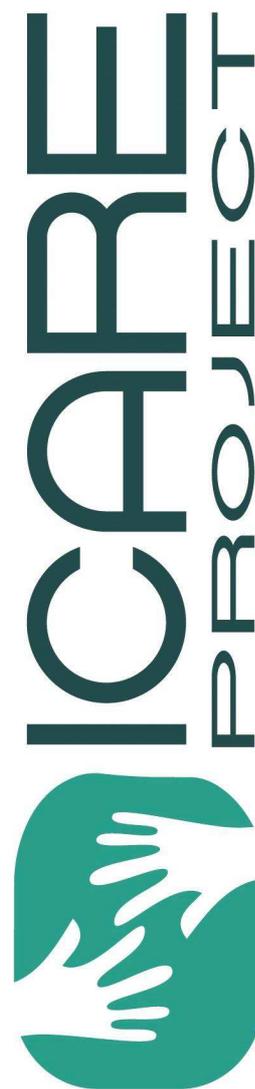


# The Vocational Qualifications Description in Relation to the ECVET Framework

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Improving Mobility and Career Paths for Personal  
Care and Social Workers





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## Executive Summary

The paper describes the path followed by the I CARE project for the development of the competence matrices.

Matrices have been elaborated starting from three elements:

### 1. Analysis of existing methodological approaches

Basing on this analysis, the I CARE matrices have the following features:

- a. They use accurate descriptions for the explanation of the competences required in each profession
- b. They use the KSC framework (Knowledge-Skill-Competence)
- c. I CARE matrices include global competences (like empathy or responsibility), but these attitudes are not specified in a separate section. They are included in the description of the skills, in order to better emphasise the essential ones.

### 2. Analysis of Italian background

The point of departure for this analysis were **job descriptions provided in the QRSP** (Quadro Regionale degli Standard Professionali – *Regional Qualification Framework for Vocational Standards*) of the Lombardy Region, which defines and classifies professional profiles.

The descriptions have many features highly suitable for ECVET framework, nevertheless some structural modifications had been made in order to better fit the I CARE project needs.

The I CARE matrices also present '**competence steps**' for some of the learning outcomes. They are a useful tool in order to foster transition paths between analogous professional profiles, especially between the Socio-Assistance Assistant and the Care Operator profile.

### 3. Matrices improvement with partners

Matrices have been improved with the cooperation of all partners through three steps:

**Step 1: Comparison of professional profiles from different countries.** Using a template each partner described the national professional profile which looked more similar to the QRSP description.

**Step 2: Sharing the matrix.** After the identification of common competence areas through step 1, every single Learning Outcome of each matrix have been compared with partners. For this purpose a special tool – the 'matrix set' – had been created.

**Step 3: Analysis of partner answers.** Every comment and precision suggested from partners have been considered. Some elements have been added to the matrices and some integrations refused to benefit the project.

The document includes also the matrices developed for the five professional profiles comprised in the I CARE project.

## Introduction

The competence matrix is the core of every ECVET project, and of I CARE project in particular for at least two reasons:

1. The matrix specifies the competences required for each professional profile included in the project, then it is the essential tool for a good evaluation of migrant workers and for the agreement between project partners
2. The matrix is the basis for assessment of workers/learners. There must be a strict correspondence between the matrix and the assessment grids because each test refers to a particular learning outcome and should assess skills and knowledge comprised in it.

For those reasons the I CARE matrices had been developed starting from:

- a. A deep analysis of existing methodological approaches
- b. A concrete research on the field in order to avoid abstract descriptions of professional profiles
- c. A comparison with project partners in order to find a common field despite the non-homogeneity between partner countries educational systems.

### 1. Analysis of Existing Methodological Approaches

As the 'Synthesis of Data'<sup>1</sup> clearly showed, the analysis of existing methodological approaches revealed three possible models that can be used in order to develop a competence matrix:

1. Definition of learning outcomes through accurate descriptions, using examples and clear formulations like: '*he/she is able to ...*'. This model, used by VQTS II project, also uses different levels for a learning outcome to specify the main steps in the development of that competence
2. Definition of learning outcomes through knowledge and skills. Each competence is described through the practical actions it requires, and also through the abstract notions it implies. This model is called 'KSC [knowledge-skill-competence] framework'
3. Description of learning outcomes with a separate section devoted to global competences or attitudes.

How had been the I CARE matrices developed in regard to these models?

1. **YES** → The I CARE matrices define competences through accurate definitions, using examples. Such a model is much more clear than describing competences through substantives (for instance 'personal care', 'elements of hygiene') or actions ('making beds', 'cleaning the house'), because in these examples the subject of the action is not specified and the description of the procedure is approximate.
2. **YES** → The I CARE matrices use the KSC framework, because the professional profiles included in the project surely require a good practical ability, but abilities must be supported by knowledge. If a care operator does not know why is he moving the patient in a particular way, this situation can be risky for the patient and for the worker as well.
3. **NO** → Global competences are not described as a separate part, but they are included in the skill section. This choice does not mean that global competences are not important in vocational profiles. On the contrary, the profiles analysed in the

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<sup>1</sup> See <http://www.icareproject.eu/resources/synthesis-of-data-deliverable-2.3.pdf>

project are extremely sensitive to attitudes. A person which can perform the main actions included in the babysitter profile (preparing meals, play with the child, etc.) without being patient or empathic, is a mediocre babysitter. Nevertheless,

- a. Global competences are hardly comprehensible if they are disconnected from the action itself. A care operator should not prove to be empathic in general, but must show his empathy in typical work actions.
- b. A second problem can arise if global competences are separated in the matrix. Many different attitudes are required from a worker: he must be efficient, creative, careful, responsible, etc. But which attitude is the most important in each situation the worker must deal with? A worker should always be efficient or responsible, but some vocational profiles require specific attitudes which are particularly necessary in specific environments. A family assistant must be diplomatic and empathic with the elder person he cares of, a baby-sitter must be patient with the baby. Including attitudes in the skill description helps in highlighting the specific global competences indispensable for each vocational profile.<sup>2</sup>

Existing models of competence matrix	<b>ACCURATE DESCRIPTIONS OF LEARNING OUTCOMES</b> (He/she can...)	<b>KSC FRAMEWORK</b>	<b>SEPARATE SECTION FOR GLOBAL COMPETENCES</b>
<b>I CARE Matrix</b>	<b>YES!</b>	<b>YES!</b>	<b>NO</b> It does not help in emphasising essential attitudes

## 2. Analysis of Italian Background

The analysis of existing methodological approaches was followed by a concrete analysis of Italian background in order to conciliate ECVET criteria with Italian reality.

The point of departure for this analysis were job descriptions provided in the QRSP (Quadro Regionale degli Standard Professionali – *Regional Qualification Framework for Vocational Standards*) of the Lombardy Region, which defines and classifies professional profiles in 30 macro-areas according to competences (skills and knowledge). Such descriptions satisfy very well the requirements of I CARE project for many reasons:

- Lombardy Region developed the QRSP in order to facilitate recognition and validation of workers competences, also acquired in informal and non-formal contexts.
- Professional profiles included in the QRSP are described through competences, knowledge and skills, then are clearly analogous to ECVET framework
- The QRSP is the reference point for Lombardy Region vocational training centres planning education and training paths, thus it is a useful model in order to develop matrices which really correspond to the concrete situation of training centres and workplaces in Lombardy.

<sup>2</sup> This problem will also be discussed in paragraph 3.3.2.

QRSP includes two kind of professional profiles:

- a. Descriptions of **NON-REGULATED PROFILES**. Vocational professions like **BABYSITTER** do not necessarily require a formal qualification. Nevertheless, it is useful to foster a competence validation process also in these professions, because a competence certification can be a benefit to both the worker and the employer. These profiles are defined on the basis of Lombardy labour market requirements.
- b. Descriptions of **REGULATED PROFILES**. Professions like **SOCIO-ASSISTANCE ASSISTANT, DENTAL ASSISTANT, CARE OPERATOR, FAMILY ASSISTANT** are regulated on the basis of the legal framework, as they are regulated by State laws or by agreements between the State and the Regions. Lombardy Region regulates these qualifications in terms of the organisation of training courses, the setting of entry requirements, the ways of certifying acquired competences and learning outcomes, the composition of examining boards and professional standards, the duration of the training path, the credits to be recognised, and also defines compensative measures to reduce training duration in specific cases (for instance, between socio-assistance assistant and care operator training, there are specific transition paths). Each training course, which is recognised by Lombardy Region, and which matches the State law standards is valid to get the professional qualification, to practice a profession and it also allows the enrolment in career registers (if any).

The QRSP profiles have a structure that fits well with the ECVET framework, nevertheless some modifications were necessary in order to uniform all the profiles according to the project features.

## 2.1 Modifications in the Structure

In QRSP framework different profiles have different structures:

### 1. **SOCIO-ASSISTANCE ASSISTANT** and **CARE OPERATOR**

are described through:

- **COMPETENCE** → a competence is a quite general description of a work activity, for instance: 'patient direct assistance', or 'placing oneself in organisational, social and institutional contexts'
- **SKILL** → described through many different wordings: key-words (like 'labour law') or synthetic descriptions ('applying house cleaning techniques'). The profile presents few '**core skills**' (for instance in the care operator profile, the competence '*indirect assistance through activities of housekeeping, hygiene and comfort of the environment*' is composed of some core skills, like '*using techniques of domestic intervention*' or '*using techniques of environment sanification*'). The core skill is subdivided in '**detailed skills**' which express more precisely the contents of the core skill (core skill '*using techniques of environment sanification*' is composed of the detailed skills '*he/she can handle procedures for the sanification and sanitisation of the environment*' plus '*he/she can carry out all the operations to prepare a sterile field*' and others)
- **KNOWLEDGE** → described as skills by many different wording
- **DISCIPLINARY AREA** → this part indicates the main theoretic subjects implied in each competence (for instance: the competence '*patient direct assistance*' is linked to the disciplinary area '*technical-operative*' which includes '*elements of rehabilitation and mobilisation*')



### THESE PROFILES IN THE I CARE MATRICES:

The QRSP model was modified in order to better correspond to ECVET specifications.

- **COMPETENCE** becomes **UNIT OF LEARNING OUTCOMES** → in these profiles competences are too wide for ECVET standards. For instance, competence nr. 4 in the 'Care Operator' profile from the QRSP is '*Patient direct assistance*'. In the I CARE matrix, this description corresponds to the Unit of Learning Outcomes nr. 4, which includes many other learning outcomes ('*Assisting a patient in ambulating*', '*Assisting a patient to use correctly devices, aids and equipment*', etc.)
- **CORE SKILLS** become **LEARNING OUTCOMES** in the I CARE matrix
- **DETAILED SKILLS** become **SKILL** in the I CARE matrix
- **KNOWLEDGE** and **DISCIPLINARY AREA** had been hold together in the **KNOWLEDGE** section of the I CARE matrix. Actually there is no relevant difference between them from an ECVET perspective
- **DETAILED SKILLS, KNOLEDGE** and **DISCIPLINARY AREA** from the QRSP profiles had been rephrased standardising them. All the skills are described through the expression '*He/she can ...*'. All the knowledge are described through the expression '*He/she knows ...*'

## 2. **BABY-SITTER, DENTAL ASSISTANT, FAMILY ASSISTANT**

these profiles have a much more simple structure, closer to ECVET standards. They are composed of:

- **COMPETENCE** → a synthetic description of core work tasks
- **SKILL** and **KNOWLEDGE** → expressed through many different writings
- **DISCIPLINARY AREA** → presented only in the Dental Assistant profile



### THESE PROFILES IN THE I CARE MATRICES:

- **COMPETENCE** becomes **LEARNING OUTCOME**
- **UNIT OF LEARNING OUTCOMES** had been created unifying different learning outcomes with analogous contents
- **SKILLS, KNOWLEDGE** and **DISCIPLINARY AREA** from the QRSP profiles had been rephrased standardising them. All the skills are described through the expression '*He/she can ...*'. All the knowledge are described through the expression '*He/she knows ...*'
- **KNOWLEDGE** and **DISCIPLINARY AREA** had been hold together in **KNOWLEDGE** section of the I CARE matrix.

The plan we illustrated here had been applied to almost the whole profile. There are some exceptions that we will not consider in detail. These are due to particular situations regarding the professional profile considered, or to the level arrangement (levels and problems connected to them are described in paragraph 2.2).

Socio-Assistance Assistant and Care Operator are the most complex profiles considered in the I CARE project, thus their development had been the most difficult one. Nevertheless, the final I CARE profiles for these professions are both composed of 5 Unit of Learning Outcomes and 28 Learning Outcomes; such a structure highly fits ECVET standards.

## 2.2 Development of Levels in Learning Outcomes

Many ECVET projects divided single learning outcome in different levels (see for instance VQTS II, MAP). Levels – also called 'competence steps' – means to indicate different degrees of mastery of a competence. They are very useful for at least two reasons:

1. To grant the possibility of lifelong learning and reward the most skilful workers
2. To foster transition paths between analogous professional profiles

Two of the I CARE project professional profiles are particularly suitable for this task. Many workers with a Socio-Assistance Assistant qualification decide to re-qualify themselves attending a Care Operator training. The Lombardy Region has specific transition paths for those who want to follow this trail. For this reason the I CARE project developed a system of levels in order to connect the Socio-Assistance Assistant profile with the Care Operator one.

As many ECVET project stressed out (see for instance VQTS II report<sup>3</sup>), developing competence steps is not an easy task and requires a long time. For this reason, the I CARE project focused on two profiles only and tried to define levels on those learning outcomes which were common to both the profiles.

**Levels in the I CARE project are not directed to describe if a worker is more skilful than another one in the same learning outcome. In order to assess workers ability we will develop different marks in assessment grids. 'Levels' in the I CARE project means to create a connection between different profiles in order to foster workers lifelong training/education reducing trainings period for those who already owns the lower level of a competence.**

Level elaboration had been a complex process, because the QRPS profiles do not foreshadow such a possibility. This process had been developed for **4 learning outcomes**. Three of them were common between Socio-Assistance Assistant and Care Operator profiles in the QRSP:

- 'Using techniques of domestic intervention'
- 'Using techniques of environment sanification'
- 'Assisting a patient in his/her physiological functions'

In these LOs the basic skills and knowledge had been placed in LEVEL 1, and the more complex ones in LEVEL 2.



<sup>3</sup> See VQTS II report, pp. 19-23 available on [http://www.3s.co.at/download/VQTS%20model\\_VQTS%20I%20results.pdf](http://www.3s.co.at/download/VQTS%20model_VQTS%20I%20results.pdf).

Sometimes the specific differences between the two levels were explicitly described in the QRSP profiles. For instance, in Socio-Assistance Assistant LO 'Using techniques of environment sanification' there is the skill 'He/She can handle procedures for the sanification and sanitisation of the environment'. The same skill is also present in the same LO in the Care Operator profile. Nevertheless, the skill 'He/She can carry out all the operations to prepare a sterile field' is included in the Care Operator profile only. Then this second skill had been placed in Level 2.

However, in most of the cases the differences between profiles were not explicit in the QRSP descriptions, then levels had been developed with experts cooperation.

One last LO had been divided in levels: **'Using techniques to assist a patient with medical and therapeutic prescriptions'**.

This LO was present in the Care Operator profile only, and it includes most of the skills which specifically differentiate this profile from Socio-Assistance Assistant one. Nevertheless, Socio-Assistance Assistant profile includes a LO called 'Applying techniques to assist a patient with devices, aids, equipment, and medical prescriptions'. This LO had been split in two:

1. 'Applying techniques to assist a patient with devices, aids, equipment'
2. 'Using techniques to assist a patient with medical and therapeutic prescriptions'  
Skills and knowledge included in this second LO are now the first level of the common LO "Using techniques to assist a patient with medical and therapeutic prescriptions", whereas level 2 includes abilities uniquely possessed by care operator.

<b>Assisting a patient in his/her physiological functions</b>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>⇒ He/she knows the basics of care giving</li> <li>⇒ He/she has a basic knowledge of elements of care giving (feeding, movement, hygiene)</li> <li>⇒ He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> </ul>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>⇒ He/she can handle the hygienic care of the patient (partial and total), the change of clothing and of absorbing surfaces</li> <li>⇒ He/she can cut nails of hands and feet</li> <li>⇒ He/she can help the patient have meals according to dietetic indications and report any discrepancies</li> <li>⇒ He/she can help the patient for natural output of feces and urine</li> <li>⇒ He/she can monitor the collection bag of urine output</li> <li>⇒ He/she can help the patient to get proper temperature control and right positioning for proper breathing and blood circulation</li> </ul>
	<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>⇒ He/she has a deep knowledge of care giving (feeding, movement, hygiene)</li> </ul>	<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>⇒ He/she can carry out the change of the stoma bag (definitive or temporary)</li> <li>⇒ He/she can change the urine collecting bag</li> </ul>

### 3. Matrices Improvement with Partners

When Italian matrices had been elaborated, the main task was finding a suitable methodology for sharing them with foreign partners, improving them as much as possible.

#### 3.1 Step 1: Comparing National Profiles

The first step of the work undertaken by partners was the identification of qualifications relating to personal care and social work in each participating country, through the analysis and comparison of regional and national qualification systems.

As shown in the report '*Identification of Qualifications Relating to Personal Care and Social Work in Partner Countries*'<sup>4</sup>, Poland, Romania and Germany committed themselves in ECVET and in competence validation programmes. **Romania** has a National Qualifications Authority which created a National Qualifications Framework; it developed a national system for validating competences acquired in informal and non-formal contexts according to professional profiles described through the KSC framework<sup>5</sup>. **Poland** has as well a national system for classification of occupation (KziS), but it is not made up of professional profiles corresponding to the KSC framework. Poland did not provide any professional profile, but the training programmes for each vocational profession. Therefore, the comparison between the Italian and Polish systems had been made consulting each training description. The **German** Federal Ministry for Education and Research financed a initiative called DECVET which aims at piloting a national credit system in vocational education and training; then ECVET framework is well developed in all the partner countries.

A template was provided to each partner; they filled it indicating which national profile in their country was more similar to the Italian profiles included in the I CARE project. They also reported a short description of the profile, with skills and knowledge implied in it (see Annex 1, also included in the previous report mentioned above).

Partner answers had been confronted with the Italian profiles, and from the comparison **two deductions** were made:

1. The five professional **profiles chosen by I CARE are not present in all the partner countries**. For instance, in Poland the Care Operator profile does not exist, whereas in Romania there are no professional profiles for Dental Assistant and Socio-Assistance Assistant. The following grid expose the result of the comparison

	Professional Profile	Italy	Germany	Romania	Poland
1	Family Assistant/ Caregiver	Assistente familiare	Familienpfleger	Ingrijitor Batrani si copii la domiciliu	Opiekunka Srodowiskowa
2	Dental Assistant	Assistente odontoiatrico	Zahnmedizinische Fachangestellte		Asystentka Stomatologiczna
3	Socio-Assistance Assistant	Ausiliario socio-assistenziale			Opiekun w domu pomocy społecznej
4	Care Operator	Operatore socio-sanitario	Gesundheit-und Krankenplegehelfer	Infirmiera	
5	Baby Sitter	Tata familiare	Sozialpädagogische Assistentin – Kinderpflegerin	Bona	Opiekunka dziecięca

<sup>4</sup> For more details see pp. 17-22 (the report is available at the following address: <http://www.icareproject.eu/resources/deliverable-2.1-%5Bfinal-06.10.11%5D.pdf>)

<sup>5</sup> For more details see p. 67 and ff (the report is available at the following address: <http://www.icareproject.eu/resources/deliverable-2.1-%5Bfinal-06.10.11%5D.pdf>)

2. Although national systems for occupation classification are quite different, **professional profiles are pretty similar** in different partner countries. Obviously each country has specific vocational training programmes, but similarities allow to create a common matrix that shares all the main work activities, which characterise each profession. The results of this comparison had been reported in temporary grids of common competence areas, (already annexed to the previous report 'Synthesis of Data: Assessment of Transparency of the Qualifications Concerned and Identification of the Most Suitable Methodological Approach'<sup>6</sup>). To exemplify the work done, we include here the grid of common competence area created for the Baby Sitter profile.

TATA FAMILIARE (EQF 2) REGIONE LOMBARDIA (ITALY)			SOZIALPÄDAGOGISCHE ASSISTENTIN - KINDERPFLEGERIN (EQF 2 - 2/3 years) GERMANY	OPIEKUNKA DZIECIEGA (EQF 2/3 - educational process in %) POLAND		BONA (EQF 2 - 360 hours) ROMANIA	
COMPETENCES	SKILLS	KNOWLEDGE	SKILLS	SKILLS	KNOWLEDGE	SKILLS	KNOWLEDGE
Keeping the house tidy and cosy and equipping the rooms considering children's needs.	<ul style="list-style-type: none"> <li>. Applying modalities of organizing places for children</li> <li>. Applying safety procedures in places for children</li> <li>. Applying rooms cleaning techniques</li> <li>. Applying techniques to take care of toys</li> </ul>	<ul style="list-style-type: none"> <li>. Elements of environmental hygiene</li> <li>. Safety and prevention at home</li> </ul>		ensuring the safety of children; organising the workplace according to ergonomics' requirements; comply with the codes of health and safety, fire and environmental protection	health and safety directions of prophylactic procedures;	Provides environmental hygiene conditions Choose the space according the norms bodily safety of the child;	Elements of environmental hygiene; Safety and prevention at home. Sanitary norms; Environmental hygiene conditions; Modalities of organizing places for children;
Taking care of the children aged 0-3 years: and promoting their socializing.	<ul style="list-style-type: none"> <li>. Applying welcoming techniques with children aged 0-3 years</li> <li>. Applying techniques for playing activities with children aged 0-3 years</li> <li>. Applying techniques to prepare fruit</li> <li>. Applying first aid techniques</li> <li>. Applying supporting techniques to serve meals to children aged 0-3 years</li> <li>. Applying techniques for hygiene and care of children aged 0-3 years</li> </ul>	<ul style="list-style-type: none"> <li>. Elements of social and educational assistance, with reference to private services standards</li> <li>. Elements of personal hygiene</li> <li>. Elements of paediatric first aid</li> <li>. Elements of child psychology</li> <li>. Elements of paediatric nursing</li> </ul>	<ul style="list-style-type: none"> <li>Observation of the behaviour of individual children and small groups</li> <li>Recognising needs</li> <li>Applying adequate methods of education</li> <li>Supporting social learning processes;</li> <li>Playful and educational activities to perception and movement experiences</li> <li>Creating and supporting game situation</li> <li>Providing material</li> <li>Measures of hygiene and personal care</li> <li>Helping children with personal hygiene, getting dressed;</li> <li>Preventive measures for maintaining health</li> <li>Measures for accident prevention and first aid</li> <li>Planning and preparing meals for children in various ages - if possible with the involvement of children</li> <li>Helping and supporting with eating;</li> <li>Stimulating and inspiring children for independent learning and discovery</li> <li>Giving support and initiative</li> </ul>	<ul style="list-style-type: none"> <li>preparing aids for play activities; designing pedagogical interactions, taking the account of the emotional and social spheres of the child; teaching children how to use human products and toys; catering for biological needs of the child; conducting educational activity catering for psychosocial needs of the child; administer first aid; watching on the compatibility of child's nutrition with the nutrition standards; preparing meals for infants and the children at the post-infant age; planning and organising play activities for particular developmental stages of the child; creating conditions advantageous to versatile and harmonious development of the child;</li> </ul>	<ul style="list-style-type: none"> <li>preparation and selection of aids for play activities</li> <li>child's upbringing in the first four years of life; basis of developmental psychology; first aid</li> </ul>	<ul style="list-style-type: none"> <li>Grant first aid if is necessary</li> <li>Prepare the child and items necessary for the child's toilet, in accordance with its needs and sanitary norms</li> <li>Prepare food according to the child development or set menu by responsible person;</li> <li>Respect meals, hygiene and child preferences;</li> <li>Ensure necessary objects and dining environment;</li> <li>Feeds the child, according to nutritional needs and peculiarities of development;</li> <li>Respect medical prescription and /or diet;</li> <li>Ensure hydration according the needs and child preferences</li> <li>Carrying out with child entertaining activities, according to professionals / parents recommendations, preferences and the level of child development;</li> </ul>	<ul style="list-style-type: none"> <li>Specialized procedures for first aid; risk situations;</li> <li>Elements of paediatric first aid.</li> <li>Techniques for hygiene and care of children</li> <li>Hydration techniques for children</li> <li>Techniques to prepare food and serve the meal;</li> <li>Child psychology and pedagogy;</li> <li>Social and educational regulation, with reference to private services standards;</li> </ul>

### 3.2 Step 2: Sharing the Matrix

When the grids of common competence areas had been completed, the next step was a concrete process of comparison of each section of the matrices. To identify common areas is not enough in order to create a unique matrix for all partners.

During the second project meeting held in Bucharest (October 2011), the matrices developed till then had been showed to project partners. The Polish and Rumanian staff made observations and proposed modifications. In order to achieve a better agreement considering all the suggestions proposed, a new tool had been developed to implement the matrices.

<sup>6</sup> For more details on this point, please make reference to the Report available at the following address: <http://www.icareproject.eu/resources/synthesis-of-data-deliverable-2.3.pdf>

### 3.2.1 The 'Matrix Set'

Each partner received a document containing the matrices corresponding to the professional profiles which exist both in Italy and in the relevant partner country. A column called '*Comments/Precisions*', where partners could provide suggestions and comments, was provisionally added to the matrix. Partner countries had to consider each KNOWLEDGE and each SKILL, checking if they correspond to the content mentioned in their national professional profile. Then they had to underline **YES** or **NO** to give their answer.

Such a systematic check of the matrices is particularly important in view of the assessment phase of the project. Assessment tests will be shaped starting from the matrix content, thus if the matrix is not a real common foundation for all project partners, the assessment will never be successful.

The SKILL column was modified adding "**SKILL/ATTITUDE**" in the title. This addition was due to Rumanian suggestions which particularly stressed out the importance of global competences in social work and personal care professions<sup>7</sup>.

In order to facilitate partners in the comparison task, those areas of the matrix which showed similarities in the common competence areas grids (discussed in the former paragraph) were highlighted by using a coloured box. Highlighting was a way to foster comparison, but was not binding. Partners had to take into account the whole matrix. It is possible, in fact, that some competences, not initially included in the profile description, are actually present in national vocational trainings, or maybe some competences that were considered very similar are actually different.

Below are two examples of the documents that partner received and filled in (the 'Matrix Set').

The first one is the first Unit of Learning Outcomes in the Socio-Assistance Assistant matrix sent to Poland. Polish common competence areas are highlighted in blue and in the column '*Comments/Precisions*' there are some comments from the Polish partner.

The second one is the first Unit of Learning Outcomes in the Socio-Assistance Assistant matrix sent to Romania. Rumanian common competence areas are highlighted in yellow and in the column "*Comments/Precisions*" there are some comments from the partner.

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<sup>7</sup> This topic is further developed in paragraph 3.3.

UNIT OF LEARNING OUTCOMES	LEARNING OUTCOME	KNOWLEDGE	SKILLS/ATTITUDE	COMMENTS/PRECISSIONS
Carrying out the assistance operator role within the organization structure and service co-operating with the caring staff	Carrying out the assistance operator role within different operative contexts	<p><b>YES / NO</b> He/She knows structure and dynamics of the organization system in which he/she works;</p> <p><b>YES / NO</b> He/She knows the main aspects of professional ethics;</p> <p><b>YES / NO</b> He/She knows his/her role and relational implications.</p>	<p><b>YES / NO</b> He/She can prefigure the expectations of his/her own role;</p> <p><b>YES / NO</b> He/She can act according to the assigned tasks;</p> <p><b>YES / NO</b> He/She can relate with the clients and the organization respecting roles and functions;</p> <p><b>YES / NO</b> He/She can apply and recognize the basics of professional ethics.</p>	
	Working in team	<p><b>YES / NO</b> He/She knows team-working: dynamics, roles, functions.</p>	<p><b>YES / NO</b> He/She can work in team.</p>	
	Handling and understanding file, charts, and forms to record what is observed during the service	<p><b>YES / NO</b> He/She knows the main instruments and communication tools in different operative contexts and their use;</p> <p><b>YES / NO</b> He/She knows the way of working in socio-sanitary field (drawing up of intervention projects, planning tools).</p>	<p><b>YES / NO</b> He/She can cooperate to define procedures and protocols related to his/her tasks;</p> <p><b>YES / NO</b> He/She can work according to his/her competencies and respecting the procedures and protocols defined.</p>	he/she applies acknowledged standards of nursing in practise, adapt working methods to the possibilities/potential of the client and his/her psycho-physical abilities
	Cooperating to verify the Individual Assistance Plan	<p><b>YES / NO</b> He/She knows the way of working in socio-sanitary field (drawing up of intervention projects, planning tools).</p>	<p><b>YES / NO</b> He/She can cooperate to define care projects and to verify their results.</p>	
	Cooperating to verify the quality of the service	<p><b>YES / NO</b> He/She knows the main tools for quality monitoring and evaluation.</p>	<p><b>YES / NO</b> He/She can give information to verify care projects and their results;</p> <p><b>YES / NO</b> He/She can identify his/her needs of training regarding his/her professional profile and tasks in a propositive way.</p>	
	Using common computer tools	<p><b>YES / NO</b> He/She knows basic softwares (spreadsheet, word-processing, e-mail, internet)</p>	<p><b>YES / NO</b> He/She can carry out basic computer operations;</p> <p><b>YES / NO</b> He/She can use the main functions of Windows;</p> <p><b>YES / NO</b> He/She can use the softwares at a basic level under specific training.</p>	describe as using basic computing tools to performe his./her work sufficiently
	Carrying out the working activities respecting privacy regulations	<p><b>YES / NO</b> He/She knows the main aspects of professional ethics;</p> <p><b>YES / NO</b> He/She knows privacy regulations.</p>	<p><b>YES / NO</b> He/She can manage his/her activities confidentially and ethically, respecting relative regulations.</p>	
Carrying out the working activities respecting safety regulations	<p><b>YES / NO</b> He/She knows safety regulations</p>	<p><b>YES / NO</b> He/She can identify the environmental situations of risk for his/her health and for the patient's health;</p> <p><b>YES / NO ??? Not specify</b> He/She can use devices and aids necessary to properly protect his/her health and the patient's health.</p>		

UNIT OF LEARNING OUTCOME	LEARNING OUTCOME	KNOWLEDGE	SKILLS/ ATTITUDE	COMMENTS/PRECISSIONS
Carrying out the care operator role within the organization structure and service and cooperate with the caring staff	Working in team	<p><b>YES / NO</b> He/She knows team-working: dynamics, roles, functions;</p> <p><b>YES / NO</b> He/She knows structure and dynamics of the organization system in which he/she works.</p>	<p><b>YES / NO</b> He/She can work in team efficiency;</p> <p><b>YES / NO</b> He/She can recognize and respect different roles consistently;</p> <p><b>YES / NO</b> He/She can recognize the organizative context of services with fairness</p>	
	Handling and understanding file, charts, and forms to record what is observed during the service	<p><b>YES / NO</b> He/She knows the main instruments and communication tools in different operative contexts and their use.</p>	<p><b>YES / NO</b> He/She can cooperate to define procedures and protocols related to his/her tasks of caregiving, housekeeping and health-hygienic interventions;</p> <p><b>YES / NO</b> He/She can work professionally according to his/her competencies and respecting the procedures and protocols defined by the working team.</p>	
	Cooperating to verify the quality of the service	<p><b>YES / NO</b> He/She knows the main tools for quality monitoring and evaluation.</p>	<p><b>YES / NO</b> He/She can cooperate to define with fairness care projects and to verify their results,</p> <p><b>YES / NO</b> He/She can cooperate to verify the properness and quality of services.</p>	He/She verify with responsibility the properties and quality of services.
	Using common computer tools	<p><b>YES / NO</b> He/She knows basics of information technology.</p>	<p><b>YES / NO</b> He/She can carry out basic computer operations;</p> <p><b>YES / NO</b> He/She can use the softwares at a basic level under specific training.</p>	
	Carrying out the working activities respecting privacy regulations	<p><b>YES / NO</b> He/She knows the regulations about communication/information.</p>	<p><b>YES / NO</b> He/She can manage his/her activities confidentially and ethically;</p> <p><b>YES / NO</b> He/She can identify the ways of upgrade his/her knowledge through self-training and refresher courses.</p>	
	Cooperating for the realization of training of support operators and for their evaluation		<p><b>YES / NO</b> He/She can recognize and apply safety at work regulations to protect his/her health and the patient's health;</p>	He/She identify and applying carefully and correctly safety regulations in order to protect the patient's health;

### 3.3 Step 3: Analysis of Partners Answers

#### 3.3.1 Poland

Polish partner filled the 'Matrix Set' and here is what their answers revealed:

- a. Some learning outcomes are **NOT PRESENT** in the Polish profile and thus will not be included in the agreement with the Polish partner/s. These LOs are:
  - In the SOCIO-ASSISTANCE ASSISTANT profile
    - ⇒ Using techniques of domestic intervention (in Poland SAA works in a formal institution setting, then this competence regards more a family assistant)
    - ⇒ Cooperating in taking care of corpse, in absence of professional operators
  - In the FAMILY ASSISTANT profile
    - ⇒ In Lo '*Cooperating with cooking and housekeeping*' two skills are missing: '*He/She knows the main recipes and menus of Italian/Polish cooking*' and '*He/She can handle clothes and wardrobe*'.
- b. They also suggested some **INTEGRATIONS**
  - In the FAMILY ASSISTANT profile
    - ⇒ In the LO '*Placing oneself in organisational, social and institutional contexts*' they suggest to add one skill: '*He/she maintains contact with social institutions that support workers' job*' → **ACCEPTED**
    - ⇒ In the LO '*Relating and communicating with the person, his/her household and the caring staff*' they suggest to add the skill '*He/She knows sign language*' → **REFUSED**. In Italy this skill is not necessary for a family assistant.
  - In the DENTAL ASSISTANT profile
    - ⇒ In the LO '*Welcoming patients*' they suggest to add the skill: '*He/she promotes hygiene attitude in a daily life and healthy life style, recognising and preventing situation of corruption*' → **ACCEPTED**
    - ⇒ In the LO '*Controlling and updating patients files*' they suggest to add the knowledge '*He/She knows privacy regulations*' and the skill '*He/She can manage his/her activities confidentially and ethically, respecting relative regulations*' → **ACCEPTED**
    - ⇒ In the LO '*Preparing the area of dental operations*' they suggest to add the skill: '*He/she can organise his own work place and dentist work place*' → **ACCEPTED**

#### 3.3.2 Romania

The Rumanian partner accepted almost the whole matrices (Matrix Set), but the dialogue with this country emphasised some interesting problems.

##### The Baby Sitter Case

Rumanian partner proposed many integrations to the Baby Sitter profile. Some of them are quite complex skills that surely do not belong to the Italian profile. For instance, they suggested to add knowledge like: '*International language*', '*Good general culture*', '*Motor coordination skill development techniques*', '*General notions of speech skills development*'.

They also suggested to add skills like: '*Assists child in homework achievement, depending on the educational process level, the time available and the complexity of them*', '*Engage in social skills and emotional development of children, in compliance with professionals/parents recommendations and stage of child development*', '*Develop the*

ability of child's cognitive skills, according to the child cognitive development and to the recommendations of professionals/parents'.

Such suggestions revealed that this professional profile includes the Italian one, but also has a different competence area that the Italian baby sitter does not own at all.

The Rumanian baby-sitter is:

- a. A profile with quite **broad medical and pedagogical competences** (notions of speech development and motion development)
- b. A profile that includes people working with **children older than three years**. In fact the Rumanian partner corrected the matrix sections referring to the care of children from 0 to 3 years, proposing to increase the children age. This fact also explains why they suggested to add skills like 'Assists child in homework achievement' or 'International language'
- c. Also in Italy a baby sitter can care children older than three years, but generally a child of that age goes to kindergarten, then this professional profile is less requested. Anyway, in Italy a baby sitter is not so highly specialised in general culture and helping with homework. The profile is much more focused on the essential care of the child.

In order to reach a common agreement between Italy and Romania, the baby sitter profile in the I CARE matrix will include only the competences requested for caring of children from 0 to 3 years.

## Attitudes

Rumanian partners particularly emphasised the importance of attitudes or global competences in the professional profiles included in the I CARE project. They pointed out that this kind of cross-dispositions (like efficiency, empathy, patience, etc.) are crucial in social work and personal care professions, thus they should be explicitly mentioned in the matrix in order to be assessed in the tests.

Rumanian suggestions are surely relevant and induced the I CARE technical staff to reconsider the problem. A careful consideration brought to the following conclusions:

- The skill column in the matrix had been called '**SKILL/ATTITUDE**' in order to remark the importance of cross-dispositions in the profiles considered and also to foster their assessment
- Rumanian observations prompted I CARE staff to rethink the essential attitudes for each profile included in the project. For instance, in the earlier versions of the matrices, Socio-Assistance Assistant and Care Operator profiles already presented a whole Unit of Learning Outcomes completely devoted to communication attitude and empathy with elder patients ('*Communicating and relating with patient, family and caring staff*', which includes four LOs about communication, relation, empathy). Nevertheless, Romania proposed (and Italy accepted) to include also other attitudes in the profiles. For instance, in the Baby Sitter profile, they suggested to add in the skill 'He/She can apply techniques for playing activities with children aged 0-3 years' + 'with **empathy and patience**', or in the skill 'He/She can apply supporting techniques to serve meals to children aged 0-3 years' + 'with **patience**'. This kind of integrations had been included in the final matrices
- Romania also proposed to include more general attitudes. For instance, they suggested to add to the skill 'He/She can work in team'+ 'with **efficiency**' or 'He/She can recognise the organisational context of services'+ 'with **fairness**'. These suggestion requested a deeper consideration.  
Of course, a worker can work in team in many different ways, with more or less efficiency and he/she will be a good worker the more efficient he/she is.

Nevertheless, 'efficiency' is in some sense included in the competence itself. If a person works in team without efficiency, he/she is not working in team at all. Then 'efficiency' will not be specified in the matrix, but a person who works in team really efficiently will have the maximum mark in assessment of that skill, and consequently the person working without efficiency will have the minimum mark.

**The matrix reports only those attitudes which are essential and specific for each professional profile.**  
**Global attitudes necessary for every worker are omitted in order to better emphasise the essential ones.**

## 4. FINAL MATRICES

### Care Operator (OSS) Matrix

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p><b><i>Carrying out the care operator role within the organization structure and service and cooperate with the caring staff ...</i></b></p>	Working in team	<ul style="list-style-type: none"> <li>• He/she knows team-working: dynamics, roles, functions</li> <li>• He/she knows structure and dynamics of the organization system in which he/she works</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can work in team</li> <li>• He/she can recognize and respect different roles</li> <li>• He/she can recognise the organisational context of services</li> </ul>
	Handling and understanding file, charts, and forms to record what is observed during the service	<ul style="list-style-type: none"> <li>• He/she knows the main instruments and communication tools in different operative contexts and their use</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to define procedures and protocols related to his/her tasks of caregiving, housekeeping and health-hygienic interventions</li> <li>• He/she can work according to his/her competencies and respecting procedures and protocols defined by the working team</li> </ul>
	Cooperating to verify the quality of the service	<ul style="list-style-type: none"> <li>• He/she knows the main tools for quality monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to define care projects and to verify their results</li> <li>• He/she can cooperate to verify the properness and quality of services</li> </ul>
	Using common computer tools	<ul style="list-style-type: none"> <li>• He/she knows basics of information technology</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can carry out basic computer operations</li> <li>• He/she can use the software at a basic level under specific training</li> </ul>
	Carrying out the working activities respecting privacy regulations	<ul style="list-style-type: none"> <li>• He/she knows the regulations about communication/ information</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can manage his/her activities confidentially and ethically</li> <li>• He/she can identify the ways of upgrading his/her knowledge through self-training and refresher courses</li> </ul>
	Cooperating for the realisation of training of support operators and for their evaluation		

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p><b>Carrying out the care operator role within the welfare network</b></p>	<p>Recognising services and their functions on the territory</p>	<ul style="list-style-type: none"> <li>• He/she knows the welfare network</li> <li>• He/she knows elements of social and health laws (national and regional)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can identify the organisation of social and health services and the one of informal networks</li> <li>• He/she can involve informal networks, can relate to social, health, socio-sanitary, recreational, cultural structures on the territory (operate and cooperate)</li> </ul>
	<p>Informing the client about services</p>	<ul style="list-style-type: none"> <li>• He/she knows the welfare network</li> <li>• He/she knows elements of social and health laws (national and regional)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can carry out specific activities to counsel the client and the family about the services on the territory</li> </ul>
	<p>Supporting the client and the family to get access to services</p>	<ul style="list-style-type: none"> <li>• He/she knows the main social and health bureaucratic procedures</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can accompany the patient to get access to services</li> <li>• He/she can handle simple bureaucratic procedures</li> </ul>
<p><b>Indirect assistance through activities of housekeeping, hygiene and comfort of the environment ...</b></p>	<p>Using techniques of domestic intervention</p>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene at home and in facilities</li> <li>• He/she knows elements of home economics</li> <li>• He/she knows elements of dietetics and food hygiene</li> </ul>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she can operate and cooperate with the patient and the family for the housekeeping and the maintenance of the living space</li> <li>• He/she can operate to maintain environmental hygiene</li> <li>• He/she can cooperate with the patient and the family for the hygiene and change of personal and bed linen, for purchases</li> <li>• He/she can operate and cooperate with the patient and the family in assisting during the preparation of meals, also following particular dietetic prescriptions</li> </ul>
		<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>• He/she knows elements of personal hygiene</li> <li>• He/she knows elements of environmental hygiene in structures and hospitals</li> </ul>	<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>• He/she can apply techniques of environmental hygiene</li> <li>• He/she can carry out a correct body hygiene to the patient</li> <li>• He/she can carry out correct procedures of environmental hygiene in facilities and hospitals</li> <li>• He/she can carry out checks and verify the effectiveness of the practices of environmental hygiene</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p>... Indirect assistance through activities of housekeeping, hygiene and comfort of the environment</p>	Using techniques to ensure a patient's safety reducing at maximum risks	<ul style="list-style-type: none"> <li>• He/she knows techniques to protect the living environment</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can identify living habits and risking/dangerous conditions for the patient</li> </ul>
	Using techniques of environment sanification	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene and prophylaxis</li> <li>• He/she knows elements of domestic hygiene</li> <li>• He/she knows how to use hygienic, sanification and sanitization products</li> </ul>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she can handle procedures for the sanification and sanitization of the environment</li> <li>• He/she can clean and cleanse the environment</li> <li>• He/she can carry out checks and verify the effectiveness of the practices of environment sanification and sanitisation</li> </ul>
		<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene in facilities and hospitals</li> <li>• He/she knows modalities of using sterilisation products</li> </ul>	<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>• He/she can carry out all the steps of cleaning, cleansing, disinfection and prepare the material to be sterilised and its storage</li> <li>• He/she can carry out all the operations to prepare a sterile field</li> </ul>
	Using techniques of hotel intervention	<ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene and prophylaxis</li> <li>• He/she knows elements of food hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can prepare the environment for meals and cooperate to food distribution</li> <li>• He/she can supply and change linen, can transport and dispose dirty or infected linen</li> </ul>
	Using techniques to make beds	<ul style="list-style-type: none"> <li>• He/she knows different types of bed</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can make beds (free or occupied beds, stretchers, cradles)</li> </ul>
	Applying techniques to organise, use and eliminate materials	<ul style="list-style-type: none"> <li>• He/she knows ways of disposing materials</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can use material resources respecting the cost-effectiveness criteria</li> <li>• He/she can guarantee adequate supplies, can promptly inform about damages occurred, can express opinions about the effectiveness of the use of resources</li> <li>• He/she can handle the preparation of materials to be eliminated/recycled</li> <li>• He/she can guarantee the collection and storage of different types of waste according to established protocols in relation to the operational context</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p><b>Direct assistance to the patient ...</b></p>	<p>Using techniques to assist a patient in daily activities in order to satisfy the basic needs and according to the type of client</p>	<ul style="list-style-type: none"> <li>• He/she knows the basics of caregiving</li> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> <li>• He/she knows psycho-relational aspects and caring interventions according to the person</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can involve the patient, the family and other figures as resources in the care within the living context</li> <li>• He/she can identify the different stages of drawing up a project of personal assistance</li> <li>• He/she can recognise, in different contexts, the proper relationship dynamics in order to relate with a suffering patient</li> <li>• He/she can recognise environmental situations and a patient's conditions for which it is necessary to apply different technical competences</li> <li>• He/she can identify, through observation, the most common symptoms and signs which indicate variations in a patient's clinical conditions (pallor, sweating, agitation and confusion), risking situations (reddening of skin, total or partial refusal of food, self-harm behaviours, harmful behaviours) to inform the professional operators</li> <li>• He/she can recognise the ways of collecting, reporting and communicating general and specific problems of a patient</li> <li>• He/she can recognise the conditions of risk and the most common syndromes due to prolonged bed rest and immobilisation</li> <li>• He/she can make simple interventions regarding health education for patients and their families</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
... Direct assistance to the patient	Assisting a patient in his/her physiological functions	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>• He/she knows the basics of caregiving</li> <li>• He/she has a basic knowledge of elements of caregiving (feeding, movement, hygiene)</li> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> </ul>	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>• He/she can handle the hygienic care of the patient (partial and total), the change of clothing and of absorbing surfaces</li> <li>• He/she can cut nails of hands and feet</li> <li>• He/she can help the patient have meals according to dietetic indications and report any discrepancies</li> <li>• He/she can help the patient for natural output of feces and urine</li> <li>• He/she can monitor the collection bag of urine output</li> <li>• He/she can help the patient to get proper temperature control and right positioning for proper breathing and blood circulation</li> </ul>
		<b>LEVEL 2</b> <ul style="list-style-type: none"> <li>• He/she has a deep knowledge of caregiving (feeding, movement, hygiene)</li> </ul>	<b>LEVEL 2</b> <ul style="list-style-type: none"> <li>• He/she can carry out the change of the stoma bag (definitive or temporary)</li> <li>• He/she can change the urine collecting bag</li> </ul>
	Assisting a patient in ambulating	<ul style="list-style-type: none"> <li>• He/she knows elements of mobilisation</li> <li>• He/she knows elements of basic caregiving (movement)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can help the patient walk and change postures</li> <li>• He/she can apply procedures to make the patient learn and maintain correct postures and the positioning and mobilisation of a non-self-sufficient person</li> </ul>
	Assisting a patient to use correctly devices, aids and equipment	<ul style="list-style-type: none"> <li>• He/she knows the functioning of devices, aids and prosthesis</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can operate to support a non-self-sufficient person in his/her daily life activities also using aids and devices under indication of health operators</li> </ul>
	Assisting a patient in activities aimed at maintaining the residual psycho-physical capabilities, re-education and functional recovery	<ul style="list-style-type: none"> <li>• He/she knows the basics of diagnostics, therapy and rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can carry on activities aimed at the reactivation of the functionalities defined in the person's care plan</li> <li>• He/she can carry on the entertainment activities that promote socialisation, recovery and maintenance of manual and cognitive skills, as per the person's care project</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p>... Direct assistance to the patient</p>	<p>Using techniques to assist a patient with medical and therapeutic prescriptions</p>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she knows elements of pharmacology (ways of administration, elimination, storage only as far as it is required by the involved skills)</li> </ul>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she can cooperate to ensure the correct taking of drugs according to medical prescriptions</li> </ul>
		<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>• He/she knows the basics of diagnostics, therapy and rehabilitation</li> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial applied pathology</li> </ul>	<p><b>LEVEL 2</b></p> <ul style="list-style-type: none"> <li>• He/she can cooperate in the diagnostic activity only as regards the collection of biological material samples, which are excreted naturally</li> <li>• He/she can transport biological, sanitary, supplying materials according to established protocols and withdraw reports</li> <li>• He/she can cooperate in therapeutic activities also using simple medical devices, administering medicines enterally or by aerosol, giving eye or ear drops, putting ointments or transdermal preparations, changing simple wound dressings</li> <li>• He/she can cooperate during first aid operations and call professional health operators</li> <li>• He/she can cooperate in monitoring the infusion therapy, notifying particular signs of pouring off indicating that the bottles need to be transferred or replaced</li> </ul>
	<p>Using techniques to observe signs and symptoms of variations of a patient's physical conditions and the rising of situations of risk</p>	<ul style="list-style-type: none"> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can properly observe patient's health condition</li> <li>• He/she can identify and report risking situations</li> <li>• He/she can verify the vital parameters and use the reflectometer to get glycaemia levels</li> </ul>
<p>Using techniques to take care of corpse</p>	<ul style="list-style-type: none"> <li>• He/she knows techniques and procedures to take care of the corpse</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply techniques for the hygiene of the corpse</li> <li>• He/she can take care of the corpse and carry out the transport</li> </ul>	

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
... Direct assistance to the patient	Using devices for BLSD	<ul style="list-style-type: none"> <li>• He/she knows the criteria to assess the state of consciousness</li> <li>• He/she knows the patient positioning techniques</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can correctly apply techniques of mouth-to-mouth breathing or mouth-to-mask breathing</li> <li>• He/she can use the automated external defibrillator (EAD)</li> <li>• He/she can perform the external cardiac massage (ECM)</li> </ul>
<b>Communicating and relating with the patient and the household together with the caring staff</b>	Managing the relationship with a patient	<ul style="list-style-type: none"> <li>• He/she knows strategies and techniques of a relationship with a patient</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can support the patient with empathy</li> <li>• He/she can handle conflicts within the assigned tasks</li> <li>• He/she can recognize the relationship dynamics according to the characteristics of the person</li> </ul>
	Respecting the individual's self-determination	<ul style="list-style-type: none"> <li>• He/she knows strategies and techniques of a relationship with a patient</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can recognize the general conditions of the patient (psycho-physical, social)</li> <li>• He/she can recognise the persons who are important to the patient</li> <li>• He/she can foster the patient's autonomy</li> </ul>
	Applying techniques of welcoming, presenting and informing about role and service	<ul style="list-style-type: none"> <li>• He/she knows theories and techniques of verbal and non-verbal communication</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can welcome the patient and his family, can counsel and foster their access to services, can promptly inform about services and resources</li> <li>• He/she can ask for and organise events of socialisation, providing support for the participation in cultural and recreational activities at home or on the territory</li> </ul>
	Using techniques to involve a patient and his/her family in realizing the assistance service in daily life context	<ul style="list-style-type: none"> <li>• He/she knows theories and techniques of verbal and non-verbal communication</li> <li>• He/she knows techniques to communicate properly with different types of clients</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can relate with patients and family, communicating empathically in all activities of daily living assistance, can reply thoroughly involving and stimulating the dialogue acting diplomatically</li> <li>• He/she can operate using communication methods according to different cultural contexts, to different situations of care and in case of decrease of the patient's communication skills (aphasia, hearing loss, cognitive deficits, altered sensorium)</li> </ul>

## Socio-Assistance Assistant (ASA) Matrix

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p style="text-align: center;"><b>Carrying out the assistance operator role within the organisation structure and service co-operating with the caring staff ...</b></p>	Carrying out the assistance operator role within different operative contexts	<ul style="list-style-type: none"> <li>• He/she knows structure and dynamics of the organisation system in which he/she works</li> <li>• He/she knows the main aspects of professional ethics</li> <li>• He/she knows his/her role and relational implications</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can prefigure the expectations of his/her own role</li> <li>• He/she can act according to the assigned tasks</li> <li>• He/she can relate with the clients and the organisation respecting roles and functions</li> <li>• He/she can apply and recognise the basics of professional ethics</li> </ul>
	Working in team	<ul style="list-style-type: none"> <li>• He/she knows team-working: dynamics, roles, functions</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can work in team</li> </ul>
	Handling and understanding file, charts, and forms to record what is observed during the service	<ul style="list-style-type: none"> <li>• He/she knows the main instruments and communication tools in different operative contexts and their use</li> <li>• He/she knows the way of working in socio-sanitary field (drawing up of intervention projects, planning tools)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to define procedures and protocols related to his/her tasks</li> <li>• He/she can work according to his/her competencies and respecting the procedures and protocols defined</li> </ul>
	Cooperating to verify the Individual Assistance Plan	<ul style="list-style-type: none"> <li>• He/she knows the way of working in socio-sanitary field (drawing up of intervention projects, planning tools)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to define care projects and to verify their results</li> </ul>
	Cooperating to verify the quality of the service	<ul style="list-style-type: none"> <li>• He/she knows the main tools for quality monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can give information to verify care projects and their results</li> <li>• He/she can identify his/her needs of training regarding his/her professional profile and tasks in a pro-active way</li> </ul>
	Using common computer tools	<ul style="list-style-type: none"> <li>• He/she knows basic software (spread sheet, word-processing, e-mail, Internet)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can carry out basic computer operations</li> <li>• He/she can use the main functions of Windows</li> <li>• He/she can use the software at a basic level under specific training</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<i>Carrying out the assistance operator role within the organization structure and service co-operating with the caring staff ...</i>	Carrying out the working activities respecting privacy regulations	<ul style="list-style-type: none"> <li>• He/she knows the main aspects of professional ethics</li> <li>• He/she knows privacy regulations</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can manage his/her activities confidentially and ethically, respecting relative regulations</li> </ul>
	Carrying out the working activities respecting safety regulations	<ul style="list-style-type: none"> <li>• He/she knows safety regulations</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can identify the environmental situations of risk for his/her health and for the patient's health</li> <li>• He/she can use devices and aids necessary to properly protect his/her health and the patient's health</li> </ul>
<b>Carrying out the assistance operator role within the welfare network</b>	Knowing the organisational, institutional and informal contexts of sanitary network	<ul style="list-style-type: none"> <li>• He/she knows the welfare network</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can identify the appropriate references according to the situation and can interact with them</li> <li>• He/she can involve informal networks, can relate to social, health, socio-sanitary, recreational, cultural structures on the territory</li> </ul>
	Informing the assisted person about available services	<ul style="list-style-type: none"> <li>• He/she knows the welfare network</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can carry out specific activities to counsel the patient, the family and other caregivers about the services on the territory</li> </ul>
	Supporting the patient, the family and other people who work as assistants to get access to services	<ul style="list-style-type: none"> <li>• He/she knows the main procedures for sanitary and social bureaucratic practices</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can accompany the patient to get access to services</li> <li>• He/she can handle simple bureaucratic procedures related to services</li> </ul>
<b>Direct assistance: help in domestic activities, hygiene and comfort of the home environment ...</b>	Using techniques of domestic intervention	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene at home and in facilities</li> <li>• He/she knows elements of home economics</li> <li>• He/she knows elements of dietetics and food hygiene</li> </ul>	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>• He/she can operate and cooperate with the patient and the family for the housekeeping and the maintenance of the living space</li> <li>• He/she can operate to maintain environmental hygiene</li> <li>• He/she can cooperate with the patient and the family for the hygiene and change of personal and bed linen, for purchases</li> <li>• He/she can operate and cooperate with the patient and the family in assisting during the preparation of meals, also following particular dietetic prescriptions</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
... Direct assistance: help in domestic activities, hygiene and comfort of the home environment	Managing emergencies	<ul style="list-style-type: none"> <li>He/she knows safety and protection general rules</li> </ul>	<ul style="list-style-type: none"> <li>He/she can identify situations of risk to the safety of the person</li> <li>He/she can react promptly to reduce the risk</li> <li>He/she can enable the involvement of professional actors</li> </ul>
	Using techniques of environment sanification	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>He/she knows elements of environmental hygiene and prophylaxis</li> <li>He/she knows elements of domestic hygiene</li> <li>He/she knows how to use hygienic, sanification and sanitisation products</li> </ul>	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>He/she can clean and cleanse the environment</li> <li>He/she can handle procedures for the sanification and sanitisation of the environment</li> <li>He/she can carry out checks and verify the effectiveness of the practices of environment sanification and sanitisation</li> </ul>
	Using techniques of hotel intervention	<ul style="list-style-type: none"> <li>He/she knows elements of home economics</li> <li>He/she knows elements of food hygiene</li> </ul>	<ul style="list-style-type: none"> <li>He/she can prepare the environment for meals and cooperate to food distribution</li> <li>He/she can supply and change linen</li> </ul>
	Using techniques to prepare beds and to tidy up the living space	<ul style="list-style-type: none"> <li>He/she knows the different types of bed</li> </ul>	<ul style="list-style-type: none"> <li>He/she can make beds and tidy up the home environment</li> </ul>
	Applying techniques to organise, use and eliminate material	<ul style="list-style-type: none"> <li>He/she knows how to eliminate materials</li> </ul>	<ul style="list-style-type: none"> <li>He/she can cooperate in using material resources respecting the cost-effectiveness criteria</li> <li>He/she can guarantee adequate supplies, can promptly inform about damages occurred, can express opinions about the effectiveness of the use of resources</li> <li>He/she can handle the preparation of material to be eliminated/recycled</li> <li>He/she can guarantee the collection and storage of different types of waste according to established protocols in relation to the operational context</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p><b>Patient direct assistance ...</b></p>	<p>Using techniques to assist a patient in daily activities according to needs and type of client</p>	<ul style="list-style-type: none"> <li>• He/she knows the basics of caregiving</li> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> <li>• He/she knows psycho-relational aspects and caring interventions according to the person</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can involve the patient, the family and other figures in the care within the living context</li> <li>• He/she can identify the different stages of drawing up a project of personal assistance</li> <li>• He/she can recognise the relationship dynamics according to the characteristics of the person</li> <li>• He/she can observe the patient and the environment</li> <li>• He/she can recognise the key signs/symptoms of discomfort</li> <li>• He/she can recognise the conditions of risk and the most common syndromes due to prolonged bed rest and immobilization</li> <li>• He/she can report data to professional operators</li> <li>• He/she can make simple interventions regarding health education for patients and their families</li> <li>• He/she can handle errands and bureaucratic procedures</li> </ul>
	<p>Using techniques to assist a patient in his/her physiological functions</p>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she knows the basics of caregiving</li> <li>• He/she has a basic knowledge of elements of caregiving (feeding, movement, hygiene)</li> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> </ul>	<p><b>LEVEL 1</b></p> <ul style="list-style-type: none"> <li>• He/she can handle the hygienic care of the patient (partial and total), the change of clothing and of absorbing surfaces</li> <li>• He/she can cut nails of hands and feet</li> <li>• He/she can help the patient have meals according to dietetic indications and report any discrepancies</li> <li>• He/she can help the patient for natural output of feces and urine</li> <li>• He/she can monitor the collection bag of urine output</li> <li>• He/she can help the patient to get proper temperature control and right positioning for proper breathing and blood circulation</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
... Patient direct assistance	Using techniques to assist a patient in ambulating and in finding right positioning	<ul style="list-style-type: none"> <li>• He/she knows elements of diagnostics, therapy and rehabilitation</li> <li>• He/she knows elements of rehabilitation and mobilisation</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to help the patient walk and change postures</li> <li>• He/she can apply procedures to make the patient learn and maintain correct postures and the positioning and mobilisation of non-self-sufficient persons</li> </ul>
	Applying techniques to assist a patient with devices, aids, equipment	<ul style="list-style-type: none"> <li>• He/she knows the functioning of aids, devices, prosthesis</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to support the non-self-sufficient person in his/her daily life activities also using aids and devices under indication of health operators</li> </ul>
	Using techniques to assist a patient with medical and therapeutic prescriptions	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>• He/she knows elements of pharmacology (natural ways of taking drugs, storage conditions)</li> </ul>	<b>LEVEL 1</b> <ul style="list-style-type: none"> <li>• He/she can cooperate to ensure the correct taking of drugs according to medical prescriptions</li> </ul>
	Using techniques to assist a patient with the activities aiming to maintain the residual psychological and physical capabilities, rehabilitation and functional recovery	<ul style="list-style-type: none"> <li>• He/she knows elements of rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can cooperate to carry on activities aimed at the reactivation of the functionalities defined in the person's care plan</li> <li>• He/she can cooperate to carry on the entertainment activities that promote socialisation, recovery and maintenance of manual and cognitive skills, as per the person's care project</li> <li>• He/she can cooperate to carry out friction and direct massage to prevent pressure sores</li> </ul>
	Cooperating in taking care of corpse, in absence of professional operators	<ul style="list-style-type: none"> <li>• He/she knows elements of physiological anatomy, physical, psychic and sensorial pathology</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply techniques for the hygiene of the corpse</li> <li>• He/she can take care of the corpse and manage the transfer of the corpse</li> </ul>
<b>Communicating and relating with patient, family and caring staff ...</b>	Managing the relationship with a patient	<ul style="list-style-type: none"> <li>• He/she knows theories and techniques of verbal and non-verbal communication</li> <li>• He/she knows strategies and techniques in the relation with a patient</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can support the patient with empathy</li> <li>• He/she can handle conflicts within the assigned tasks</li> <li>• He/she can recognise the relationship dynamics according to the characteristics of the person</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p>... Communicating and relating with patient, family and caring staff</p>	<p>Respecting the individual's self-determination</p>	<ul style="list-style-type: none"> <li>• He/she knows elements of human psychology in different periods of life and in case of disability</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can recognise the general conditions of the patient (psycho-physical, social)</li> <li>• He/she can recognise the persons who are important to the patient</li> <li>• He/she can foster the patient's autonomy</li> </ul>
	<p>Applying techniques of welcoming, presenting and informing about role and service</p>	<ul style="list-style-type: none"> <li>• He/she knows theories and techniques of verbal and non-verbal communication</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can welcome the patient and his family, can counsel and foster their access to services</li> <li>• He/she can organise and take part in events of socialisation and entertainment, providing support for the participation in cultural and recreational activities at home or on the territory</li> </ul>
	<p>Using techniques to involve the patient and his/her family in realising the assistance service in daily life context</p>	<ul style="list-style-type: none"> <li>• He/she knows theories and techniques of verbal and non-verbal communication</li> <li>• He/she knows techniques to communicate properly with different types of clients</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can relate with patients and family, communicating empathically in all activities of daily living assistance, can reply thoroughly involving and stimulating the dialogue</li> <li>• He/she can observe and identify potentially critical situations</li> <li>• He/she can relate with the patient and with the family assistant to set a climate of collaboration with respect to the established interventions</li> <li>• He/she can observe and report signs of difficulty</li> <li>• He/she can advise the caregiver about the best ways to carry out interventions to support daily life</li> <li>• He/she can operate using communication methods according to different cultural contexts, to different situations of care and in case of decrease of the patient's communication skills (aphasia, hearing loss, cognitive deficits, altered sensorium)</li> </ul>

## Dental Assistant Matrix

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<b>Communicating with patients: from welcoming to dental operation</b>	Welcoming patients	<ul style="list-style-type: none"> <li>• He/she knows techniques of active listening</li> <li>• He/she knows different ways of approaching according to patients (elderlies, children, disabled people)</li> <li>• He/she knows the practices for health and dental hygiene</li> <li>• He/she knows chair positioning</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can welcome patients</li> <li>• He/she can adjust the chair for maximum patient comfort</li> <li>• He/she can advise the patient adopting a healthy lifestyle and proper dental hygiene practices</li> </ul>
	Assisting the dentist during the dental procedures	<ul style="list-style-type: none"> <li>• He/she knows type of procedure</li> <li>• He/she knows ways of relating with patients during the procedure</li> <li>• He/she knows equipment</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can use working tools properly</li> <li>• He/she can manage relations with patients</li> <li>• He/she can follow the dentist's indications correctly</li> </ul>
<b>Administrative organization of the office</b>	Handling appointment booking	<ul style="list-style-type: none"> <li>• He/she knows software</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can read patients charts</li> <li>• He/she can find right times for the procedure required</li> <li>• He/she can use computers</li> </ul>
	Controlling and updating patients files	<ul style="list-style-type: none"> <li>• He/she knows how to organise archives (also using computers)</li> <li>• He/she knows privacy regulations</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can operate carefully (also as far as administrative matters are concerned)</li> <li>• He/she can manage his/her activity confidentially and ethically, respecting relative regulations</li> </ul>
	Keeping contacts with suppliers and external co-operators	<ul style="list-style-type: none"> <li>• He/she knows materials, their handling and storage</li> <li>• He/she knows tools, instruments and how to use them</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can relate with people</li> <li>• He/she can handle an order</li> <li>• He/she can organise the planning for co-operations</li> <li>• He/she can pick out technical problems of the equipment</li> </ul>
	Handling daily administrative activities (also using information technology)	<ul style="list-style-type: none"> <li>• He/she knows types of instruments</li> <li>• He/she knows administrative techniques</li> <li>• He/she knows ways of filing the main documents in a dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can use common office equipment (fax, personal computer...)</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<b>Assistance to the dentist: preparation and implementation of the operation, tidying up of the area and of the tools used</b>	Preparing the area of dental operations	<ul style="list-style-type: none"> <li>• He/she knows types of instruments and materials</li> <li>• He/she knows types of dental procedures</li> <li>• He/she knows patient medical situation</li> <li>• He/she knows type of assistance</li> <li>• He/she knows elements of hygiene and safety</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can prepare the right tools according to dental treatments</li> <li>• He/she can organise one's workplace and the dentist's office</li> <li>• He/she can keep the rooms under safety and hygiene conditions according to the relevant regulations</li> </ul>
	Handling, preparing and storing dental materials	<ul style="list-style-type: none"> <li>• He/she knows dental materials</li> <li>• He/she knows tools</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can prepare the right materials according to dental treatments</li> <li>• He/she can use instruments properly</li> </ul>
	Tidying, cleaning, disinfecting, sterilising and preparing tools, equipment and working environment	<ul style="list-style-type: none"> <li>• He/she knows main health and hygiene conditions required according to used instruments</li> <li>• He/she knows disinfection and sterilisation techniques</li> <li>• He/she knows elements of hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can Operate under safety and hygiene conditions</li> <li>• He/she can verify health and hygiene conditions (in conformity with regulations)</li> <li>• He/she can use sterilisation supplies</li> <li>• He/she knows techniques of tools disinfection</li> <li>• He/she knows correct use of disinfection products</li> </ul>

## Family Assistant/Caregiver Matrix

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<b>Carrying out the family assistant role within the living context of the assisted person</b>	Placing oneself in organisational, social and institutional contexts	<ul style="list-style-type: none"> <li>• He/she knows workers' rights and duties and relative social institutions</li> <li>• He/she knows the main bureaucratic, social and sanitary procedures (requiring of health vouchers)</li> <li>• He/she knows the main local socio-sanitary services and ways of access (to health-care homes and day-care centres)</li> <li>• He/She knows responsibilities of the family assistant</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can relate with local services (doctor, municipal offices and their functions)</li> <li>• He/she can manage into the relative labour market (cooperatives, trade unions, social security institutions)</li> <li>• He/she can make purchases and run errands</li> <li>• He/she can exercise his/her rights and duties at work</li> <li>• He/she can organize his/her own work</li> </ul>
	Cooperating with cooking and housekeeping	<ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene</li> <li>• He/she knows safety and prevention procedures at home</li> <li>• He/she knows products, tools and techniques for environment cleaning and hygiene</li> <li>• He/she knows elements of cooking and dietetics</li> <li>• He/she knows the main recipes and menus of Italian cooking</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply house cleaning techniques</li> <li>• He/she apply laundry hygienisation techniques</li> <li>• He/she can handle clothes and wardrobe</li> <li>• He/she can make bed</li> <li>• He/she can make home spaces functional respecting the person's needs</li> <li>• He/she can apply safety procedures in the home</li> <li>• He/she can organise his/her own working activities</li> <li>• He/she can apply methods of cooking and food conservation, respecting the person's habits</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p><b>Direct physical and psychological support to the assisted person</b></p>	<p>Taking care of the non-self-sufficient person, recognising needs and conditions</p>	<ul style="list-style-type: none"> <li>• He/she knows psycho-physical characteristics of individuals with different levels of self-sufficiency</li> <li>• He/she knows elements of dietetics and diet therapy</li> <li>• He/she knows techniques to handle and stimulate residual capabilities</li> <li>• He/she knows techniques of personal hygiene</li> <li>• He/she knows local cultural/leisure services and ways of access</li> <li>• He/she knows techniques and equipment to transfer the patient on mobility chairs and risks in case of wrong procedures</li> <li>• He/she knows techniques for right postures and positioning of the patient</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply first aid techniques, waiting for professional people</li> <li>• He/she can apply techniques to facilitate the patient's</li> <li>• He/she can apply techniques to facilitate the person's dressing up</li> <li>• He/she can apply techniques to help the person eat</li> <li>• He/she can apply techniques to help the person with bathing and grooming</li> <li>• He/she can apply techniques to help the person with personal hygiene</li> <li>• He/she can apply procedures to take prescribed medications properly</li> </ul>
	<p>Relating and communicating with the person, his/her household and the caring staff</p>	<ul style="list-style-type: none"> <li>• He/she knows ethical aspects of care and assistance</li> <li>• He/she knows elements of sanitary organisation</li> <li>• He/she knows elements of psychology (strategies to manage relation with a patient, techniques of communication (verbal and non-verbal)</li> <li>• He/she knows communication techniques (specific for ALS patient)</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply techniques to facilitate social integration</li> <li>• He/she can manage relations with the family</li> <li>• He/she can encourage the family network being involved to the improvement of the patient's welfare</li> <li>• He/she can handle emotions (stress)</li> <li>• He/she can correctly communicate with health operators in case of emergency</li> <li>• He/she can use different communication modalities</li> <li>• He/she can understand the person's and the family's requests</li> <li>• He/she can work with discretion, respecting the rights and needs of people in fragile conditions</li> </ul>

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<p><b>Taking care of non-self-efficient people (at different levels)</b></p>	<p>Taking care of a person affected by Alzheimer's disease and senile dementia</p>	<ul style="list-style-type: none"> <li>• He/she knows ethical aspects and laws related to the assistance to patients affected by Alzheimer's disease</li> <li>• He/she basically knows the illness and its evolution</li> <li>• He/she knows the specific techniques related to Alzheimer's disease: elements of personal hygiene, food education, dietetics and diet therapy, safety rules, handling of residual capabilities, communication and social and educational assistance</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply correct ways of managing daily life</li> <li>• He/she can apply simple techniques of cognitive stimulation</li> <li>• He/she can apply techniques to assist patients with food and fluid intaking</li> <li>• He/she can apply techniques to manage serious behaviour problems</li> <li>• He/she can apply techniques to better the home space and safety</li> <li>• He/she can apply communication and relation techniques with an Alzheimer's patient and an elderly person affected by senile dementia</li> <li>• He/she can identify physical and psychological needs and problems as well as assistance and health problems</li> <li>• He/she can recognise signs and symptoms of illnesses typical of elderly age and of Alzheimer's disease at different stages</li> </ul>
	<p>Taking care of a person affected by ALS disease</p>	<ul style="list-style-type: none"> <li>• He/she knows legislative and ethical aspects of the work with ALS patients</li> <li>• He/she knows techniques to check parameters (temperature, pressure, oximetry)</li> <li>• He/she has a basic knowledge of the illness and its evolution</li> <li>• He/she knows elements of personal hygiene</li> <li>• He/she knows how to transfer patients to mobility chair and bed positioning</li> <li>• He/she knows how to prevent and care skin lesions</li> <li>• He/she knows regulations about sanitary and ordinary assistance and responsibilities of the assistant</li> <li>• He/she knows specific communication techniques with ALS patients</li> <li>• He/she knows how to use aids</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply personal hygiene techniques</li> <li>• He/she can applying mobility techniques and right positioning in bed</li> <li>• He/she can apply techniques to support the patient in his physical needs</li> <li>• He/she can apply techniques to help the person eat</li> <li>• He/she can apply techniques to help the person communicate</li> <li>• He/she can manage emergencies waiting for professional healthcare operators</li> <li>• He/she can use technological devices to manage the patient at home and control the environment</li> <li>• He/she can valuate useful and necessary aids</li> <li>• He/she can watch over patients</li> <li>• He/she can operate respecting the profile's duties and responsibilities</li> </ul>

## Baby Sitter Matrix

Unit of Learning Outcome	Learning Outcome	Knowledge	Skills/Attitude
<b>Organisation of the environment: spaces and needs</b>	Keeping the house tidy and cosy and equipping the rooms considering children's needs	<ul style="list-style-type: none"> <li>• He/she knows elements of environmental hygiene</li> <li>• He/she knows safety and prevention at home</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply modalities of organising places for children</li> <li>• He/she apply safety procedures in places for children</li> <li>• He/she apply rooms cleaning techniques</li> <li>• He/she can apply techniques to take care of toys</li> </ul>
<b>Childcare</b>	Taking care of the children aged 0-3 years and promoting their socialising	<ul style="list-style-type: none"> <li>• He/she knows elements of social and educational assistance, with reference to private service standards</li> <li>• He/she knows elements of personal hygiene</li> <li>• He/she knows elements of paediatric first aid</li> <li>• He/she knows elements of child psychology</li> <li>• He/she knows elements of paediatric nursing</li> </ul>	<ul style="list-style-type: none"> <li>• He/she can apply welcoming techniques with children aged 0-3 years</li> <li>• He/she can apply techniques for playing activities with children aged 0-3 years with empathy and patience</li> <li>• He/she can apply techniques to prepare food</li> <li>• He/she can apply first aid techniques</li> <li>• He/she can apply supporting techniques to serve meals to children aged 0-3 years with patience</li> <li>• He/she can apply techniques for hygiene and care of children aged 0-3 years</li> </ul>

## ANNEX 1 – Template provided to partners for the identification of common competence areas

### Identification of Qualifications Relating to Personal Care and Social Work in Partner Countries

WP2 - Inception Phase and Preparatory Activities

- Please, fulfil one sheet for each qualification of your national/regional qualification system that is similar or equivalent to one of the 7 profiles identified in Lombardy Region
- For the definition of the technical words used in relation to the ECVET system, please refer to Annex 3 - 'Glossary'

Partner: (add the name of your organisation)

Indicate the Italian profile that is equivalent or similar to the one described in the following sections:

- ASSISTENTE FAMILIARE/BADANTE (Family assistant/caregiver)
- ASSISTENTE ODONTOIATRICO (Dental assistant)
- COLF (Housekeeper)
- AUSILIARIO SOCIO ASSISTENZIALE (Socio-assistance assistant)
- OPERATORE SOCIO SANITARIO (Care operator)
- OPERATORE IGIENE (Cleaner)
- TATA FAMILIARE (Baby sitter)

For the description of each profile, please refer to Annex 4

1 - PROFILE

Partner country:

Romania  Germany  Poland

Name of the profile in national language: ...

Name of the profile translated into English : ...

Reference to the national qualification level: ...

2 - DESCRIPTION OF THE PROFILE ACCORDING TO THE NATIONAL SYSTEM (link to any official document describing the profile)

*Please, describe core activities/tasks the qualification typically prepares for, functions/positions/occupations in which the qualification is typically employed and other information that might be useful in order to facilitate the comparative analysis among profiles in different partner countries*

...

3 - DESCRIPTION OF THE PROFILE - LIST OF SKILLS AND KNOWLEDGE REQUIRED TO CARRY OUT THE JOB ACCORDING TO THE OFFICIAL DOCUMENT.

*Please, translate into English the competences, the skills and the knowledge for this professional profile and list them, without modifying the original structure/framework adopted for the description of the qualification in the official document. Please, provide also the link to the institutional website and to the official documents where the profile is described, although it is in national language*

...

Links: ...

4 - INFORMATION ABOUT HOW QUALIFICATIONS ARE STRUCTURED IN YOUR SYSTEMS

- Are they designed in terms of learning units/outcomes or not?  
YES   
NO

If yes please list the learning units/outcomes: ...

#### 5 - LEARNING PROGRAMME

- Are there any leaning programme for the qualification?  
YES   
NO

Please, specify duration: ...

#### 6a - EUROPEAN QUALIFICATION FRAMEWORK (EQF) LEVEL

- List the EQF level of the profile (if any)  
...
- If there is no EQF level of the profile, please, assign an EQF level

Link: [European Commission - Education & Training - lifelong learning policy - The European Qualifications Framework \(EQF\)](#)

#### 7 - ECVET

- Is the profile structured according to ECVET requirements?  
YES   
NO

If the answer above is YES, please complete the points below

- ECVET UNITS (emphasis, duration, title and ECVET points of the units listed)  
List the ECVET units of the profile  
...
- ECVET POINTS  
List the ECVET points attributed to each unit
- HAS THE ASSESSMENT EXPERT (ASSESSOR) GOT ANY REQUIREMENTS ?  
YES   
NO   
If yes, please provide an explanation  
...
- ARE THERE REQUIREMENTS FOR THE AUDITOR AGENCY  
Is the auditor agency the operator who recognises ECVET POINTS)?  
YES   
NO   
If yes, please provide an explanation