mobile applications. | The professional is able to:<br>KNOWLEDGE:<br>• Describe 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, used at local/regional/national level<br>SKILLS:<br>• 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, used at local/regional/national level<br>ATTITUDES (as illustrated by behaviours):<br>• Show openness to new digital solutions |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**: EQF6 | |
| **Other frameworks**<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills To Increase Quality | |

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| And Resilience Of The Health System In Italy" *Related competences*: ESSD-DMS-01 | |

| **LO CODE: D11**<br>**LO TITLE: To recognise and explore the evolving opportunities for Artificial Intelligence (AI) in integrated care** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.3.3. Critically engage with the evolving opportunities for artificial intelligence (AI) in integrated care (machine learning, chatbots, deep learning, generative AI, cognitive computing) to enhance healthcare. | The professional is able to:<br>KNOWLEDGE:<br>• Identify and recognise the main applications of Artificial Intelligence (AI) in healthcare, such as machine learning, Robotic Process Automation (RPA), chatbots, deep learning, generative AI, cognitive computing, etc.<br>• Recognise that sensors used in many digital technologies and applications (e.g. facial tracking cameras, virtual assistants, wearable technologies, mobile phones, smart devices) generate large amounts of data, including personal data, that can be used to train an AI system.<br>• Recognise that the data, on which AI depends, may include biases.<br>• Recognise that AI – which directly interacts with humans and takes decisions about their lives can often be controversial and that all EU citizens have the right to not be subject to fully automated decision-making.<br>SKILLS:<br>• Weigh the benefits and disadvantages of using AI-driven search engines. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level:** EQF6 | |
| **Other frameworks**<br>• DigiComp 2.2 EU Framework;<br>*Related competences*: 1.3: Managing Data, Information and Digital Content; 2.3 Engaging Citizenship Through Digital Technologies<br>*Level*: intermediate – 4<br>*Related competences*: 1.1 Browsing, Searching and Filtering Data, Information and Digital Content<br>*Level*: advanced - 5 | |

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| • The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills to Increase Quality and Resilience of the Health System in Italy"<br>*Related competences*: AT-TS-12 | • Effectively formulate search queries to achieve the desired output when interacting with conversational agents or smart speakers.<br>• Explore areas where AI can bring benefits to various aspects of everyday life.<br>ATTITUDES (as illustrated by behaviours):<br>• Show readiness to contemplate ethical questions (including but not limited to human agency and oversight, transparency, non-discrimination, accessibility, and biases and fairness) related to AI systems. |

| **Unit of Learning Outcome: Telemedicine and remote monitoring** |
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| **List of Learning Outcomes:** |
| **D12** To discriminate among the different types of telemedicine and identify the best service<br>**D13** To select and apply methods and best practices for conducting telemedicine |

| **LO CODE: D12**<br>**LO TITLE: To discriminate among the different types of telemedicine and identify the best service** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |

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| 4.4.1. Weighing up the use of telemedicine appropriately according to best practice guidelines governing remote healthcare delivery and teleconsultations;<br>4.4.2. Determining the best telemedicine services and service users' eligibility ensuring a person-centred approach. | The professional is able to:<br>KNOWLEDGE:<br>• Discriminate among the different types of telemedicine based on the intended purpose (e.g. examination, monitoring)<br>• Outline the main laws, rules and guideline as at EU and national level concerning telemedicine and criteria for service users' eligibility<br>• Depict scenarios of remote medical examination in different healthcare settings based on service users' characteristics and eligibility<br>• Depict scenarios of teleconsultation in different healthcare settings based on service users' characteristics and eligibility<br>• Depict scenarios of remote service user monitoring in different healthcare settings based on service users' characteristics and eligibility<br>• Depict scenarios of telecare in different healthcare settings based on service users' characteristics and eligibility<br>SKILLS:<br>• Identify service users' eligibility to telemedicine services<br>• Identify and select the most suitable telemedicine services taking into account service users' needs<br>• Evaluate the impact of telemedicine in the relationship with service users and their caregivers |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: EQF6 | |
| **Other frameworks**<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills To Increase Quality And Resilience Of The Health System In Italy"<br>*Related competences*: FSD-MS-02, PSD-TS-03/08 | |

| LO CODE: D13<br>LO TITLE: To select and apply methods and best practices for conducting telemedicine | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 4.4.3. Applying best practices for conducting virtual user assessments, examinations, and consultations using telemedicine within CBIT. | The professional is able to:<br>KNOWLEDGE:<br>• Identify and describe methods and best practices for conducting remote medical examination in different healthcare settings<br>• Identify and describe methods and best practices for conducting teleconsultation in different healthcare settings<br>• Identify and describe methods and best practices for conducting remote service user monitoring in different healthcare settings<br>• Identify and describe methods and best practices for conducting telecare in different healthcare settings<br>SKILLS:<br>• Select and apply methods and best practices for conducting remote medical examination<br>• Select and apply methods and best practices for conducting teleconsultation<br>• Select and apply methods and best practices for conducting remote service user monitoring<br>• Select and apply methods and best practices for conducting telecare |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: EQF6 | |
| **Other frameworks**<br>• The "General Strategy of Digital Skills Enhancement" delivered by the TSI "Digital Skills To Increase Quality And Resilience Of The Health System In Italy"<br>*Related competences*: FSD-MS-02, PSD-TS-03/08 | |

# MODULE E: PLANNING AND COORDINATION OF INTEGRATED CARE SERVICES

| Unit of Learning Outcome: Care management across levels of care |
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| **List of Learning Outcomes:** |
| **E1** To describe and implement strategies for integrated health and social care by ensuring care transitions and continuity across settings<br>**E2** To facilitate internal and external referrals within CBIT for seamless service integration<br>**E3** To identify and use organisational and operational approaches and tools for chronic care management and integrated service user support |

| LO CODE: E1<br>LO TITLE: To describe and implement strategies for integrated social and health care by ensuring care transitions and continuity across settings | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.1.1 Recognising the principles and challenges of integrated social and health care, implementing strategies for effective care transitions and continuity of care between different healthcare providers and settings, such as hospitals, clinics, and the community | The professional is able to:<br>KNOWLEDGE:<br>• Define integrated care<br>• Describe integrated care models,<br>• Explain the structures, functions, and interconnections of health and social care systems to ensure continuity of care |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually | |

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| ☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***: 6<br>**Other frameworks****: | • Describe the characteristics of different healthcare providers and settings (e.g., hospitals, clinics and community-based services).<br>• Describe the strategies for effective care transitions and continuity of care.<br>• Describe principles of care coordination.<br>SKILLS:<br>• Coordinate care across multiple providers and settings to ensure seamless transitions.<br>• Identify and implement service process mapping to facilitate the integration of social and health elements during care transitions for continuity across settings.<br>• Facilitate teamwork among diverse professionals.<br>• Identify challenges, develop solutions, and adapt to changing circumstances to enhance integrated care delivery.<br>• Apply the principles of integrated health and social care.<br>ATTITUDES (as illustrated by behaviours):<br>• Prioritise service user's needs and preferences.<br>• Respect autonomy.<br>• Advocate for equitable access to care.<br>• Foster a collaborative environment across professional boundaries. |

| **LO CODE: E2**<br>**LO TITLE: To facilitate internal and external referrals within the CBIT for seamless service integration** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |

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| 5.1.2. Making referrals within the CBITs as well as from the team to external services/professionals. | The professional is able to:<br>KNOWLEDGE:<br>• Explain the importance of internal and external referrals for the service users<br>• Describe in detail internal and external referral processes and pathways, including criteria, procedures, and documentation<br>• Describe the regulatory, legal, and ethical standards governing referral practices to ensure compliance and service user safety<br>SKILLS:<br>• Identify issues in referral processes and make informed decisions to address them<br>• Ensure continuity and quality of care<br>• Maintain accurate and up-to-date documentation of referrals<br>• Ensure accountability and traceability.<br>• Incorporate diverse cultural backgrounds of service user into referral and care practices.<br>ATTITUDES (as illustrated by behaviours):<br>• Engage in professional development to stay updated with best practices in integrated care. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

| **LO CODE: E3**<br>**LO TITLE: To identify and use organisational and operational approaches and tools for chronic care management and integrated service user support** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |

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| 5.1.3. Implementing organisational and operational tools for chronic care management (care pathways, integrated management of the person with chronic illness). | The professional is able to:<br>KNOWLEDGE:<br>• Identify operational and organisational approaches and tools for care management (e.g., integrated care pathways, telehealth platforms)<br>• Describe the importance of integrating service user support<br>SKILLS:<br>• Use operational and organisational approaches tools for care management |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

| **Unit of Learning Outcome: Regional and local social and health services network and service orientation** |
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| **List of Learning Outcomes:** |
| **E4** To design and deliver integrated care services to meet diverse needs<br>**E5** To facilitate the most suitable social, social-health and health services, programs and networks at local/regional level. |

| **LO CODE: E4**<br>**LO TITLE: To design and deliver integrated care services to meet diverse needs** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.2.1. Designing and delivering integrated care services that meet different service users' and communities' needs | The professional is able to:<br>KNOWLEDGE: |

| PERFORMANCE TYPE | |
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| ☐ Performed individually<br>☒ Performed in team | • Describe the structure and functioning of integrated care services<br>• Explain the value of integrated care services in meeting service users and community needs<br>• Explain the concept of social determinants of health and their impact on health outcomes.<br>SKILLS:<br>• Design, implement, analyse, and evaluate integrated care interventions that address social determinants of health and improve health outcomes.<br>• Engage with communities to identify and address social determinants of health<br>• Plan and implement integrated care services<br>• Assess local service users and community needs to tailor the integrated care service<br>ATTITUDES (as illustrated by behaviours):<br>• Work effectively with diverse stakeholders<br>• Manage complex needs by integrating multiple services |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

| LO CODE: E5<br>LO TITLE: To facilitate the most suitable health and social care services, programs, and networks at local/regional level for service users. | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.2.2 Orienting service users to the most suitable regional/local health and social care services, programmes | The professional is able to:<br>KNOWLEDGE: |

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| and networks, including voluntary, community groups and other agencies.<br>**PERFORMANCE TYPE**<br>☒ Performed individually<br>☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level**:6<br>**Other frameworks**:** | • List and describe the health and social care services available at local/regional level.<br>• List and describe the programs and networks (including voluntary, community groups and other agencies) supporting social, social-health and health care available at local/regional level.<br>• Outline the main strategies to facilitate service users' orientation, access and selection of health and social care services.<br>SKILLS:<br>• Evaluate and analyse the structure, function, and policy framework of regional and local health and social care services.<br>• Refer the service user to the most suitable social, social-health and health services available at local/regional level, considering user's needs.<br>• Select and apply strategies to address the service user to the most suitable programs and networks (including voluntary, community groups and other agencies) supporting social, social-health and health care available at local/regional level, considering user's needs.<br>• Interpret complex data to evaluate service outcomes and impact, identifying areas for improvement.<br>• Develop and maintain strong relationships with a variety of stakeholders<br>ATTITUDES (as illustrated by behaviours):<br>• Stay informed about new services, and networks.<br>• Prioritise principles of service user centred choice in care and services. |

| Unit of Learning Outcome: Evaluation, assessment, and service users' feedback |
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| **List of Learning Outcomes:** |
| **E6** To apply methods (such as Health Technology Assessment) for evaluating the effectiveness, efficiency, and quality of integrated care services, including outcome measures and key performance indicators<br>**E7** To include service users' feedback and experiences in the planning, delivery, and improvement of CBIT care services |

| LO CODE: E6<br>LO TITLE: 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 | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.3.1. Applying 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. | The professional is able to:<br>KNOWLEDGE:<br>• Describe frameworks (such as Donabedian's framework) and methodologies of how to evaluate healthcare interventions.<br>• Describe evaluation methods such as cost-effectiveness analysis, cost-utility analysis, and cost-benefit analysis within healthcare settings.<br>• Describe the pillars of Health Technology Assessment<br>SKILLS:<br>• Apply Health Technology Assessment methods to evaluate the effectiveness, efficiency, and quality of integrated care services. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****:<br>none | |

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| | • Analyse data on healthcare outcomes and performance indicators<br>• Estimate healthcare technologies and interventions' value and impact on service user care.<br>• Communicate findings from Health Technology Assessment and evaluation to stakeholders<br>• Develop solutions to improve integrated care services based on evaluation outcomes and performance indicators.<br>ATTITUDES (as illustrated by behaviours):<br>• Value the importance of continuous quality improvement in healthcare services<br>• Show openness to new and emerging technologies and methodologies in healthcare evaluation |

| **LO CODE: E7**<br>**LO TITLE: To include service users' feedback and experiences in the planning, delivery, and improvement of CBIT care services** | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.3.3 Actively collecting and incorporating users' feedback and experiences into the planning, delivery, and improvement of integrated care services to enhance quality of care. | The professional is able to:<br>KNOWLEDGE:<br>• Describe theories and frameworks for gathering and using service user experiences to improve integrated health and social care (as Transformative Learning/ SUFFICE framework)<br>SKILLS:<br>• Implement methods for collecting user feedback |
| **PERFORMANCE TYPE** | |
| ☐ Performed individually<br>☒ Performed in team | |

| PROFICIENCY LEVEL | |
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| **EQF level***: 6 | |
| **Other frameworks****: | • Analyse qualitative and quantitative feedback<br>• Apply feedback insights to practice<br>• Monitor and evaluate the effectiveness of changes implemented based on user feedback<br>• Engage in continuous reflection on personal and organizational practices.<br>• Enhance the improvement of CBIT care services based on service users' feedback<br>ATTITUDES (as illustrated by behaviours):<br>• Ongoing learning and improvement based on user experiences.<br>• Encourage openness to alternative approaches and perspectives<br>• Share learning and advocate for change<br>• Develop initiatives for organizational change |

## Unit of Learning Outcome: New mindsets and perspectives within the CBIT

### List of Learning Outcomes:

**E8** To demonstrate critical thinking skills in clinical practice
**E9** To show a culture of innovation and an open-minded attitude to enhance healthcare practices
**E10** To apply basic green skills for health in everyday practice
**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

| LO CODE: E8<br>LO TITLE: To demonstrate critical thinking skills in clinical practice | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.4.1. Developing critical thinking in daily practice | The professional is able to:<br>KNOWLEDGE:<br>• Describe the principles and theories behind critical thinking and its application in clinical practice in a community setting.<br>SKILLS:<br>• Analyse complex clinical situations, evaluate evidence, and make informed decisions<br>• Identify problems, develop hypotheses, and test solutions in clinical practice in a community setting<br>ATTITUDES (as illustrated by behaviours):<br>• Show a willingness to consider different perspectives and approaches in problem solving and team collaboration. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****:<br>none | |

| LO CODE: E9<br>LO TITLE: To show a culture of innovation and an open-minded attitude to enhance healthcare practices | |
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| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.4.2. Embracing a culture of innovation to enhance healthcare practices, adopting an open-minded attitude. | The professional is able to:<br>KNOWLEDGE:<br>• Outline current trends and technologies that drive innovation in healthcare. |
| **PERFORMANCE TYPE** | |
| ☐ Performed individually | |

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| ☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***: 6<br>**Other frameworks****:<br>none | • Describe evidence-based practices and methodologies relevant to community-based settings.<br>SKILLS:<br>• Critically analyse healthcare challenges and identify opportunities for innovation.<br>• Apply creative problem-solving techniques to develop new healthcare practices.<br>• Design and implement pilot projects or studies to test innovative ideas.<br>.<br>ATTITUDES (as illustrated by behaviours):<br>• Willingness to embrace new ideas and challenge existing practices to improve healthcare delivery.<br>• Openness to feedback and diverse perspectives from colleagues and community members.<br>• Commitment to ethical standards and practices in pursuing healthcare innovations. |

| **LO CODE: E10**<br>**LO TITLE: To apply basic green skills for health in everyday practice** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.4.3. Implementing basic green skills for health and care in everyday practice<br>**PERFORMANCE TYPE**<br>☒ Performed individually<br>☒ Performed in team | The professional is able to:<br>KNOWLEDGE:<br>• Describe the "one health" approach, aimed to sustainably balance and optimise the health of people, animals and ecosystems. |

| PROFICIENCY LEVEL | |
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| **EQF level***: 6<br>**Other frameworks****:<br>none | • Explain on how the environment and human health influence each other (i.e. planetary health).<br>• Outline the main green practices skills related to renewable energy, climate change, waste management and their health benefits.<br>• Describe and explain relevant health policies, environmental regulations, and community health strategies that integrate green practices.<br>SKILLS:<br>• Apply green skills related to renewable energy, climate change, waste management in the healthcare context<br>• Identify environmental issues in the healthcare context and devise practical solutions based on green skills.<br>• Assess the effectiveness of green practices on community health.<br>• Adapt green strategies based on community needs, resources, and feedback.<br>• Work with community stakeholders to promote and implement green practices.<br>• Enhance the sustainability of health systems (ie, quality improvement), also integrating sustainability into quality improvement or quality management practices<br>• Provide healthcare services in an environmentally friendly manner to promote health while having a positive impact on the community<br>ATTITUDES (as illustrated by behaviours):<br>• Commitment to sustainability, by accepting it as a core operational standard<br>• Sense of responsibility for the impact of individual and collective actions on the environment and health. |

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| | • Discuss the duty of a health professional to protect health in face of global environmental changes (ie, professionalism and ethics). |

| **LO CODE: E11**<br>**LO TITLE: 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** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.4.2. Embracing a culture of innovation to enhance healthcare practices, adopting an open-minded attitude | The professional is able to:<br>KNOWLEDGE:<br>• Define skill-mix and task shifting.<br>• Describe the main elements of the task-shifting approach, the main EU reference documents, as well as the conditions relevant for task shifting.<br>• Describe the legislation and components of health care that are suitable for the implementation of task shifting<br>• Reference the qualifications, legislation, guidelines, and protocols for the management of the specific conditions that are relevant for task shifting.<br>• Outline facilitators and barriers for task shifting.<br>• Outline the clinical and legal risks of task shifting.<br>SKILLS:<br>• Analyse the possible application of task shifting in the national/regional/local context, tailoring task shifting to rules and conditions. |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: | |

| | |
|---|---|
| | • Evaluates the impact of task delegation, sharing and shifting to other professionals, patients or machines.<br>ATTITUDES (as illustrated by behaviours):<br>• Demonstrates openness and willingness to participate and develop task delegation, sharing roles within the own health profession and to different health professions, and shifts to patients and machines.<br>• Enhance culture for task shifting. |

| **Unit of Learning Outcome: Service users' feedback** |
|---|
| **List of Learning Outcomes:** |
| **E12** To collect service users' feedback and experiences to evaluate user satisfaction and outcomes, planning their engagement and selecting the proper methods and tools. |

| **LO CODE: E12**<br>**LO TITLE: To collect service users' feedback and experiences to evaluate user satisfaction and outcomes, planning their engagement and selecting the proper methods and tools** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 5.3.2 Applying methods and tools for evaluating patient satisfaction and outcomes.<br>5.3.3 Actively collecting and incorporating users' feedback and experiences into the planning, delivery, and improvement of integrated care services to enhance quality of care. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the main satisfaction indicators and their methods of assessment.<br>• Describe the strategies and best practices for engaging end-users in the evaluation process. |

| PERFORMANCE TYPE | |
|---|---|
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 5 | |
| **Other frameworks** | |

- Describe the main techniques used to collect feedback and experiences.
- Describe the importance of satisfaction indexes and feedback in healthcare services.

SKILLS:

- Design and implement strategies for engaging end-users in the evaluation of user satisfaction and outcomes.
- Select and apply the appropriate methods and tools to collect service users' satisfaction, feedback and experiences within the CBIT.
- Apply basic principles of qualitative and quantitative data analysis (e.g., surveys, interviews, indexes).
- Apply theoretical knowledge to complex and unpredictable situations.
- Analyse service user's feedback and outcomes data to identify areas for improvement.
- Convey findings to relevant stakeholders.

ATTITUDES (as illustrated by behaviours):

- Adopt a new mindset characterised by the awareness that continuous quality assessment is an essential part of the individual and team improvement.
- Show strong commitment to understanding and addressing user needs and feedback.
- Show a proactive attitude towards continuously improving the quality-of-care services based on user feedback
- Value and prioritize service user's feedback and experiences in decision-making processes.

# MODULE F: PRELIMINARY / BASELINE LEARNING OUTCOMES

| **Unit of Learning Outcome: Effective communication** |
|---|
| **List of Learning Outcomes:** |
| **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.<br>**F2** To be aware of behavioural differences across cultures and generations when using digital technologies, adapting communication strategies to the specific audience. |

| **LO CODE: F1**<br>**LO TITLE: 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** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.1.2 Communicate efficiently with other CBITs members (e.g., active listening, empathy) expressing one's thoughts, feelings, and needs clearly, directly, and respectfully.<br>3.2.1 Applying effective communication techniques (verbal and non-verbal), prioritising active listening and empathy, to facilitate service users' or caregivers' trust. | The professional is able to:<br>KNOWLEDGE:<br>• Describe the attributes of effective communication.<br>• Describe the 7 Cs of effective communication.<br>• Describe the two levels of communication: task and relational.<br>SKILLS:<br>• Listen actively and respectfully, and value all |
| **PERFORMANCE TYPE** | |

| | |
|---|---|
| ☒ Performed individually<br>☒ Performed in team | perspectives.<br>• Use effective verbal and non-verbal communication strategies, including the use of shared language and the avoidance of jargon, to ensure clear information exchange.<br>• Communicate respectfully to all staff and service users and their representatives.<br>• Use plain English, and limit the use of jargon or speciality-specific term.<br>• Communicate in a culturally safe, respectful manner.<br>• Apply active listening.<br>• Be assertive in communications.<br>ATTITUDES (as illustrated by behaviours):<br>• Show empathy for the perspectives of others.<br>• Analyse the expressions of others to better understand their perspectives, needs, goals.<br>• Keep others viewpoint in mind.<br>• Prioritise opportunities for team communication.<br>• Develop a communication strategy with the CBIT. |
| **PROFICIENCY LEVEL** | |
| **EQF level***: 6 | |
| **Other frameworks****: CIHC Interprofessional competency framework<br>CIHC Interprofessional competency framework (Team communication)<br>IPEC (Communication C3)<br>IPEC Framework (Communication C3, C5)<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf | |

| **LO CODE: F2**<br>**LO TITLE: To be aware of behavioural differences across cultures and generations when using digital technologies, adapting communication strategies to the specific audience** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.2.3 Supporting service users' empowerment, self-management of care and orientation and fostering the participation of service users and caregivers in the | The professional is able to:<br>KNOWLEDGE:<br>• Explain the expectations of behaviour when using digital |

| | |
|---|---|
| negotiation, definition and implementation of the personalised care plan.<br>4.4.4 Empowering service users to actively participate in their healthcare decision making process by including (where available) digital tools and resources for health education, self-management, and monitoring of health metrics in their personalised care plan.<br>5.3.2 Applying methods and tools for evaluating patient satisfaction and outcomes | technologies and understand that inappropriate behaviours in digital environments can make communication ineffective<br>• Describe how one's behaviour in digital environments needs to be adapted depending on one's relationship with other participants and the purpose of the communication<br>• Describe how one's behaviour in digital environments need to be adapted according to cultural sensitivity and generational diversity<br>• List the accessibility requirements for communicating in digital environments so that communication is inclusive and accessible for all users (e.g. for people with disabilities, older people, those with low literacy, speakers of another language) |
| **PERFORMANCE TYPE** | SKILLS:<br>• Adapt communication strategies in digital environments to the specific audience (service users or team member)<br>• Adjust communication to the cultural and generational diversity context, while using digital technologies with team members or service users |
| ☐ Performed individually<br>☒ Performed in team | ATTITUDES (as illustrated by behaviours):<br>• Adopt an empathic perspective in communication in digital environments (e.g. being responsive to another person's emotions and experiences);<br>• Respect of the views of people in digital interactions from different cultural affiliations, backgrounds, beliefs, values, opinions or personal circumstances; |
| **PROFICIENCY LEVEL** | |
| **EQF level**: EQF6 | |
| **Other frameworks**:<br>• DigiComp 2.2 EU Framework;<br>*Related competences*: 2.5 Netiquette<br>*Level*: advanced - 6 | |

| Unit of Learning Outcome: Equity, Diversity & Inclusion |
|---|
| **List of Learning Outcomes:** |
| **F3** To integrate into daily practice the main EU guidelines and recommendations about Equity, Diversity & Inclusion, complying with the ethical and legal frameworks<br>**F4** To support Equity, Diversity and Inclusion principles, ultimately resulting in an inclusive environment that values diverse perspectives and cultures within the CBIT<br>**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 |

| LO CODE: F3<br>LO TITLE: To integrate in daily practice the main EU guidelines and recommendations about Equity, Diversity & Inclusion, complying with the ethical and legal frameworks | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.3.1; 2.3.2; 2.3.3; 3.2.1; 3.4.1; 3.5.1; 3.5.3; 5.2.1 | The professional is able to:<br>KNOWLEDGE:<br>• Define the concepts of Equity, Diversity & Inclusion<br>• Outline the EU guidelines and recommendations about Equity, Diversity & Inclusion<br>SKILLS:<br>• Apply in daily practice the main EU guidelines and recommendations about Equity, Diversity & Inclusion when working in the CBIT<br>• Apply in daily practice the main EU guidelines and recommendations about Equity, Diversity & Inclusion when |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☐ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**: EQF 6 | |
| **Other frameworks**<br>CIHC Interprofessional Framework<br>Canadian Certified Inclusion Professional (CCIP™): Competency Framework | |

| | |
|---|---|
| https://ccdi.ca/media/4348/ccdi_ccip_competency_framework_en_2024_final.pdf<br><br>Area 4: Stakeholder engagement (C23)<br>Area 9: Legislation and compliance (C45, C46, C47, C48)<br>Area 12 Cultural competence (C55, C59) | interacting with service user and their caregivers<br><br>ATTITUDES (as illustrated by behaviours):<br>• Promote and support compliance with the main EU guidelines and recommendations about Equity, Diversity & Inclusion |

| **LO CODE: F4**<br>**LO TITLE: To support Equity, Diversity and Inclusion principles, ultimately resulting in an inclusive environment that values diverse perspectives and cultures within the CBIT** | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.3.1; 2.3.2; 2.3.3; 3.2.1; 3.4.1; 3.5.1; 3.5.3;<br>**PERFORMANCE TYPE**<br>☒ Performed individually<br>☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level***: 6<br>**Other frameworks**<br>CIHC Interprofessional Framework<br>Canadian Certified Inclusion Professional (CCIP™)**: Competency Framework<br>https://ccdi.ca/media/4348/ccdi_ccip_competency_framework_en_2024_final.pdf<br><br>Area 4:Stakeholder engagement (C23)<br>Area 12 Cultural competence (C55, C59) | The professional is able to:<br>KNOWLEDGE:<br>• Describe strategies to embed cultural competence in organisational policies, guidelines and practice<br>SKILLS:<br>• Advocate for Equity, Diversity & Inclusion in work culture<br>• Demonstrate an ability to adapt style when faced with the many dimensions of culture to be effective across cultural contexts.<br>• Communicate respectfully and effectively according to the context (e.g., women, racial and ethnic minority communities, people with disabilities, sexual orientation and gender identity minorities, people with various religions, faith and creeds, immigrants and newcomers, multiple generations, etc.)<br>ATTITUDES (as illustrated by behaviours):<br>• Support a workplace where differences are respected, career satisfaction is supported, and well-being is prioritised |

| LO CODE: F5<br>LO TITLE: 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 | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 2.3.2; 3.5.1; 5.2.1<br>**PERFORMANCE TYPE**<br>☒ Performed individually<br>☒ Performed in team<br>**PROFICIENCY LEVEL**<br>**EQF level**: EQF6<br>**Other frameworks**<br>CIHC Interprofessional Framework<br>Canadian Certified Inclusion Professional (CCIP™)**: Competency Framework<br>https://ccdi.ca/media/4348/ccdi_ccip_competency_framework_en_2024_final.pdf<br><br>Area 4: Stakeholder engagement (C23)<br>Area 12: Cultural competence (C55, C59) | The professional is able to:<br>KNOWLEDGE:<br>• Define the concepts of stereotype and bias and outline strategies to identify and mitigate them<br>• Describe the impact of bias, assumptions and stereotypes on team function<br>• Describe "diversity competence", including knowledge of concepts related to migration and its influence on health inequalities in disease, morbidity and inequality in different service users groups<br>• Describe the concept of "social identity groups" and the concept of "Intersectionality" as the intersections between identities and the impact on inequality<br><br>SKILLS:<br>• Demonstrate awareness of own socio-cultural background, identity and context and how it influences one's interactions with healthcare professionals and service users;<br>• Identify and apply strategies to reduce one's own biases, assumptions and stereotypes<br>• Practice cultural humility in interprofessional teamwork<br>• Apply diversity competence in the interaction and |

| | |
|---|---|
| | communication between oneself and the service user<br>• Respect and apply the principles of Equity, Diversity & Inclusion in professional behaviour<br>ATTITUDES (as illustrated by behaviours):<br>• Develop self-awareness of personal prejudice<br>• Develop a critical and reflective awareness that incorporates the his/her own values, worldview, and experiences<br>• Support a workplace where differences are respected, career satisfaction is supported, and well-being is prioritized |

## Unit of Learning Outcome: Cultural sensitivity overcoming cultural barriers

## List of Learning Outcomes:

**F6** To identify and apply appropriate resources and strategies for overcoming cultural barriers to healthcare access
**F7** To provide culturally sensitive and respectful services considering both the service users' and the different communities' needs

## LO CODE: F6
## LO TITLE: To identify and apply appropriate resources and strategies for overcoming cultural barriers to healthcare access

| ADDRESSED COMPETENCE(s) | MAIN KNOWLEDGE, SKILLS AND ATTITUDES |
|---|---|
| 3.4.3. Utilising appropriate resources and/or strategies for overcoming cultural barriers to healthcare access, including language interpretation services, culturally tailored health education materials, and community outreach programmes | The professional is able to:<br>KNOWLEDGE:<br>• Describe the theoretical and practical approaches to the |
| **PERFORMANCE TYPE** | |

| | |
|---|---|
| ☒ Performed individually<br>☒ Performed in<br>**PROFICIENCY LEVEL**<br>**EQF level***: 6<br>**Other frameworks**:<br>IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf<br>Values and ethics: VE4 | advancement of inclusion through different sectors and disciplines (i.e. diversity, equity and inclusion, human rights, health equity, anti-oppression practice).<br>• Outline the main cultural barriers to healthcare access.<br>• Outline the main resources and/or strategies for overcoming cultural barriers to healthcare access, including language interpretation services, culturally tailored health education materials, and community outreach programs.<br>• Describe when and how to involve translators.<br>SKILLS:<br>• Select the most appropriate resources and/or strategies for overcoming cultural barriers and apply them in daily practice<br>• Engage language translation services as required.<br>• Demonstrate an ability to adapt style when faced with myriad dimensions of culture to be effective across cultural contexts.<br>• Adapt health education materials to individuals' cultural needs.<br>ATTITUDES (as illustrated by behaviours):<br>• Promote and support access to healthcare across cultures.<br>• Co-create a practice culture that values and includes service users from different cultures. |

**LO CODE: F7**
**LO TITLE: To provide culturally sensitive and respectful services considering both the service users' and the different communities' needs**

<table>
<tr><th>ADDRESSED COMPETENCE(s)</th><th>MAIN KNOWLEDGE, SKILLS AND ATTITUDES</th></tr>
<tr><td>3.4.1 Providing culturally sensitive person-centred care, developing strategies for effective cross-cultural communication, and fostering an inclusive environment that values diverse perspectives.<br>3.4.2 Identifying and assessing service users’ needs linked to different values and cultures and providing respectful services and responses.<br>5.2.1 Designing and delivering integrated care services that meet different users' and communities' needs</td><td rowspan="5">The professional is able to:<br>KNOWLEDGE:<br>• Define “cultural sensitivity” and explain the characteristics of respectful social and health care services<br>• Identify attributes of cultural sensitivity that may have an impact in the provision of respectful services<br>• Describe differences in communities' needs, taking into account the characteristics of the local population<br>• Describe the process of stakeholder engagement for the development of sensitive and respectful healthcare services<br>SKILLS:<br>• Act as an advocate and a voice for perspectives and cultures that are not otherwise represented.<br>• Communicate respectfully and effectively according to the context of the service users (e.g. women, racial and ethnic minoritised, people with disabilities, sexual orientation and gender identity minoritised, people with various religions, faith and creeds, immigrants and newcomers, multiple generations, etc.)<br>ATTITUDES (as illustrated by behaviours):<br>• Promote and support access to respectful services</td></tr>
<tr><th>PERFORMANCE TYPE</th></tr>
<tr><td>☒ Performed individually<br>☒ Performed in team</td></tr>
<tr><th>PROFICIENCY LEVEL</th></tr>
<tr><td>EQF level: EQF6</td></tr>
<tr><td>Other frameworks:<br>IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3<br>https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf<br>Values and ethics: VE2</td></tr>
</table>

| Unit of Learning Outcome: Service users' orientation |
|---|
| **List of Learning Outcomes:** |
| **F8** To empower service users to actively participate in the self-management of their personalised plans |

| LO CODE: F8<br>LO TITLE: To empower service users to actively participate in the self-management of their personalised plans | |
|---|---|
| **ADDRESSED COMPETENCE(s)** | **MAIN KNOWLEDGE, SKILLS AND ATTITUDES** |
| 3.2.3 Supporting service users' empowerment, self-management of care and orientation and fostering the participation of service users and caregivers in the negotiation, definition and implementation of the personalised care plan.<br>4.4.4 Empowering service users to actively participate in their healthcare decision-making process by including digital tools and resources for health education, self-management, and monitoring of health metrics in their personalised care plan.<br>5.3.2 Applying methods and tools for evaluating patient satisfaction and outcomes | The professional is able to:<br>KNOWLEDGE:<br>• Describe the principles of service user service user empowerment<br>SKILLS:<br>• Ensure persons receiving care are supported to maximise their partnership potential<br>• Select the proper strategies to empower service users, e.g. including digital tools and/or resources for health education and monitoring<br>• Develop personalised self-management plans<br>• Systematically evaluate the inclusion of digital tools and resources for patient self-management in personalised care plans<br>ATTITUDES (as illustrated by behaviours):<br>• Prioritise principles of service user empowerment |
| **PERFORMANCE TYPE** | |
| ☒ Performed individually<br>☒ Performed in team | |
| **PROFICIENCY LEVEL** | |
| **EQF level**:6 | |
| **Other frameworks:** | |

# ANNEX 1 – GLOSSARY

## EU reference terms

**ACCREDITATION OF AN EDUCATION OR TRAINING PROGRAMME**
A process of quality assurance through which a programme of education or training is officially recognised and approved by the relevant legislative or professional authorities following assessment against predetermined standards.
(Cedefop, 2014)

**ASSESSMENT O LEARNING OUTCOMES**
Process of appraising knowledge, know-how, skills and/or competences of an individual against predefined criteria (learning expectations, measurement of learning outcomes). Assessment is typically followed by certification.
(Cedefop, 2014)

**AWARDING BODY**
A body issuing qualifications (certificates, diplomas, or titles) formally recognizes an individual's learning outcomes (knowledge, skills and/or competences), following an assessment procedure.
(Cedefop, 2014)

**BASIC ICT SKILLS**
The skills needed to use efficiently the elementary functions of information and communication technologies to retrieve, assess, store, produce, present and exchange information, and to communicate and participate in collaborative networks via the internet.
(Cedefop, 2014)

**COLLABORATIVE PRACTICE-READY**
Refers to individuals/students who feel and demonstrate competence and confidence in working collaboratively within an interprofessional team, to improve quality of care and/or to address the quadruple aim.
(Khalili, 2018/2019; World Health Organization, 2010)

**COMPETENCE**
The proven ability to use knowledge, personal, social and methodological skills in a work or study environment and for professional and personal development.
(EC, 2017)

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**
ECTS is a learner-centred system for credit accumulation and transfer, based on the principle of transparency of the learning, teaching and assessment processes. Its objective is to facilitate the planning, delivery and evaluation of study programmes and

student mobility by recognising learning achievements and qualifications and periods of learning.
(EC, 2015)

**ECVET - EUROPEAN CREDIT SYSTEM FOR VOCATIONAL EDUCATION AND TRAINING**
ECVET is intended to facilitate the transfer, recognition and accumulation of assessed learning outcomes of individuals aiming to achieve a qualification and to promote lifelong learning through flexible and individualised learning pathways.
(Cedefop, 2016)

**EQF - European Qualification Framework.**
The EQF main purpose is the translation of national qualifications across Europe. At the same time, it is supposed to increase and support lifelong learning by facilitating workers' and learners' mobility. The EQF was adopted by the European Parliament and Council on 23 April 2008. By relating different countries' national qualification systems to a common European reference framework, individuals and employers will be able to use the EQF to better understand and compare the qualification levels of different countries and different education and training systems.
There are 8 different EQF levels, and each of the 8 levels of the EQF is defined by a set of descriptors indicating the learning outcomes relevant to qualifications at that level in any qualifications system. For each EQF level, the descriptors of the Learning Outcomes (Knowledge, Skills, Responsibility/autonomy) are characterised differently, corresponding to the level of education.
(EUROPASS website, https://europass.europa.eu/en/europass-digital-tools/european-qualifications-framework)

**GREEN SKILLS**
Abilities needed to live in, develop and support a society which aims to reduce the negative impact of human activity on the environment.
(Cedefop, 2014)

**INTEGRATED HEALTH AND SOCIAL CARE (IHSC)**
IHSC interventions aim to include meeting individuals' needs, disease-specific interventions and IHSC that spans across population health (World Health Organization, 2016a).

**INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP)**
IPCP in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings
(World Health Organization, 2010)

**INTERPROFESSIONAL EDUCATION (IPE)**
Occasions when members or students of two or more professions learn about, with and from each other, to improve collaboration, and the quality of care and services

(Centre for the Advancement of Interprofessional Education (CAIPE), 2019).

**INTERPROFESSIONAL COLLABORATION**
A type of interprofessional work that involves different health or social care professions regularly coming together to provide services. It is characterized by shared accountability and interdependence between individuals, as well as clarity of roles and goals
(Barr et al., 2005; Reeves et al., 2010).

**INTERPROFESSIONAL COORDINATION**
Interprofessional coordination is a type of work similar to interprofessional collaboration as it involves different health and social care professions regularly coming together to provide services with clear roles and goals. It differs from collaboration as it is a 'looser' form of working arrangement, whereby shared accountability and interdependence are less important
(Barr et al., 2005; Reeves et al., 2010).

**INTERPROFESSIONAL LEARNERS**
Learners (students, educators, professionals) from two or more distinct roles/professions who learn about, with and from each to improve collaboration and the quality of care
(Barnsteiner, Disch, Hall, Mayer, & Moore, 2007).

**INTRAPROFESSIONAL**
Is a term, which describes any activity that is undertaken by individuals within the same profession.
(Barr et al., 2005; Reeves et al., 2010)

**KNOWLEDGE**
Outcome of assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices related to a field of study or work.
(CEDEFOP, 2014)

**LEARNING OUTCOME**
Statements of what a learner knows, understands and can do on completion of a learning process, which are defined in terms of knowledge, skills and competences.
(CEDEFOP, 2017)

**MICROCREDENTIAL**
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.
(EC, 2020)

**MULTIDISCIPLINARY**
It refers to activities performed by members from different academic disciplines (psychology, sociology, mathematics) who work independently, in parallel or sequentially on different aspects of a project within their disciplinary boundaries. In healthcare settings, this term has historically been used erroneously in place of interprofessional. In medicine, it can refer to collaborative work among professionals from different specialties (e.g. neurologists, cardiologists, surgeons)
(Barr, 2009; Collin, 2009; Dyer, 2003; Khalili et al., 2013; Lawrence, 2010; Mitchell, 2005)

**PROVIDERS OF MICRO-CREDENTIALS**
'Providers of micro-credentials' means education and training institutions and organisations, social partners (i.e. organisations representing workers and employers), employers and industry, civil society organisations, public employment services (PES) and regional and national authorities, and other types of actors designing, delivering and issuing micro-credentials for formal, non-formal and informal learning. This is without prejudice to regional and national legislation and circumstances.
(EC, 2020)

**QUALIFICATION**
Qualification covers different aspects:
- Formal qualification: the formal outcome (certificate, diploma or title) of an assessment process which is obtained when a competent body determines that an individual has achieved learning outcomes to given standards and/or possesses the necessary competence to do a job in a specific area of work; a qualification confers official recognition of the value of learning outcomes in the labour market and in education and training; a qualification can be a legal entitlement to practise a trade;
- Job requirements: knowledge, aptitudes and skills required to perform specific tasks attached to a particular work position.
(Cedefop, 2014)

**REGULATED PROFESSION**
Professional activity or group of professional activities, access to which, the pursuit of which, or one of the modes of the pursuit of which is subject, directly or indirectly, by virtue of legislative, regulatory, or administrative provisions, to possession of specific professional qualifications.
(Cedefop, 2014)

**RESPONSIBILITY and AUTONOMY**
In the context of the EQF responsibility and autonomy is described as the ability of the learner to apply knowledge and skills autonomously and with responsibility.
(EUROPASS website, https://europass.europa.eu/en/description-eight-eqf-levels)

**SKILL**
Ability to apply knowledge and use know-how to complete tasks and solve problems.

(Cedefop, 2014)
In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools, and instruments). (EUROPASS website, https://europass.europa.eu/en/description-eight-eqf-levels)

**UNIT OF LEARNING OUTCOMES**
Component of a qualification, consisting of a coherent set of knowledge, know-how, information, values, skills, and competences, that can be assessed and validated, and can represent a module of certification.
(Cedefop, 2014)
A unit of learning outcomes can be specific to a single qualification or common to several qualifications; the characteristics of units (content, size, total number of units composing a qualification, etc.) are defined by the competent body responsible for the qualification at the appropriate level. The definition and description of units can vary according to the qualifications system and procedures of the competent body.
(European Parliament and Council of the European Union, 2009; Cedefop)

**UPSKILLING**
Short-term targeted training typically provided following initial education or training, and aimed at supplementing, improving or updating knowledge, skills and/or competences acquired during previous training.
(Cedefop, 2014)

**WORK-BASED LEARNING**
Acquisition of knowledge and skills through carrying out – and reflecting on – tasks in a vocational context, either at the workplace (such as alternance training) or in a VET institution
(Cedefop, 2014)

## Terms related to the healthcare domain

**BIO-PSYCHO-SOCIAL MODEL**
A health model first conceptualised by George Engel in 1977, suggesting that to understand a person's medical condition it is not simply the biological factors to consider, but also the psychological and social factors
(Gatchel et al., 2007)

**COLLABORATIVE PERSON-CENTRED CARE**
A type of arrangement designed to promote the involvement of patients/clients and their families within a context of health or social care. (Barr et al., 2005; Reeves, Lewin, Espin, & Zwarenstein, 2010.

**COMMUNITY-BASED SERVICES**

Community-based care, also called community care, home and community-based care, or community living, is a social policy aimed at providing social support and services to enable people with particular needs, such as those with intellectual disabilities or mental illness and older people, to live independently and to participate in social life. Community-based care is seen as an alternative to care in long-stay institutions or residential establishments. Advocates of community-based care suggest that users of community care have better opportunities to enhance their quality of life than those of institutional care (Chang, Chou & Chao, 2022).

**EVIDENCE-BASED**
Refers to situations where individuals conscientiously, explicitly, and judiciously use the current best evidence in making decisions about the work they are doing.
(Woodbury & Kuhnke, 2014)

**ICF - INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH**
The International Classification of Functioning, Disability, and Health, known more commonly as ICF, is a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors.
(WHO, https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health)

**INTEGRATED CARE**
The search to connect the healthcare system (acute, primary medical and skilled) with other human service systems (e.g., long-term care, education and vocational and housing services) to improve outcomes (clinical, satisfaction and efficiency).
Integrated Care (also referred to as Integrated Health and Social Care) involves the coordination of healthcare and social care services to provide more comprehensive and uniform care for individuals. It aims to improve patient experience and outcomes by ensuring that services are planned and delivered around the person's needs, rather than being fragmented across separate providers
(Leutz, 1999)

**PERSON-CENTRED CARE**
There is no agreed-upon general definition of person-centred care (PCC) (Olsson, Bala, & Hagell, 2024). However, it intends that care should be informed by the individual's thoughts, experiences, needs, and preferences and that patient interactions are empathetic and empowering (Coulter, Paparella & McCulloch, 2020). The goal is to reach the person behind the disease and pay attention to both resources and barriers that may affect the person. Active listening, creating a partnership with the person, documentation of a care plan and shared decision-making are fundamental in PCC
(Britten et al., 2020; McCormack et al., 2015).

**PRIMARY CARE**

Primary health care is essential health care based on practical, scientifically sound, and socially acceptable methods and technology made
universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system, which is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.
(WHO Alma Ata Declaration, 1978)

**SERVICE USER**
A person accessing and benefiting from health, social-health, and social care services.

**SOCIAL HEALTH CARE**
Social-health care includes the services necessary to meet the citizen's health needs, including in the long term, to stabilize the clinical picture, to ensure continuity between treatment and rehabilitation activities, to limit functional decline and improve the person's quality of life, combining health care services with supportive actions and social protection.
(Decree of the President of the Italian Council of Ministers, 12/01/2017)

**TEAM-BASED HEALTH CARE**
Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers —to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care.
(Mitchell et al., 2012)

## Telemedicine[3]

**REMOTE MEDICAL EXAMINATION**
Medical act in which the practitioner interacts remotely in real time with the patient, also with the support of a caregiver.

**TELECONSULTATION**
Medical act in which the practitioner interacts remotely with one or more physicians to converse, including via video call, regarding a patient's clinical situation, based primarily on sharing all clinical data, reports, images, audio-video regarding the specific case.

**REMOTE SERVICE USER MONITORING**

[3] The definitions are taken from the document "National Directions for the Delivery of Telemedicine Services," approved by the Italian Ministry of Health on December 17, 2020

Enables the remote sensing and transmission of vital and clinical parameters continuously by means of sensors that interact with the patient (biomedical technologies with or without applied parts).

**TELECARE**
Professional act pertaining to the relevant health profession and is based on remote interaction between the professional and patient/caregiver by means of a video call, to which sharing of data, reports or images can be added if necessary.

## Terms conventionally adopted in the project

**COMMUNITY-BASED INTERPROFESSIONAL TEAM (CBIT)**
Teams composed of physicians, community or family nurses, social workers, healthcare professionals in rehabilitation (e.g., physiotherapists, speech therapists, occupational therapists, etc.), psychologists, and social workers.
(Illing & Kehoe, 2018)

**COMPETENCE AREA**
Main areas of competences at the base of the IFC and characterizing the profile of the Expert in Community-Based Interprofessional Teams.

**COMPETENCE SUB-AREA**
Specific sub-areas identified within the competence areas of the ICF and grouping a set of competences.

**IFC**
The Integrated Framework of Competences developed in WP2 and at the base of the Eu Curriculum.

**SHCPs**
Social and Health Care Professional(s)

## Terms related to the Community of Inquiry approach

**COI THEORITICAL FRAMEWORK**
The Community of Inquiry theoretical framework represents a process of creating a deep and meaningful (collaborative-constructivist) learning experience through the development of three interdependent elements: social, cognitive, and teaching presence (Garrison et al., 2001).

**SOCIAL PRESENCE**

Social presence is the ability of learners to project their characteristics into the community of inquiry, thereby presenting themselves as 'real people" (Rourke et al., 2001).

**COGNITIVE PRESENCE**
Cognitive presence is the extent to which the participants in any particular configuration of a community of inquiry can construct meaning through sustained communication (Garrison et al., 2001).

**TEACHING PRESENCE**
Teaching presence is defined as the design, facilitation, and direction of cognitive and social processes for the purpose of realizing personally meaningful and educational worthwhile learning outcomes (Garrison et al., 2001).