

Interprofessional Core Curriculum for Health Care Professions

Created within the framework of the "2get1care – lifelong learning and interprofessionalism in health care professions" (2011-2013)



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EXTRACT

List of Abbreviations

BIBB	German Federal Institute for Vocational Education
BMBF	German Federal Ministry of Education and Research
CC	Core curriculum
EARL	"Recommended training regulations" (Empfehlende Ausbildungsrichtlinien)
ECTS	European Credit Transfer System
ECVET	European Credit System for Vocational and Educational Training
EQF	European Qualifications Framework
GC	Geriatric care
KMK	The Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany (Kultusministerkonferenz)
LLP	Lifelong Learning Programme
LU	Learning unit
OT	Occupational therapy
PT	Physiotherapy
ST	Speech therapy

I. Foreword to the Core Curriculum

1. Introduction

The occupational profiles of the health care professions speech therapy, occupational therapy, physiotherapy and geriatric care are currently undergoing a process of development and change that is influenced as much by socio-demographic developments as it is by the changing panorama of diseases and fluctuating (health) policy decisions in Germany.

The demands put on present-day therapists and nurses include the specialist tasks of each discipline such as communication therapy, treatment of function and activity limitations, therapeutic treatment for motor skills and sensory processing disorders as well as nursing, counselling and guidance. Furthermore, it has now become the responsibility of health disciplines to not only guide people in coping with diseases but to also support them in promoting and maintaining their health. In addition to understanding the physical needs of clients and patients¹, their emotional and social needs are additionally integrated into therapy and nursing.

In the context of changing structures in the health and social sectors which are accompanied by challenges such as quality management, efficiency and collaboration between different health care systems, it has become highly necessary to develop, in addition to the purely technical competences, the communicative and interdisciplinary competences of learners and to communicate the importance of an evidence-based approach. These aspects function equally as unifying elements between the varied disciplines and their specific requirements.

In addition to these developments in the regulated professions, the establishment of therapy and nursing science in Germany has created a trend towards professionalisation of health care professions which presents vocational training programmes with the challenge of offering high-quality training to its graduates that makes it possible for them to transfer to institutions of higher education. Trends and challenges have also emerged at the level of (vocational) education policy which concern health care professions, for instance by means of the Lifelong Learning Programme (LLP) which is sponsored by the EU Commission.

"A central component in the process of strengthening European collaboration in professional and vocational education and training is the development of a common European framework and in-

¹ For better readability, the terms "client" and "patient" are used synonymously. These terms also represent the target groups for all four health care professions (e.g. resident, client, participant).

struments to increase the transparency, recognition and quality of competences and qualifications. This should also simplify and promote the mobility of learners and employees. An important instrument is the European Credit System for Vocational and Educational Training (ECVET)." (BIBB 2011: n.p.). ECVET serves to accumulate, transfer and recognise credit points earned in vocational education and training. The system is intended to promote interprofessional and transnational mobility as well as the individual learning mobility of professionals and students which has been restricted until now due to the high degree of differentiation and specialisation of the (European) qualification systems as well as to the lack of regulations for mutual recognition of earned credit points.

'2get1care' is a pilot project for the experimental testing of the European credit system ECVET for vocational education and training for health care professions in Germany within a European partnership². The project aims to develop an approach for the transfer of qualification components on both a transnational and interprofessional level. (bfw- Competence Center EUROPA 2011: 5). The operational framework for this testing is the scientifically evaluated development and implementation of an existing interprofessional core curriculum based on ECVET principles³.

² The partners include the German universities of applied sciences in the 'maxQ.' - location "Center for health care professions (ZFG)" in Dortmund and the 'CCE - Competence Centre EUROPA' of the 'bfw - Unternehmen für Bildung' (Berufsbildungswerk Gemeinnützige Bildungseinrichtung des DGB GmbH). Furthermore, the universities of applied sciences the Hochschule Osnabrück and Fachhochschule Bielefeld, the 'ibw Austria - Research & Development in VET' (Austria), 'KTP - Company for qualification on the labour market' (Czech Republic), and 'GYEMSZI - National Institute for Quality and Organizational Development in Healthcare and Medicines' (formerly ETI) (Hungary).

³ Moreover, the training curricula of the four health care occupations geriatric care, occupational therapy, speech therapy and physiotherapy have been adapted to ECVET within the project in addition to the development of a concept for advanced training for teachers based on ECVET principles.

2. Framework conditions of the core curriculum

The framework for the development of the core curriculum is the testing of the European credit system ECVET for health care professions in Germany.

ECVET enables the assessment, documentation and recognition of competences that learners have acquired in a sector of vocational education and training. This is made possible by presenting competences in learning outcomes which, regardless of the location, context or duration, describe the knowledge, skills and competences that are necessary to achieve that learning outcome. The outcomes are compiled as units which are meant to be constructed and organised in a coherent way with regard to the overall qualification. They should also be constructed to allow discrete assessment and validation of the learning outcomes contained in the unit.

Furthermore, ECVET points are to be allocated which describe the learning outcome and also assess the learning unit in relation to the overall qualification. At the moment, however, an agreement has yet to be reached both in a national and international context concerning the allocation of credit points. This has resulted in expert recommendations to postpone the allocation for the time being and to await further developments. The most probable current approach is to deal with the weight of a unit based on its workload in relation to the overall qualification. (BMBF 2011a:3). Formulating units in learning outcomes makes it nevertheless possible to allocate points at a later point in time.

An additional feature of ECVET is its complementarity with other initiatives for the recognition and transfer of competences and for the promotion of learner mobility within the European Union (EU). ECVET can be complemented by the European Qualifications Framework (EQF) which provides institutions of higher education and vocational and technical schools with a common reference framework for comparing different European qualifications. This makes it possible for a learning unit to include a reference for the qualification based on the EQF level⁴ in addition to the allocated ECVET credit points. In the long-term, ECVET is intended to complement the European Credit Transfer System (ECTS)⁵ by connecting vocational education with higher education. Europass⁶ is also an initiative that is compatible with ECVET.

⁴ Due to inconsistencies, individual learning units within the 2get1care Project have not been allocated an EQF level. Instead, an average estimation has been made for the overall qualification.

⁵ ECTS makes teaching and learning more transparent across Europe and facilitates the recognition of all studies. The system allows for the transfer of learning experiences between different institutions, greater student mobility and more flexible routes to gain degrees.

ECVET and its tools are used on a voluntary basis by the EU Member States and aim not to replace national education systems but to instead complement them. For Germany, this means that "there is agreement that implementation will take place within the framework of the existing vocational training system, retaining the occupation principle and the aim of acquiring comprehensive vocational skills." (BMBF 2011a:1).

On the basis of the specific prerequisites for the implementation of ECVET in Germany mentioned above, the relevant occupational regulations and training and examination regulations of the health care professions are additional, authoritative guidelines that have been considered in the development of the core curriculum. This has been achieved by aligning the core curriculum with the recommended training guidelines (EARL) from North Rhine-Westphalia for geriatric care, occupational therapy, speech therapy and physiotherapy. Detailed account is taken of legal requirements in the EARL which have also been adopted in the core curriculum.

3. Objectives of the core curriculum

The objective of the core curriculum has already been determined by its integration in the '2get1care' project. In addition to the reorganisation of content and its adaptation to modern curriculum requirements, practical objectives have been clearly pursued which concern the everyday training of vocational students. The four most important objectives of the curriculum follow.

ECVET Orientation

Aligning the curriculum with ECVET principles means above all an opening up of vocational school training to the European market / area. The opportunity to "accumulate, transfer and recognise credit points in vocational education and training ... promotes transnational transparency, mobility and permeability" (BMBF 2011b: n.p.). To achieve this mobility, knowledge, skills and competences are formulated in learning outcome units within the core curriculum which by means of "a common European terminology to improve the transparency and comparability", (BMBF 2011a: 2) enables simple recognition of acquired learning outcomes. This occurs regardless of the duration, location and context of a learning process. The allocation of credit points and the transfer of

⁶ The Europass is a single portfolio enabling citizens to provide proof of their qualifications and skills clearly and easily anywhere in Europe.

ECVET points have been excluded from the '2get1care' project for the time being⁷. The core curriculum is otherwise fully ECVET compatible.

Transition to Action Competence

The paradigm shift in vocational education and training is made particularly clear by the term action competence. Within the framework of the research project 'Kompetenzstandards in der Berufsausbildung' (Competence Standards in Vocational Education), the Federal Institute for Vocational Education offers the following definition: "Action competence means being able to structure tasks independently and autonomously while considering the context and those involved. Action competence is acquired in work and learning situations and is utilised for professional and personal development. Action competence unfolds in the dimensions of technical, methodological, social and personal competence." (BIBB 2009: 11). The term action competence is also used in the recommended training regulations.

The objective is to enable learners to fulfil not only their relevant professional tasks, but more especially to enable them to "shape the world of work and society as a whole with a sense of social and ecological responsibility" (KMK 2007: 4). All learning outcomes, both in theoretical and practical training, are oriented towards the objective of action competence. Competence orientation in teaching means in reference to the core curriculum that learners develop action competences by achieving learning outcomes for practical use in professional situations during and after training. This occurs for instance by means of 'learning by doing' in role playing or case studies and with further competence-oriented methods (see below). The aim of action competence is to develop the autonomy of learners who increasingly assume responsibility for their actions. This means that there is a shift of emphasis from teaching to learning, from a focus merely on the content of learning to a focus on competence.

Synergistic effect of interprofessionalism

A key characteristic of the developed core curriculum is its interdisciplinary orientation. This aspect is thus a part of the objectives.

Interprofessionalism is achieved within the project in two ways. First, learners from all four health care professions are taught together (in part by 'interdisciplinary' teachers) and they work with one

⁷ As mentioned above, it will be possible to take this step as soon as a uniform format has been established for assessment and recognition.

another in heterogeneous groups. Secondly, the learners work on interdisciplinary case studies, as an example. This allows them to address the importance and content of the other professions. The challenge is for learners to not only question and understand their own professional identity but to also question and understand other's points of view. Case studies that are worked on jointly emphasise the opportunities for an interdisciplinary structuring of an optimal treatment or nursing process.

Interdisciplinary teaching particularly promotes the personal and socio-communicative competences of learners. The authors understand the concept of the development of personal competences to include, but as not limited to, critical self-awareness, perseverance, physical and psychological resilience and the formation of a sense of responsibility and of a personal stance. The socio-communicative competences include, but are not limited to, professional communication and interaction as well as empathy and the ability to handle conflict situations.

Particularly in heterogeneous (learner)groups, the personal prerequisites and educational background of each member may (sometimes greatly) vary. This diversity may well present conflict potential which requires sensitive social interaction.

Such interaction promotes important attributes such as tolerance, respect and empathy which are also necessary in a professional setting when dealing with clients and patients. In order to reflect, the learners and teachers are also able to address their 'experienced' interdisciplinarity from another level.

Educational diversity becomes particularly apparent in the learning units concerned with content that is already covered in the curricula of general education schools or vocational schools.⁸ As a consequence, the prior knowledge expected of students including recommended literature is made transparent, for instance by means of prior information. This makes it possible to establish more uniform prerequisites.

⁸ The following examples pertain: Units from learning domain 1 (in particular Basics of Communication), and from learning domain 2 (in particular Target Groups and Legal/Political/Economic Frameworks) and in learning domain 3 (e.g. Legal Basis, Personal Health Maintenance).

4. Glossary

ECVET points: means a numerical representation of the overall weight of learning outcomes in a qualification and of the relative weight of units in relation to the qualification. (EU 2009: 14)

Unit of learning outcomes (unit): means a component of a qualification, consisting of a coherent set of knowledge, skills and competence, that can be assessed and validated (EU 2009: 14)

Skills: means the ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of the European Qualifications Framework, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) or practical (involving manual dexterity and the use of methods, materials, tools and instruments (EU 2008).

Action (or Vocational) Competence: is the capacity to structure tasks independently and autonomously while taking into account the context and the persons acting in this context. Action competence is acquired in work and learning situations and is utilised for professional and personal development. It is developed in technical, methodological, social and personal categories. (according to BIBB 2009: 11)

Interprofessionalism: in the framework of the project 2get1care is understood as the cooperation between different professions in the health care sector⁹ (geriatric care, occupational therapy, speech therapy and physiotherapy) which share characteristics in what refers to fundamental values (professional ethics), applications, specific fields and structures (e.g. documentation, institutions). The project 2get1care in particular focuses on commonalities in terms of learning results within education and training curricula (knowledge, skills and competences).

Shared responsibility which emerges from interprofessional work, supports the reaction towards changing developments in the health care system, such as structural changes, fragmentation of work processes, specialization etc., and helps to join competences and expertise, in order to use synergy effects to the benefit of clients/patients and to work more efficiently. That way joint decision-making on treatment and care of clients/patients takes place. Moreover there is an exchange of in-

⁹ Although occupational therapy, physiotherapy, speech therapy and geriatric care up to now may not be definitely considered professions, this term is used due to the lack of an alternative option and because those occupations are already on their way to become professions (e.g. because education at university level is increasing).

formation and know-how and tasks are coordinated effectively and efficiently. The term interdisciplinarity is used synonymously.

Knowledge: all facts, principles, theories and practices covered in a field of work or learning; they are described as theoretical and/or factual knowledge. (EU 2008)

Competence: means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy (EU 2008)

Competence orientation: states that learning processes are orientated towards the goal of acquiring action competence.

Credit for learning outcomes (credit): means a set of learning outcomes of an individual which have been assessed and which can be accumulated towards a qualification or transferred to other learning programmes or qualifications (EU 2009: 14)

Fields of learning: are fields in a curriculum, which are taught in an interdisciplinary and practical-orientated way. They describe the main core competences in units.

Learning outcomes: means statements of what a learner knows, understands and is able to do on completion of a learning process and which are defined in terms of knowledge, skills and competence (EU 2009: 14)

Qualification: means a formal outcome of an assessment and validation process which is obtained when a competent institution determines that an individual has achieved learning outcomes to given standards (EU 2009: 14)

5. Bibliography

Ausbildungs- und Prüfungsverordnung für den Beruf der Altenpflegerin und des Altenpflegers (Altenpflege-Ausbildungs- und Prüfungsverordnung – AltPflAPrV) vom 26. November 2002

Ausbildungs- und Prüfungsverordnung für Ergotherapeutinnen und Ergotherapeuten (Ergotherapeuten Ausbildungs- und Prüfungsverordnung – ErgThAPrV) vom 02.08.1999

Ausbildungs- und Prüfungsverordnung für Physiotherapeuten (PhysTh-APrV) vom 06.12.1994

Bechthold-Hengelhaup, Tilman; Biastoch, Martin; Drumm, Julia; Frölich, Roland; Grimm, Nancy; Kliemt, Stefan (2007): Methodische Elemente des Unterrichts: Sozialformen, Aktionsformen, Medien. Göttingen: Vandenhoeck & Ruprecht

Becker, Georg E. (2007): Unterricht planen. Handlungsorientierte Didaktik. Teil I und 2. Weinheim: Beltz

bfw- Competence Center EUROPA (CCE) (2011): PROJEKTHANDBUCH 2get1care – Lebenslanges Lernen und Interprofessionalität in den Gesundheitsfachberufen 191143-LLP-1-2010-1-DE-LEONARDO-ECVET

Braun, Jan-Peter (2008): Leitfaden zur kompetenzorientierten Unterrichtsplanung. Anregungen für Studierende, Lehramtsausbildung, Fortbildung, Schulaufsicht und schulische Fachgruppen. http://www.studienseminareschwege.de/WebServerSTS/filebase/Arbeitsmaterialien/Kompetenzorientierung/leitfaden_unterrichtsplanung.pdf (10.10.2011)

Bundesinstitut für Berufsbildung (BIBB) (2009): Kompetenzstandards in der Berufsausbildung. Abschlussbericht http://www2.bibb.de/tools/fodb/pdf/eb_43201.pdf (29.09.2011)

Bundesinstitut für Berufsbildung (BIBB): Berufliche Bildung http://www.bildungspolitik.de/berufliche_bildung_24.html (26.09.2011)

Bundesinstitut für Berufsbildung (BIBB): ECVET Fehler! Hyperlink-Referenz ungültig. (26.09.2011)

Bundesinstitut für Berufsbildung (BIBB): Programm für Lebenslange Lernen http://www.bildungspolitik.de/programm_fuer_lebenslanges_lernen_5.html (26.09.2011)

Bundesministerium für Bildung und Forschung (BMBF) (2007): Zur Entwicklung nationaler Bildungsstandards. http://www.bmbf.de/pub/zur_entwicklung_nationaler_bildungsstandards.pdf (29.09.2011)

Bundesministerium für Bildung und Forschung (BMBF) (2011a): BMBF-Eckpunktepapier zur Erprobung von ECVET im Kontext transnationaler Mobilität in Deutschland

Bundesministerium für Bildung und Forschung (BMBF) (2011b): ECVET. Europäisches Leistungspunktesystem für die Berufsbildung. <http://www.ecvet-info.de/de/237.php> (28.09.2011)

Bundesministerium für Bildung und Forschung (BMBF) (2011c): Geographische Mobilität in der Berufsbildung: Leitfaden zur Beschreibung von Lerneregebniseinheiten. http://www.ecvet-info.de/_media/Leitfaden_zur_Formulierung_von_Lerneregebniseinheiten.pdf (26.10.2011)

Curriculum für die Ausbildung des Logopäden nach der Ausbildungs- und Prüfungsordnung in der Bundesrepublik Deutschland (LogAPro) vom 1. Oktober 1980.

Edel, Norbert; Popp, Markus (2008): Offener Unterricht. In Bovet, Gislinde; Huwendiek, Volker (Hrsg.): Leitfaden Schulpraxis. Pädagogik und Psychologie für den Lehrberuf. Berlin: Cornelsen Skriptor; S.110ff

Europäische Union (EU) (2008): EMPFEHLUNGEN EUROPÄISCHE PARLAMENT RAT. EMPFEHLUNG DES EUROPÄISCHEN PARLAMENTS UND DES RATES vom 23. April 2008 zur Einrichtung des Europäischen Qualifikationsrahmens für lebenslanges Lernen

Europäische Union (EU) (2009): EMPFEHLUNG DES EUROPÄISCHEN PARLAMENTS UND DES RATES vom 18. Juni 2009 zur Einrichtung eines Europäischen Leistungspunktesystems für die Berufsbildung (ECVET)

Gesetz über den Beruf der Ergotherapeutin und des Ergotherapeuten Ergotherapeutengesetz – ErgThG vom 25.05.1976

Gesetz über den Beruf des Logopäden und Ausbildungs- und Prüfungsordnung für Logopäden (1980)

Gesetz über die Berufe in der Altenpflege (Altenpflegegesetz – AltPflG) sowie zur Änderung des Krankenpflegegesetzes vom 17. November 2000

Green, Norm; Green, Kathy (2007): Kooperatives Lernen im Klassenraum und Kollegium. Das Trainingsbuch. Seelze-Velber: Kallmeyer in Verbindung mit Klett

Gudjons, Herbert (2008): Handlungsorientiert lehren und lernen: Schüleraktivierung. Selbsttätigkeit. Projektarbeit. Bad Heilbrunn: Klinkhardt

Hepting, Roland (2004): Zeitgemäße Methodenkompetenz im Unterricht. Eine praxisnahe Einführung in neue Formen des Lehrens und Lernens. Bad Heilbrunn: Klinkhardt

Huber, A. Anne (Hg) (2009): Kooperatives Lernen- kein Problem. Effektive Methoden der Partner- und Gruppenarbeit (für Schule und Erwachsenenbildung). Hannover: Kallmeyer

Huwendiek, Volker (2008): Didaktische Modelle. In Bovet, Gislinde; Huwendiek, Volker (Hrsg.): Leitfaden Schulpraxis. Pädagogik und Psychologie für den Lehrberuf. Berlin: Cornelsen Skriptor; S.35 ff.

Huwendiek, Volker (2008a): Unterrichtsmethoden. In Bovet, Gislinde; Huwendiek, Volker (Hrsg.): Leitfaden Schulpraxis. Pädagogik und Psychologie für den Lehrberuf. Berlin: Cornelsen Skriptor; S. 70 ff.

Jank, Werner; Meyer, Hilbert (Hrsg.) (2002): Didaktische Modelle. Berlin: Cornelsen Verlag Skriptor

Kesselring, A. (2005): Editorial Interprofessionelle Zusammenarbeit zwischen Medizin und Pflege [Elektronische Version]. In Pflege 2005 (Hrsg.), (S. 143 – 145)

Kiper, Hanna; Meints, Waltraud; Peters, Sebastian; Schlump, Stephanie; Schmit, Stefan (2010): Lernaufgaben und Lernmaterialien im kompetenzorientierten Unterricht. Stuttgart: Kohlhammer

Kleve, Heiko; Haye, Britta; Hampe-Grosser, Andreas; Müller, Matthias (2011): Systemisches Case Management: Fallenschätzung und Hilfeplanung in der sozialen Arbeit. Heidelberg: Carl-Auer

Masseur- und Physiotherapeutengesetz – MPhG vom 26. Mai 1994

Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen (2007): Empfehlende Ausbildungsrichtlinie für die staatlich anerkannten Ergotherapieschulen in NRW.

Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen (2003): Entwurf einer empfehlenden Richtlinie für die Altenpflegeausbildung.

Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen (2006): Empfehlende Ausbildungsrichtlinie für die staatlich anerkannten Logopädieschulen in NRW

Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen (2005):

Empfehlende Ausbildungsrichtlinie für die staatlich anerkannten Physiotherapieschulen in NRW

Nussbaumer, Gerda; Reibnitz, Christine von (Hrsg.) (2008): Innovatives Lehren und Lernen. Konzepte für die Aus- und Weiterbildung von Pflege- und Gesundheitsberufen: Praxishandbuch für die Aus- und Weiterbildung von Pflege- und Gesundheitsberufen. Bern: Huber

Reich, Kersten (2004): Konstruktivistische Didaktik. Lehren und Lernen aus interaktionistischer Sicht. München: Luchterhand

Reich, Kersten (Hg.): Methodenpool. <http://methodenpool.uni-koeln.de/> (02.09.2011)

Schewior-Popp, Susanne (2005): Lernsituationen planen und gestalten: Handlungsorientierter Unterricht im Lernfeldkontext. Stuttgart: Thieme

Sekretariat der Kultusministerkonferenz Referat Berufliche Bildung und Weiterbildung (KMK) (2007): Handreichung für die Erarbeitung von Rahmenlehrplänen der Kultusministerkonferenz für den berufsbezogenen Unterricht in der Berufsschule und ihre Abstimmung mit Ausbildungsordnungen des Bundes für anerkannte Ausbildungsberufe http://www.kmk.org/fileadmin/veroeffentlichungen_beschluesse/2007/2007_09_01-Handreich-Rlpl-Berufsschule.pdf (29.09.2011)

Stiftung Careum:

http://www.stiftung-care-um.ch/files/media/files/a7871fb8cad98db346a7c0696f1300fd/20090903Interprofessionelle%20Umsetzung_Schroeder.pdf (26.01.2012)

Tschekan, Kerstin (2011): Kompetenzorientiert unterrichten: Eine Didaktik. Berlin: Cornelsen Verlag Scriptor

Uni Hamburg: <http://www.sign-lang.uni-hamburg.de/projekte/slex/seitendvd/konzepte/153/15332.htm> (26.01.2012)

Uni Kassel Transfer Ost-West-Wissenschaftszentrum (OWWZ) (2011): Bologna-Glossar <http://www.owwz.de/glossar.html?&L=1> (28.09.2011)

Wahl, Diethelm (2006): Lernumgebungen erfolgreich gestalten. Vom trägen Wissen zum kompetenten Handeln. Bad Heilbrunn: Klinkhardt

II. The Core Curriculum

1. Core Tasks of Therapy and Geriatric Care

- 1.1 Basis of Communication and Interaction, Conducting Conversations
- 1.2 Counselling, Instructing, Training
- 1.3 (Interdisciplinary) Communication and Interaction in a Team
- 1.4 Basics of the Therapy/Nursing Process
- 1.5 Basics of Clinical Reasoning
- 1.6 Basics of Evidence-based Practice
 - 1.6.1 Evidence-based Therapy in Physiotherapy and Occupational Therapy – Deepening
- 1.7 Documentation

2 Target Groups and Framework Conditions of Work in Therapy and Geriatric Care

- 2.1 Children and Adolescents
 - 2.1.1 Children and Adolescents - Deepening
- 2.2 Adults and the Elderly
 - 2.2.1 The Elderly - Deepening: Fall Prevention
 - 2.2.2 The Elderly - Deepening: Living Area (Layout and Modifications)
- 2.3 People from Different Cultures; Social Development and Social Situation
 - 2.3.1 People from Different Cultures; Social Development and Social Situation - Deepening
- 2.4 People with Disabilities, Chronic Disease
- 2.5 Socially and Economically Disadvantaged People

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- 2.6 People Involved in Measures/Institutions for Preventative Health Care, Rehabilitation and Health Promotion
- 2.7 People in the Workplace
- 2.8 Health Care Institutions; Institutional Frameworks
 - 2.8.1 Institutional Frameworks of Health Care Institutions - Deepening
- 2.9 Self-help Organisations
- 2.10 The Free and Democratic State; Governmental Framework Conditions
- 2.11 The German Social and Health Care System, Health and Socio-political Framework Conditions
 - 2.11.1 The German Social and Health Care System, Health and Socio-political Framework Conditions - Deepening
- 2.12 Economic Framework
- 2.13 Labour Regulatory Framework

- 3 Training and Occupational Situation in Physiotherapy, Occupational Therapy, Speech Therapy and Geriatric Care**
 - 3.1 Legal Regulations for Training
 - 3.2 Learning, Learning Techniques
 - 3.3 Social Learning
 - 3.4 Personal Health Maintenance
 - 3.4.1 Personal Health Maintenance: Hygiene
 - 3.4.2 Personal Health Maintenance: Hygiene - Deepening
 - 3.5 Fundamental Issues and Models of Professional Conduct
 - 3.6 Basis of Nursing and Therapy Sciences
 - 3.6.1 Nursing and Therapy Sciences - Deepening
 - 3.7 Basics of Ethics, Ethical Challenges

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- 3.8 Quality Development and Assurance in Occupational Therapy, Physiotherapy, Speech Therapy and Geriatric Care
- 3.9 Civil, Criminal and Liability Law Aspects of Professional Actions
- 3.10 The Student in Different Social Situations
 - 3.10.1 Dealing with Status, Power, Violence
 - 3.10.2 Dealing with Sexual Harassment, Abuse
 - 3.10.3 Dealing with the Helper Role
 - 3.10.4 Dealing with Emotions
- 3.11.1 Providing First Aid - Deepening

4 Pathology

- 4.1 Rheumatic Disorders
- 4.2 Apoplexy
 - 4.2.1 Apoplexy
- 4.3 Dementia
- 4.4 Parkinson's Disease
- 4.5 Multiple Sclerosis
- 4.6 Cardiopulmonary System
- 4.7 Mood (Affective) Disorders: Depression
- 4.8 Oncology
- 4.9 Infantile Cerebral Palsy

1. Core Tasks of Therapy and Geriatric Care

Communication and Interaction

	1.1 Basis of Communication and Interaction, Conducting Conversations
Hours/learning unit of EARL	24 Physiotherapy (1.8), Occupational therapy (1.11), Speech therapy (1.1), Geriatric care (1.4.1)
Learning outcomes	
Knowledge	The student has comprehensive theoretical and factual knowledge of human communication and interaction. He/she can identify the importance and scope of conversation techniques.
Skills	The student applies strategies and methods of communication and interaction. He/she adopts a professional manner of communication and plans and conducts discussions which are addressee-, objective- and situation-oriented.
Competences	The student identifies basic strategies and methods of communication and interaction. He/she analyses, reflects upon and evaluates his/her own communication behaviour and the behaviour of others. The student independently and adequately organises and analyses conversational situations in different settings.
Content	The learning unit includes, but is not limited to <ul style="list-style-type: none"> • Theories and models of communication (for example by Schulz von Thun, Watzlawick, theme-centred interaction) • Conversational behaviour and behaviour patterns that are conducive or inhibiting to communication (e.g. body language, linguistic style) • Conducting conversations (such as structuring and organising conversational situations, assuming a professional attitude, client-oriented conversation (e.g. according to Rogers)) • Conversation techniques (such as active listening, feedback rules, summarising) • Context and types of conversations (such as anamnesis, counselling, facilitation)

	1.2 Counselling, Instructing, Training
Hours/learning unit of EARL	26 Physiotherapy (1.9); Occupational therapy (1.12); Speech therapy (1.3); (Geriatric care (1.4.2)
Learning outcomes	
Knowledge	The student knows different approaches and techniques for counselling and instructing. He/she knows the sequence, importance and possibilities of a counselling session. He/she recognises the role of the counsellor and counsellee.
Skills	The student adequately applies counselling techniques and interventions that are situation and client-oriented. He/she assumes the role of the counsellor and recognises the assignment/a need for counselling.
Competences	The student ascertains the value and limitations of counselling sessions as well as of various techniques in different settings. He/she questions and evaluates his/her role, his/her own behaviour and the behaviour of others. He/she attempts to develop adequate counselling objectives and content.
Content	The learning unit includes, but is not limited to <ul style="list-style-type: none"> • Counselling approaches, concepts and techniques (e.g. by Rogers, forms of questions) • Clarification of roles and tasks • Types, causes and process flow of counselling and training • Didactics of instructing, counselling and training

	1.3 (Interdisciplinary) Communication and Interaction in a Team
Hours/learning unit of EARL	20 Physiotherapy (4.9) and (1.10); Occupational therapy (1.14); Speech therapy (1.2), (1.22) and 1.1); Geriatric care (1.5.2)
Learning outcomes	
Knowledge	The student knows different forms of (interdisciplinary) professional communication (e.g. team meetings, case reviews). He/she recognises the importance of interdisciplinary work for the patient/client. He/she knows and respects the scope of responsibilities and competences of other professional groups.
Skills	The student observes his/her own behaviour in interdisciplinary settings. He/she develops the ability to plan, execute and reflect upon (interdisciplinary) team meetings.
Competences	The student reflects upon his/her own work and achievements, presents them in interdisciplinary settings in a manner that matches the demands of the target group and can professionally defend his/her point of view and objectives. He/she considers the possibilities and limitations of interdisciplinary work. He/she recognises role and cooperation conflicts and critically responds to them.
Content	<p>The learning unit includes, but is not limited to</p> <ul style="list-style-type: none"> • Causes for (interdisciplinary) communication, e.g. case reviews, team meetings • Professional groups of the German Social and Health Sector, their focus of training, their main aims and scope of competences • Interdisciplinary work • Handling conflicts at work • Techniques of interaction and communication such as conversation techniques, feedback rules, facilitation, • Techniques of exchanging information with other professional groups

3. Training and Occupational Situation in Physiotherapy, Occupational Therapy, Speech Therapy and Geriatric Care

The Student in Training

	3.2 Learning, Learning Techniques
Hours/learning unit of EARL	20 Physiotherapy (4.2); Occupational therapy (4.2) and (4.5); Speech therapy (4.2); Geriatric care (4.2)
Learning outcomes	
Knowledge	The student has basic knowledge of learning and motivational techniques and theories. He/she has knowledge of a wide range of options and techniques for completing primarily lesson-oriented learning activities such as taking notes, finding and reading scientific literature and giving a lecture. The learner also ascertains the importance of learning motivation and concentration.
Skills	The student applies different learning techniques and techniques such as those for presentation. He/she collects information by means of different informational sources using conventional and new information and communication technologies.
Competences	The student uses his/her knowledge and skills to independently organise his/her learning process. He/she reflects upon and assesses his/her learning motivation and learning progress.
Content	The learning unit includes, but is not limited to <ul style="list-style-type: none"> • Theories of learning, definitions of learning • Learning and achievement motivation • Learning techniques, promoting learning motivation and concentration • Writing and reading techniques • Gathering information by means of different technologies and media, literature research, database research • Giving lectures and presentations

	3.3 Social Learning
Hours/learning unit of EARL	8 Physiotherapy (4.3); Occupational therapy (4.3) and (4.5); Speech therapy (4.3), Geriatric care (4.2)
Learning outcomes	
Knowledge	The student has knowledge of different forms of social learning and ascertains the importance and purpose of social learning during training. He/she has basic knowledge of the theory of a "group" and of "social perception".
Skills	The student tests different forms of social learning and develops guidelines or rules for how to learn with and from one another during training. He/she utilises the resources that originate as a result of social learning, for instance, in the event of problems, to find possible solutions and to establish support structures, where appropriate.
Competences	The student structures and substantiates his/her everyday experience made with social learning in the context of group and perception theories. He/she reflects upon and assesses his/her own experience.
Content	<p>The learning unit includes, but is not limited to</p> <ul style="list-style-type: none"> • Becoming acquainted in a group, • Importance and purpose of social learning • Forms of social learning, offered support structures, advantages and disadvantages • Theory of a "group": e.g. group processes, conflicts, conformity • Theory of social perception: e.g. prejudices and stereotypes • Reflection: own experience of social learning

4 Pathology

	4.2 Apoplexy
Hours/learning unit of EARL	8 Physiotherapy: 2.16, Occupational therapy: 2.8; Speech therapy: 2a.8; Geriatric care: 1.3.7
Learning outcomes	
Knowledge	The student has extensive factual and theoretical knowledge of the causes, localisation and connections between damage and disabilities in the case of diseases of the central nervous system, in particular apoplexy. He/she has basic knowledge of counselling and instructing methods for coping with disease and daily activities. He/she also knows the importance of interdisciplinary collaboration and can describe the contributions made by his/her own professional group. The student further obtains in-depth knowledge of interdisciplinary concepts of support and rehabilitation, e.g. Bobath concept
Skills	The student applies his/her knowledge while planning and executing the treatment and nursing process. He/she works in an interdisciplinary manner and applies, as an example, the basics of the Bobath concept.
Competences	The student independently performs, reflects upon and further develops therapeutic and nursing measures for patients with apoplexy. He/she places great value on interdisciplinary collaboration and questions his/her own role within the team. He/she competently advises and supports the clients, their family members and contact persons.
Content: includes, but is not limited to	<ul style="list-style-type: none"> • Nervous system • Stroke • Interdisciplinary concepts of support and rehabilitation, e.g. Bobath concept • Methods for coping with disease and daily activities • Interdisciplinary collaboration and clarification of one's own role

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	4.3 Dementia
Hours/learning unit of EARL	12 Physiotherapy 2.24; Occupational therapy 2.21, 2.10; Geriatric care 1.3.8, Speech therapy: 2a.8
Learning outcomes	
Knowledge	The student has extensive factual and theoretical knowledge of the causes, localisation and connections between damage and disabilities in the case of dementia. He/she has basic knowledge of counselling and instructing methods for coping with disease and daily activities, especially in the context of difficult communication with and from people with dementia. He/she also knows the importance of interdisciplinary collaboration and can describe the contributions made by his/her own professional group.
Skills	The student applies his/her knowledge while planning and executing the treatment and nursing process. He/she works in an interdisciplinary manner and develops a respectful, personal approach to interacting with people with dementia. He/she communicates appropriately with the client.
Competences	The student reflects upon his/her approach to interacting with people with dementia based on his/her knowledge of the possible influence of the syndrome on everyday life and on the personality of the client. He/she places great value on interdisciplinary collaboration and questions his/her own role within the team. He/she acts competently in acute situations and professionally supports the progression of chronic diseases through the typical stages and relapses of disease. He/she competently supports the clients, their relatives and their contact persons. He/she also constantly assesses and develops his/her own communicative competences.
Content: includes, but is not limited to	<ul style="list-style-type: none"> • Pathology of dementia, changes in dementia • Influence of the syndrome on everyday life, changes in a person • Interdisciplinary collaboration • Individual and client-based approach • Communication with / from people with dementia