

# Learning Outcomes Evaluation



Improving Mobility and Career Paths for Personal  
Care and Social Workers

*With the support of the Lifelong  
Learning Programme from the European Union*

*This project has been funded with support from the  
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# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	5
<b>Introduction</b>	6
<b>1. Some Questions about Assessment</b>	7
1.1 Critical Aspects Involved in Assessment	7
1.2 A Method for Assessment: Theory or Practice?	7
<b>2. The I CARE Approach: A Day with the Patient</b>	10
2.1 Looking after the Person	10
2.2 From Standard to Non-Standard Situations	12
<b>3 The Test Structure in Detail</b>	14
3.1 Introducing the Candidate	14
3.2 Practical Test	14
3.3 Written Test	14
3.4 Detailed Description of the Appropriate Place and Instrumentation	15
<b>4. Evaluation Criteria</b>	16
4.1 Main Steps of the Action	16
4.2 The Right Sequence	16
4.3 Instrumentation	16
<b>5. Does It Work?</b>	17
5.1 Does the Analytic Description of the Matrix reconcile with the Synthetic Expression of the Competences?	17
5.2 Creating a Test for the Assessment of the Whole Profile	17
5.3 A Viable Plan for Assessment	18
5.4 Using Portfolio	18
5.5 Theory or Practice?	18

## Executive Summary

The document describes the I CARE methodology for the assessment of learning outcomes. One core problem that is related to assessment is how to reconcile the analytic structure of the matrix with the synthetic situation presented in a test.

I CARE tests should assess all the learning outcomes included in the matrix, but at the same time should also propose a viable procedure for assessment.

The test will be composed of both a practical and a written part, in order to evaluate the practical skills of the candidates as well as their knowledge.

The main question the I CARE technical staff asked himself in order to create the test is:

*'If I could spend a day with a candidate who wants to work as a Care Operator (or Care Operator/Socio-Assistance Assistant/Family Assistant/Baby-Sitter/Dental Assistant), what would I ask him/her to do in order to assess him/her and verify his/her competences?'*

The answer is: "I would ask him/her to simulate the main actions requested in everyday life to each profession".

PRACTICAL TESTS structure follows the main moments of the day of a patient/baby in a facility/hospital or at home.

Two main features of the test are the following:

- it creates 'almost real situations→ describing the specific situation of the patient the candidate will pretend to meet
- the core actions should be performed in both a 'standard' and a 'non standard' situation, in order to assess the flexibility of the candidate.

The evaluation methodology is centred around three main elements:

- presence of the main steps of each procedure that the candidate performs
- right order of execution of the steps
- use of the equipment

Each element corresponds to a certain amount of point and the final score for each exercise is obtained through the following calculation:

MAIN STEP POINTS – WRONG ORDER POINS + USE OF THE EQUIPMENT POINS = FINAL SCORE

## Introduction

The development of a suitable methodology for evaluating Learning Outcomes required a long process. Competence matrices are a good tool which includes all the main skills involved in a profession, nevertheless assessment grids cannot be directly based on the matrices for one main reason:

**THE MATRICES DEFINE A PROFESSIONAL PROFILE IN AN ANALYTIC WAY**, separating and defining each skill regardless of the context. A competence is described in the abstract as a separate ability, whereas generally it expresses itself through many different actions.

This fact is particularly problematic when we consider global competence or attitudes. For instance, in the Social Assistance Assistant matrix, the competence regarding the communication with the patient is described in a specific Unit of Learning Outcome, "*Communicating and relating with patient, family and caring staff*".

If we want to assess this competence, we cannot merely ask to the examinee to simulate a conversation with a patient. The ability to communicate *empathically* with a patient should appear through the daily activities implied in the profession.

Therefore, although matrices provide an analytic description of competences and learning outcomes, the **ASSESSMENT IS A SYNTHETIC PROCESS**: skills are brought to light in common activities which express many abilities through one single action.

# 1. Some Questions about Assessment

## 1.1 Critical Aspects Involved in Assessment

The development of assessment methodology arises four main problems:

### 1. **How to Reconcile the Analytic Description of the Matrix with the Synthetic Expression of the Competences?**

For the reasons described in the introduction, it is important to find a good way of assessing in a concrete situation the learning outcomes abstractly described in the matrices.

### 2. **Creating a Test for the Assessment of the Whole Profile**

I CARE tests cannot be assimilated to common tests used in final examinations of trainings periods, as common tests do not mean to assess ALL the competences required for a profession. A candidate generally attends a mandatory training period before the final examination; during the training he/she attends classes and develops his/her abilities, then in the assessment phase, a 'spot-check' of his/her competences is made, in order to evaluate some of the skills he/she was supposed to acquire. I CARE tests cannot admit a 'spot-check', because applicants do not share any common training period. People who require the validation of their competences, in fact, come from different contexts. They attended different training programmes, someone probably gained many skills in informal contexts, then it is absolutely necessary to assess all their competences.

### 3. **A Viable Plan for Assessment**

The point 2 stressed the importance of assessing each learning outcome included in each profile in order to guarantee a complete evaluation of the worker/learner competences. At the same time, it is also important to consider a different, but equally relevant, criterion. The assessment process cannot be too long, otherwise it would become unfeasible. When a worker/learner decides to certify his competences, the validation process must be completed in two, at least three days. A validation process requiring one or two week is viable neither for a worker nor for a vocational training centre.

### 4. **Using Portfolio?**

European guidelines for competence evaluations suggest to use a portfolio – '*an organised collection of materials that presents and verifies skills and knowledge acquired through experience*'<sup>1</sup> – as a useful tool. A portfolio might include summaries, performance appraisals, references from current and past employers, supervisors and colleagues, and photographs of completed work certified by a referee. It can be useful for collecting as much information as possible about candidates, and also for promoting their self-assessment.

I CARE project had to consider if the portfolio could be useful in the assessment process of the profiles took into account.

## 1.2 A Method for Assessment: Theory or Practice?

The main problem in developing an assessment process for vocational professions is the choice between practical and written tests. In order to deeply analyse benefits and problems we took into account two projects, which created different tests for competence validation.

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<sup>1</sup> See "European Guidelines for validating informal and non-formal learning", published at [http://www.cedefop.europa.eu/EN/Files/4054\\_en.pdf](http://www.cedefop.europa.eu/EN/Files/4054_en.pdf), p. 61

### 1.2.1 Written Tests: 'Talenti di Cura'

"Talenti di cura"<sup>2</sup> is a project which aimed at developing a process for the validation and training of competences in the area of social care (similar to I CARE). The project created a complex and accurate assessment methodology. The assessment of each competence has been split up into three different evaluation processes: **knowledge** assessment, **skills** assessment and **personal/relational** competences assessment.

**Knowledge** has been assessed through a multiple-choice test related to the specific competence. For instance, for evaluating knowledge related to the competence 'Personal Hygiene', the test included questions as: '*by giving a paralysed person a bath, which part of his/her body must be introduced into the bathtub first ?*'. To pass the test, one had to answer correctly to the majority of the questions.

In order to assess **skills**, the examinee received lists of sentences, each one describing a step of a working process, and he/she had to put them into the right order. In the case of a list of 7 sentences, one has to put at least 5 of them in the right order to pass the test.

For the assessment of **personal/relational** competences a set of 'case histories' related to the assessed competence has been employed. The examinee had to choose among different possible conclusions of the history, and each conclusion corresponded to a particular personal/relational competences. Thus, the examinee had to understand which was the right personal/relational competence to spend in a given context.

#### Benefits

- 'Talenti di Cura' assessment takes into account all the main aspect of professions from social care areas: practical skills, but also relational skills and knowledge
- 'Talenti di Cura' assessment is extremely economical, since all the tests are available online, then each examinee can self-assess himself through the website.

#### Problems

- Professions like Care Operator or Family Assistant require practical skills that must be evaluated by a professional assessor in a real situation. A competence validation can possibly allow a person to work in a hospital or in a house with elder patients, then the candidate skills must be carefully assessed. Multiple choice tests do not always provide a sufficient evidence for the competence requested
- Personal and relational competences are essential in personal care fields, and 'case histories' cannot fully assess them. A person can give the right answer to the tests being at the same time not empathic at all with the patient.

### 1.2.2 Practical Tests: "ASSET"

ASSET Project has provided a quite structured methodology for assessment.

The competences related to a Learning Unit are validated through a practical assessment in a real situation. The template of the assessment specifies the objectives, the materials and the context of the assessment. It follows a template referring to a Learning Unit from the matrices. The items called 'competences' correspond to work steps or sub-processes of a specific work task. Each step is assessed according to a scale of four marks (from 0 to 3)

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<sup>2</sup> See the website [www.caretalents.it](http://www.caretalents.it)

**UNIT 4**  
**DIAGNOSTIC AND MAINTENANCE OF THE ENGINE EMISSIONS IN PETROL AND DIESEL ENGINES**

COMPETENCE	ASSESSMENT CRITERIA	Marks 0, 1, 2, or 3	Coef	Total
<b>Identify with precision the symptoms of the fault</b>	The malfunction is validated. The documents and information used are adapted to : - the vehicle - the system that has the fault.		<b>1</b>	
<b>Select the hypotheses of the fault depending on the symptoms</b>	The hypotheses given are : - plausible - complete - ranked		<b>1</b>	
<b>Test the system</b>	The diagnostic procedure is : - coherent / logical - adapted to the malfunction		<b>1</b>	
	The choice of the reference values used is adapted to the system with the fault The testing equipment chosen allows the measurements to be taken.		<b>1</b>	
<b>Validate the malfunction and choose the appropriate action to be done</b>	The measurements are chosen in relation to the malfunction and the access points. The equipment is used respecting health and safety guidelines.		<b>1</b>	
	The interpretation of the measured values allow the identification of the causes of the fault.		<b>2</b>	
	The causes of the malfunction are validated and justified. The selected procedures allow the vehicle to be repaired.		<b>1</b>	
	The malfunction is repaired		<b>1</b>	
<b>Organise a work station</b>	The organisation of the work station is practical Environmental, and health and safety rules are respected The work station and vehicle are kept clean throughout the session		<b>1</b>	
<b><u>Respect the methods and schedule.</u>*</b>	The task is completed within a defined time (2 H 30 maximum).		<b>1</b>	

\* **Special conditions**      **Mark authorised: 0 or 3**

<b>TOTAL :</b>	<b>30</b>
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### Benefits

- ASSET assessment is centred around the evaluation of competences in real situations and this feature is particularly important in vocational professions
- ASSET templates are extremely accurate and provide in detail criteria for assessment, avoiding one-sidedness by the assessor.

### Problems

- ASSET templates are strictly analytic in presenting a work process and this structure is not always suitable in the social care field, as highlighted among the benefits
- ASSET templates do not consider the evaluation of knowledge nor the assessment of relational competences. The I CARE project, on the contrary, must take in great account both of them, since knowledge and relational competences are essential for all the professions included in the project.

## 2. The I CARE Approach: A Day with the Patient

The main question the I CARE technical staff asked to himself in order to create a useful assessment methodology was: *'If I could spend a day with a candidate who wants to work as a Care Operator (or Care Operator/Socio-Assistance Assistant/Family Assistant/Baby-Sitter/Dental Assistant), what would I ask him/her to do in order to assess him/her and verify his/her competences?'*.

We need to check at the same time

- a. **ALL THE SKILLS** INCLUDED IN THE MATRIX
- b. To pay a particular attention to those **CORE ACTIONS** or **MAIN WORK PROCESSES** which characterise each profession.

How can we do this?

In order to reach this complex task, we decided to assess examinees through a practical test which simulates the **main actions requested in everyday life** to each profession.

PRACTICAL TESTS structure follows the **main moments of the day** of a patient/baby in a facility/hospital or at home.

### A DAY WITH THE PATIENT/THE BABY

1. Awakening in the morning
2. Personal hygiene
3. Dressing the elder or the baby
4. Feeding (breakfast or meal)
5. Hygiene of the ambient (the house or the facility); making beds, keeping the environment clean
6. Rest and recreation in the afternoon
7. Going to bed

The test has specific sections for each profession; for instance, in the Care Operator and Socio-Assistance Assistant test there is a section which simulates the mobilisation of the patient or the main sanitary activities requested for the patient assistance. The baby-sitter test focuses on playing activities for the social and psychical development of the baby.

The **Dental Assistant** test is the only one which is **not strictly structured according to the different moments of the day**, because this profession is not centred around the daily routine of the patient. Nevertheless, also this profession has some main work processes which synthetically express the core competences included in the profile, and the test focuses on those processes.

### 2.1 Looking after the Person

Professional profiles working in the social care field have one important feature: the worker is always in relation with people (elders, children, adults). These people are frequently in a fragile situation, thus it is essential for the worker to understand their needs in order to help and support them.

For this reason the I CARE tests are based on one essential competence required from the examinee: **OBSERVATION**.

The worker/learner must **observe the physical and psychic conditions of the elder/baby**, understanding his situation and needs, and adapting to different possible situations. This skill is easy to be assessed in a real context, whereas it is much more complex to verify it through a simulation.

A simulation is a stable situation, free from hitches and problems. On the contrary, the relationship with a real person often presents unforeseen troubles. For this reason the I CARE tests do not submit to the candidate an abstract case, but rather an “**ALMOST REAL CASE**”.

For instance, in the Care Operator test, the examinee has to show his/her ability in looking after the patient, observing his/her symptoms. The test presents several cases of patients in different situations.

**Case 1**

<i>Age:</i>	73
<i>Autonomy in physiological functions:</i>	Reduced physiological functions
<i>Autonomy in language:</i>	Good
<i>Pathology:</i>	Heart deficiency

**Case 2**

<i>Age:</i>	40
<i>Autonomy in physiological functions:</i>	Urinary incontinence
<i>Autonomy in language:</i>	Difficulty in speech
<i>Pathology:</i>	Hemiplegia

**Case 3**

<i>Age:</i>	65
<i>Autonomy in physiological functions:</i>	Good
<i>Autonomy in language:</i>	Restricted vocabulary
<i>Pathology:</i>	Alzheimer

The candidate has to report those specific elements that he/she has to pay attention to in each situation. For instance, a Care Operator has different ways of relating to people basing on their pathology. A man with Alzheimer's disease has different needs from the one that a patient with cardiac problems has.

If a Care Operator gets into the room of a man with hemiplegia and the patient is crying, what would the candidate do?

If a Care Operator gets into the room of a man with diabetes and the patient is in a sweat, and finds difficulty in speaking, what would the candidate do? What should he/she pay attention to? Who should he/she call?

**Submitting the candidate to a concrete situation is a good way to assess his/her relational and professional skills, avoiding abstractions implied in unspecific abstract cases**

## 2.2 From Standard to Non-Standard Situations

There is a second core element in the I CARE assessment methodology. The candidate should not merely adapt him/herself to a specific case proposed in the test, but should also be able to handle with different situations.

Each section means to assess the skills of the examinee through a simulation held in a standard situation. Here are some examples from the Care Operator test:

### **Personal hygiene**



*standard situation:* the patient is bedridden but can move his upper limbs and cooperate with the operator

### **Mobilisation**



*standard situation:* the patient is bedridden and cannot walk

### **Feeding**



*standard situation:* the patient is bedridden, but can cooperate with the operator.

After the candidate simulates these skills in the standard situation, the assessor will ask him/her some questions concerning the same competence, referring this time to a non-standard situation. Sometimes the candidate has to perform the required action also in the new case, sometimes he/she only has to answer the questions.

Here are some examples:

### **Personal hygiene**



*standard situation:* the patient is bedridden but can move his upper limbs

*question 1:* And if the patient is not bedridden and cooperates with the operator?

*question 2:* And if the patient is not bedridden but cannot cooperate with the operator?

### **Mobilisation**



*standard situation:* the patient is bedridden and cannot walk

*question 1:* And if the patient has Parkinson's disease?

*question 2:* And if the patient recently broke his left thighbone?

### **Feeding**



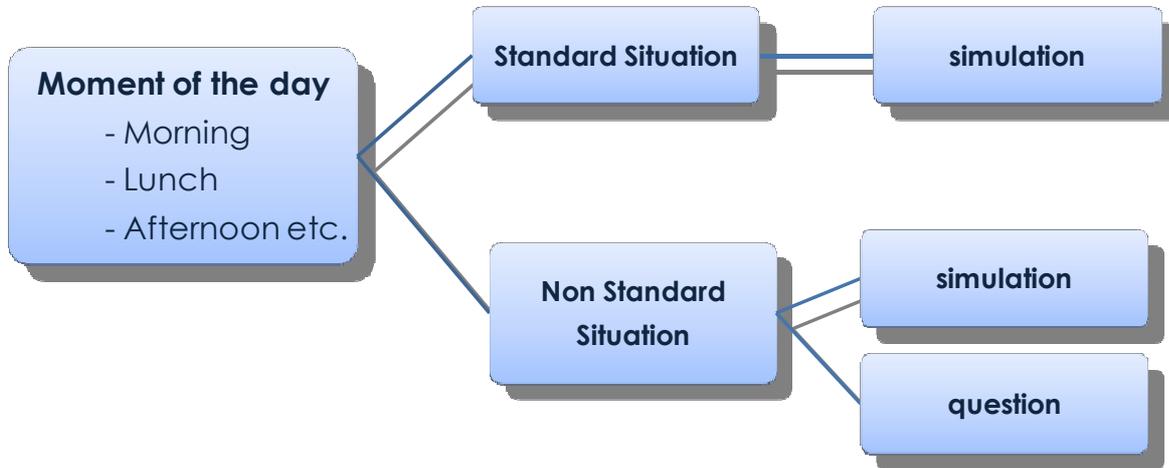
*standard situation:* the patient is bedridden but can cooperate with the operator.

*question 1:* And if the patient has senile dementia and cannot feed himself?

*question 2:* And if a diabetic patient asks to the operator a chocolate pudding?

The creation of such 'different situations' is a good tool in order to assess the flexibility of the candidate.

We can then summarise the logical structure of the I CARE test through a diagram:



### 3. The Test Structure in Detail

In the former paragraphs, we described the general structure of the tests, the ideas and problems we dealt with in order to create them.

Now we will describe more precisely the concrete structure of the tests, their sections and contents.

#### 3.1. Introducing the Candidate

The first page of the test will include some information about the candidate: name, date of birth, address.

In this page will also be included information about previous work experiences, references from past employers and formal qualifications.

All these elements will not be directly considered in the evaluation of the candidate's competences, since the ECVET system is centred around the output assessment of workers/learners. A formal certificate is not a sufficient proof of worker's skills in ECVET programmes. Nevertheless, if the assessor is aware of the candidate past experiences, these information can help him/her in a better assessment of the candidate performance.

#### 3.2. Practical Test

After the introduction, there are the practical tests, structured as described in the former paragraphs:

- Description of the moment of the day
- Assessment of the core 'work processes'
- Assessment of standard situation
- Assessment of non-standard situation

#### 3.3. Written Test

The practical test is followed by some written tests. The candidate will have to answer to almost 40 multiple-choice questions, where his/her theoretical knowledge will be assessed. Written test will include:

- **Notions that do not require to be evaluated through a practical simulation**  
For instance, in order to verify if a person can properly relate to a patient, it is essential to observe how he/she moves, speaks and acts toward the patient. On the contrary, in order to verify if the candidate knows the techniques for sterilisation, submitting him/her to a multiple-choice test will be enough.
- **Notions that can complete the practical assessment**  
Practical tests provide a quite synthetic assessment of the examinee's skills. For this reason, it can be useful to integrate them through the written test, where it is possible to include more technical and particular questions. For instance, the Care Operator practical test has a section where the candidate has to prove his/her ability in risky situations (when a patient falls or is choking on food). The simulation will include one or at least two cases, while in the written tests there will be more questions regarding analogous situations.
- **Notions regarding laws or rules specific for one country**  
Professions working in social care fields imply a good knowledge of laws and rules regarding the privacy or the safety of the patient. These laws change in different countries, nevertheless the worker has to know them in order to work appropriately. This set of questions will regard Italian laws, then it will not be included in tests shared with project partner countries. Foreign workers who will be assessed in their country

will have to attend a short training in Italy to learn these specific notions. Foreign workers who already live in Italy, and will be assessed in Italy, will have to answer also to this part of the written test.

### **3.4. Detailed Description of the Appropriate Place and Instrumentation**

The last part of the test includes a detailed description of the room where the test should take place and a list of instrumentation.

This section is a useful tool for the assessor in order to prepare everything needed for the assessment. Then, every section of the test will also have a small grid where the instrumentation requested in that particular section is enumerated.

## 4. Evaluation Criteria

Finding a criterion for evaluating I CARE tests has not been an easy task. The actions that the examinee has to perform include both technical and relational skills, thus it was necessary to find a way to reach a complete and satisfactory evaluation system.

I CARE technical staff choose a point system where three main elements were considered:

### 4.1 Main Steps of the Action

All the core work processes of each professional profile has been divided in their 'main steps'. For instance, in the Care Operator profile, one of the main action the worker has to do is dressing the patient. Supposing the patient is a bedridden man who cannot walk, the action was divided in three steps.

1. Consider the habits of the guest in relation to the clothes he wants to wear.
2. Helping to put on the top part.
3. Proceed to put on the underwear if the guest wish it

10 points have been allocated to each step. If the examinee performs one of the three step the assessor will tick the box which corresponds to that step.

Elements to be assessed	Points
1. Consider the habits of the guest in relation to the clothes he wants to wear.	√10
2. Helping to put on the top part.	10
3. Proceed to put on the underwear if the guest wish it	10

In this example, 10 points have been allocated to each step, but generally 5 points correspond to the main steps of each process.

### 4.2 The Right Sequence

For a successful evaluation of the performance it is not sufficient that the examinee carries out all the main steps of an action, but he/she also has to perform them in the correct order. In fact, there is a specific sequence that the worker must follow in order to correctly clean the patient room, wash the patient, feed and dress him/her.

For this reason, those processes which require a particular series of steps to be correctly carried out, are assessed through a grid where a 'sequence' column has been added. Whenever the candidate performs the steps in the wrong moment, the assessor will mark the box in the 'sequence' column, so two points will be subtracted from the final score.

Elements to be assessed	Points	Order
1. Consider the habits of the guest in relation to the clothes he wants to wear.	√10	-2
2. Helping to put on the top part.	√10	√-2
3. Proceed to put on the underwear if the guest wish it	√10	-2

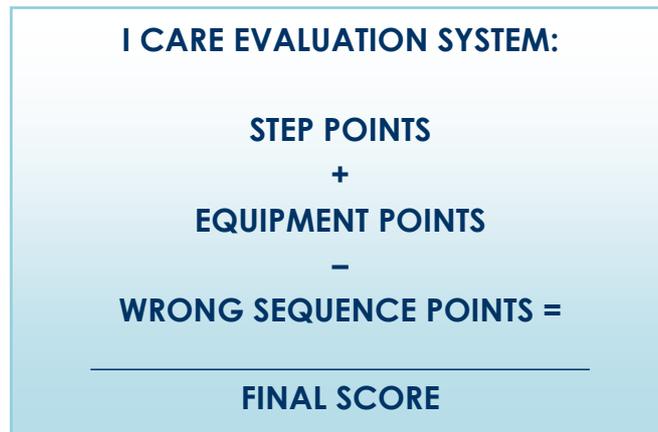
### 4.3 Instrumentation

The assessor will also consider if the candidate correctly uses the instrumentation requested in each action. Five points can be allocated to instrumentation; the assessor has to choose the adequate score, considering that the minimum positive score is **three points**.

Here is the grid for the evaluation of the mobilisation of a bedridden patient.

Elements to be assessed	Points	Order	Used Equipment	1-5 Points
1. Presence of two operators	√5	√-2		<b>3</b>
2. Prepare the wheelchair braked near the bed.	√5	-2	Wheelchair	
3. Bring the lift next to the bed, apply the sling to the host. Proceed to put the host on the wheelchair	√5	-2	Lift	
4. Remove the sling.	5	-2		

Below it is summarised how to calculate the final score for each work process (called 'exercise' in the tests):



## 5. Does It Work?

In this last section, we would try to figure out if the evaluation methodology developed by the I CARE project can help in solving problems and questions brought to light in the first paragraph of this document.

Of course we have to wait the test experimentation in order to really verify their suitability, nevertheless we can consider them from a theoretical point of view, confronting them with assessment methodologies developed up to now.

Let recall the main questions emerged in paragraph 1:

### 5.1. Does the Analytic Description of the Matrix reconcile with the Synthetic Expression of the Competences?

**YES**→ The I CARE assessment surely reconciles synthetic and analytic approach to professional profiles. The matrices express analytically the main competences implied in each profession. The test, on the other hand, requests from the candidate a synthetic expression of his/her skills. The gap between the two approaches is filled by the clear distinction of the main steps implied in each process. The assessor can evaluate different skills in one action, connecting then the work process with the matrix according to a comparative table. Below is one example:

ELEMENTS TO BE ASSESSES	
Inform the guest about the procedure he is going to do	→ LO ' <i>Managing the relationship with a patient</i> '
Wash the face, neck, ears, arms and hands using soap and water	→ LO "' <i>Assisting a patient in his/her physiological functions</i> '
Invite the guest to dry, brush teeth with a toothbrush and comb itself	
Help to get rid of the pajama and brush the back with a soapy knob, inviting the guest to do the same action with the trunk	→ LO ' <i>Respecting the individual's self-determination</i> ' (skill: ' <i>he/she can foster the patient's autonomy</i> ')
Dry and dress (undershirt)	
Apply the pan and invite the visitor to proceed with the intimate hygiene in order to keep his hand skills	→ LO ' <i>Assisting a patient in activities aimed at maintaining the residual psycho-physical capabilities, re-education and functional recovery</i> '

The detailed description of the correspondence between tests and matrices will be included in the next deliverable (called '*Learning Outcome Transfer Process / Model*').

### 5.2. Creating a Test for the Assessment of the Whole Profile

**YES**→ The I CARE assessment methodology allows a complete assessment of the professional profiles considered in the project. Practical tests evaluate how the candidate performs all the main daily activities implied in each profession, and the written tests assess the candidate's specific knowledge, then the assessor can have a more complete picture of the worker's competences.

### **5.3. A Viable Plan for Assessment**

**YES**→ The I CARE methodology provides a viable plan for assessment, because the practical tests can be completed in few hours and the written test requires no more than one hour to be filled in. After the experimentation phase more precise data will be available on this.

### **5.4. Using Portfolio?**

**YES**→ The I CARE methodology takes into account the personal and professional situation of the candidate, for this reason we created the first section of the test, where past work experiences and references can be described. At the same time, social care professions work in such a delicate context that it is necessary to directly assess all the core competences before introducing a worker in the labour market. Then the portfolio can be a useful tool, but cannot replace a reliable assessing methodology.

### **5.5. Theory or Practice?**

**YES**→ The I CARE methodology provides a good balance between practical and written tests avoiding problems implied in both a purely practical or theoretical approach.