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www.lavorocampania.net



ISFOL is a public research institute supervised by the Italian Ministry of Labour and Social Policies. ISFOL plays an institutional role in the field of VET, employment and social inclusion, both at national and EU level. The ISFOL mission is to contribute to promoting employment and local development by providing technical assistance (TA) to the State, regional authorities, and key national institutions.

www.isfol.it



The **Lazio** Region is an Italian Local Authority which is implementing a specific regional Repertory of vocational and training qualifications, involving trade unions and employers organisations. The Repertory adopts an approach which is coherent with the LO one.

www.sirio.regione.lazio.it



The **Piedmont** region is an Italian local Authority. The Department for Vocational Training Standards, Quality and Professional Guidance covers a wide range of activities including: Projects on vocational training standards; Setting of agreements with trade unions and employers on professional standards; Vocational Training accreditation, etc.

www.regione.piemonte.it



The **Toscana** Region is an Italian local Authority. The Department for Training and Guidance specifically manages the ESF with regard to calls for vocational training actions, the system of accreditation of training providers, the regional e-learning system and the regional directory of professional profiles.

www.regione.toscana.it



REGIONE BASILICATA

The **Basilicata** Region is an Italian local Authority participating in the Project as associated partner.

www.regione.basilicata.it



The **Malta Qualification Council** is the national body in Malta responsible for the development, assessment, certification and accreditation of qualifications other than those in compulsory education and degrees. MQC is responsible to the Minister of Education, Employment and the Family.

www.mqc.gov.mt



The mission of the **National Centre for Technical and Vocational Education and Training Development** is to contribute developing a qualitative and attractive initial VET (TVET), offering equal chances of personal and professional development to each student.

www.tvet.ro



The **Scottish Credit and Qualifications Framework** promotes lifelong learning in Scotland. Through the Framework you can find out about all mainstream qualifications in Scotland and plan your future learning. The SCQF Partnership is the designated National Co-ordination Point for the EQF.

www.scqf.org.uk

Other later entrants in the COLOR process:



The **Calabria** Region is an Italian local Authority who has expressed formal interest in participating COLOR activities and results.

<http://www.regione.calabria.it/>



Formedil, National Agency for vocational training in building construction, promotes, implements and coordinates on a national scale initiatives of vocational training, qualification and re-training in the building sector undertaken by training centres and technical schools.

Formedil promotes conventions and memoranda of understanding with public agencies involved in training and training trainers; it participates in national and International projects fostering, in particular, the foreign exchange of students and teachers of construction schools abroad.

www.formedil.it/

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Executive Summary

This Report, focused on the Healthcare (HC) Sector, illustrates the process and outcomes of the work carried out by the Technical Working Group (TWG) set up under the COLOR Project for studying the ECVET system and developing LO-oriented Units for the Health Care Operator (HCO) qualification (based national standards), also bearing in mind the regional standards and other regional qualifications. The TWG was organized to lead the technical process in the sector as well as to extend the network of actors involved in the ECVET implementation.

The TWG was led by the Piedmont Region and supported by the experts of the Permanent Sector Committee operating in the Piedmont Region. ISFOL, as project coordinator, assisted the working process. In addition to the regional representatives and Technical Assistance Unit, the TWG consists of representatives from: Province of Turin, Municipality of Turin; Training Centre ENGIM Piemonte

The *TWG-Healthcare sector* continued the process already embarked on in the construction sector (see *ECVET LO Units Framework – construction sector*). In the COLOR Project the construction sector was chosen to test the ECVET mechanisms due to the fact that the Construction Operator qualification was interested - during the project cycle - by a very relevant regulatory innovation (State-Regions Agreement of 27 July 2011) which made the qualification more consistent with the ECVET principles and part of a National Register of qualifications. This was felt to be a particularly promising terrain for the application of ECVET.

The *TWG-Healthcare sector* – and the entire partnership – also benefited from the expert contribution of the Scottish Credit and Qualifications Framework Partnership, which provided in-depth studies and indications useful for the assessment issue, and of NTVET Development - Romania – which during the transnational Partner Meeting in Bucharest put the COLOR partnership in contact with sector organizations for exchanging practices.

This Report is articulated into two sections: section 1 describes the work carried out by the TWG in agreement with the partnership and the methodology used; section 2 presents the ECVET LO Units developed. In the annexes the assessment tools are provided.

Section 1.

Working process and methods



1. Start-up conditions and work process

For the healthcare sector three qualifications are taken as reference in COLOR, and of these only the HCO qualification, regulated by the Agreement of 22 February 2001 between the Ministry of Health, Ministry of Social Solidarity, the Regions and Autonomous Provinces of Trento and Bolzano, has a national standard format.

The regional Authorities provide for the implementation of the HCO qualification (as well as for all the national standard based qualifications), with the necessary integrations to make it compatible with the regional system (in this sense the term “regional standard” has to be understood).

In COLOR the HCO qualification was analysed and tested on the ECVET mechanisms, bearing in mind both the national standard and the Piedmont regional implementation.

The other two qualifications that were considered during the initial survey and whose evolution under the project was monitored and analysed on the basis of national references were instead local ones. They are the qualification of *home caregiver* (awarded in Campania) and the qualification of *caregiver assisting with health, hygiene, relational and social issues* (awarded in Toscana).

Given this, the national standard HCO qualification has been taken as pilot qualification for the ECVET testing carried out under COLOR.

NQ	Qualification	Type
1	HCO (Q based on national standards)	NATIONAL

The TWG has focused on the HCO national standard defined in 2001, since its structure and LO descriptive language is not yet compatible with the ECVET approach. This is especially true when compared with the Construction Operator qualification standards that, appearing a decade later, have clearer descriptive categories, coherent with European inputs. To define the ECVET Units, the TWG analysed the descriptive format on which the national standard for the HCO was based and adapted it to the ECVET language and concepts. It was agreed to follow the methodologies developed by the construction-sector TWG. After they worked making more explicit the intersection of the national standard with regional standard to define self-consistent Units from the evaluation point of view. This entailed an action by the Piedmont TWG that was not only descriptive but also constructive, bearing in mind that the assessment system in use in this region for the HCO qualification is not still organized in single units.

2. ECVET technical specifications for constructing LO Units

The Technical Working Group to develop its work process has taken account the following conceptual and methodological references:

A) The **definitions** listed in Appendix 1 of the Recommendation of the European Parliament and Council of June 18, 2009 on the creation of a European Credit System for Professional Education and Training (ECVET):

- **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;
- **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;
- **Competent institution** means an institution which is responsible for designing and awarding qualifications or recognising units or other functions linked to ECVET, such as allocation of ECVET points to qualifications and units, assessment, validation and recognition of learning outcomes, under the rules and practices of participating countries;
- **Assessment of learning outcomes** means methods and processes used to establish the extent to which a learner has in fact attained particular knowledge, skills and competence;
- **Validation of learning outcomes** means the process of confirming that certain assessed learning outcomes achieved by a learner correspond to specific outcomes which may be required for a unit or a qualification;
- **Recognition of learning outcomes** means the process of attesting officially achieved learning outcomes through the awarding of units or qualifications; **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.

B) The **minimum number of elements that ECVET LO Units should include** based on the indications contained in the Recommendation¹:

- the generic title of the unit
- the generic title of the qualification (or qualifications) to which the unit relates, where applicable
- the reference of the qualification according to the EQF level and, where appropriate, the national qualifications framework (NQF) level, with the ECVET credit points associated with the qualification

¹ Nonetheless, as specified in the Recommendation: "the regulations and procedures used to define the characteristics of LO Units and the combination and accumulation of Units for a given qualification are defined by the competent authorities and the partners involved in the training process as per national or regional regulations".

- the learning outcomes contained in the unit
- the procedures and criteria for assessment of these learning outcomes
- the ECVET points associated with the unit
- the validity in time of the unit, where relevant.

C) With regard to the strategic issue of **point allocation**, we have analysed all the indications and methodologies described in the *Get to know ECVET better. Questions and Answers* publication and in particular:

What are ECVET Points?

ECVET points are 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. Together with units, descriptions of learning outcomes and information about the level of qualifications, ECVET points can support the understanding of a qualification.

How many ECVET points are allocated to a qualification and how is it done?

Allocation of ECVET points to a qualification is based on using a convention according to which 60 points are allocated to the learning outcomes expected to be achieved in a year of formal full time VET.

For a given qualification, one formal learning context is taken as a reference and on the basis of 60 ECVET points per year of formal full time VET, the total number of ECVET points is assigned to that qualification.

In a number of European countries qualifications' descriptions are independent of the education and training programme preparing for these qualifications. Furthermore, it is also possible that the same qualification can be prepared through various programmes. Therefore ECVET allocates credit points to qualifications and not to education and training programmes. However, to decide on the number of ECVET points allocated to a qualification, one formal learning programme is chosen as a point of reference. It is up to the competent institutions in charge of design-ing qualifications to decide which specific programme will be chosen as a point of reference. The duration of the selected reference programme together with the ECVET convention on ECVET points, will give the number of ECVET points allocated to the qualification.

If the qualification is not based on a formal learning programme and formal LOs, it is best to identify a comparable qualification.

How is the relative weight (and points) of a Unit established for a qualification?

The relative weight of a unit is established using one or a combination of these approaches:

- the relative importance of the learning outcomes which constitute the unit for labour market participation, for progression to other qualification levels or for social integration; This method of allocating ECVET points is based on how different actors “value” the different units which are part of the qualification. For example, some units may be core to the professional profile that the qualification leads to. It can be decided that such core units would have a higher number of ECVET points than the others. It is also possible that some units would enable progression to other qualifications levels (e.g. general knowledge, skills and competence to enable progression to higher education).
- the complexity, scope and volume of learning outcomes in the unit; This approach is based on evaluating the complexity, scope and volume of knowledge, skills and competence in a unit, with regard to those in the qualification. It can be based on indicators such as the level of performance for assessment of learning outcomes. For example: the body of technical, technological, scientific and general knowledge that have to be mobilized in order to execute the skills and competences expected; the number of procedures or methods to follow, the complexity of combinations of these procedures or methods; the variety and complexity of material and documentation resources to use.
- the effort necessary for a learner to acquire the knowledge, skills and competence required for the unit; This method of allocating ECVET points is based on the education and training programme taken as a point of reference and on the estimation of learners’ effort (which can be also translated as workload or notional learning time) to achieve the expected learning outcomes.

When and by whom are Points Allocated?

Allocation of ECVET points is normally part of the design of qualifications and units. The allocation of ECVET points to qualifications and/or to units is carried out by the institution competent for the design of qualifications or the institution empowered to allocate ECVET points within a country or a qualifications system. In the context of the current ECVET pilot projects, the range of institutions experimenting with ECVET points allocation is wide and ranges from ministries, sector organisations or social partners to training centres.

Are ECVET Points and Credits the Same Thing?

ECVET points are not to be confused with credit. While credit designates the learning outcomes the learner has achieved, ECVET points provide information about the qualification and the units. In other words, while credit is related to a person and his/her personal achievement (credit does not exist on its own without someone having achieved it), ECVET points are linked to the qualification structure and description (independent of whether someone has achieved the qualification or not).

Are Points Absolute or Relative?

In general, the amount of ECVET points allocated to a unit does not have an absolute value. This means that 10 ECVET points for one unit in qualification A do not necessarily equal 10 ECVET points for another unit in qualification B. Only the learning outcomes should be compared. For a qualification, the fact that it is described with 120 ECVET points means that the learning outcomes of that qualification are typically achieved in two years of formal learning. This does not mean that all those who hold the qualification have spent two years studying to prepare it.

3. The descriptive format of the HCO qualification on the basis of the 2001 Agreement

The HCO qualification is regulated by the Agreement of 22 February 2001 between the Ministry of Health, Ministry of Social Solidarity, the Regions and Autonomous Provinces of Trento and Bolzano. In the Agreement reference is made both to the professional profile and to the training pathway. The Agreement states that a training course for obtaining the CG qualification requires finishing compulsory schooling and having attained 17 years. The teaching is based on modules and disciplinary areas. Each course has a basic module and a vocational module and an annual minimum number of 1000 hours. The course consists of the following teaching modules: basic module (theory, minimum number of 200 hours), vocational module (theory, minimum number of 250 hours, exercises/work experience minimum number of 100 hours and work practice minimum number of 450 hours). Integrative training modules are also envisaged for a maximum of 200 hours including 100 hours work practice.

With reference to the HCO professional profile, the Agreement defines:

List of main activities for HCO:

(Table A attached to the Agreement):

1) Direct Assistance in Daily Activities and Hygiene Needs in the Home

- Assist individuals, and especially non self-sufficient or bed-ridden patients, in their daily activities and personal hygiene; perform simple diagnoses and therapies
- Cooperate in activities aimed at maintaining remaining psycho-physical facilities, in rehabilitation, stimulation, recovery; perform socialisation activities for individuals and groups
- Help health and social care personnel in assisting terminal and dying patients
- Help manage the patient in his or her home; maintain cleanliness and hygiene in the home

2) Hygiene, health and social care:

- Observe and cooperate in discovering patient's needs and risk-damage conditions
- Cooperate in performing care tasks
- Assess the most appropriate tasks to propose
- Cooperate in checking tasks, identify and use appropriate communication/relational languages and systems
- Create relations-communications with the patient and family, for social integration and for maintaining or recovering personal identity

3) Managerial, organizational and training support:

- Use common information tools for taking notes on care activities
- Cooperate in checking the quality of the work; help trainees in carrying out work practice and in assessing them
- Cooperate in defining own training needs and attend refresher courses
- Cooperate, also in non-emergency care services, in performing simple activities.

Competences, divided into technical competences, relational competences and competences “relative to required knowledge”:

(Table B annexed to the Agreement)

Technical Competences

On the basis of his or her competences in collaboration with other professional figures, the caregiver:

- Knows how to implement work plans
- Is able to use common work methodologies (cards, protocols, etc.)
- Is capable of cooperating with the patient and family in looking after the house and living environment, in hygiene issues and in changing household linen; in preparing and/or helping to eat meals, when necessary and at home, in making purchases, in disinfecting the house
- Is able to clean and keep furniture and fittings in order, as well as conserving them and tidying up after meals
- Knows how to wash, dry and prepare disinfectants
- Knows how to collect and store waste, transport human biological material and samples for medical examinations according to established protocols
- Knows how to perform actions for personal hygiene, for changing linen, carrying out bodily functions, helping patients to walk, the correct use of aids and equipment, learning and keeping correct posture.

In substitution and in support of family members and on instructions from the personnel in charge

Is able to:

- Assist in taking medicines prescribed and the correct use of simple medical devices; assist in the preparation of health services
- Observe, recognize and report some of the most common alarm symptoms for the patient (paleness, sweating, etc.);
- Carry out first-aid
- Apply/change simple medications

- Check and administer diets
- Help in social and recreational activities, in recovering and maintaining cognitive and manual abilities
- Cooperate in movement education and encouraging simple mobilization for individuals and groups
- Transport patients, including those bed-ridden, on stretchers or wheelchairs
- Cooperate in laying out the body after death and arranging its transfer
- Use specific protocols for keep the patient safe, reducing risk to the maximum
- Provide information on local services and bureaucratic necessities
- Accompany the patient to use services

Competences Relative to Required Knowledge

- Know the main types of patient and relative issues
- Know the different stages in personalized services
- Recognize the appropriate dynamics for relating with patients who are suffering, disoriented, agitated, demented or mentally disabled, etc.
- Able to identify patient situations and conditions requiring the different technical competences
- Know how to identify, alert and communicate general and specific patient issues
- Know the risk conditions and more common bed-ridden and immobilization syndromes
- Know the main simple health education interventions for patients and their family members
- Know the organization of social and health services and informal networks

Relational Competences

- Capable of teamwork
- Capable of creating a relationship with the patient and family members, communicating daily assistance activities; can give satisfactory answers, involving and stimulating dialogue
- Able to interact, in cooperation with the health personnel, with the dying patient.
- Knows how to involve informal networks, knows how to relate with local social, recreational and cultural facilities
- Able to initiate and organize social activities, helping patients to participate in cultural and recreational initiatives both outside and inside the home
- Able to ensure that the proper information is given on the service and resources when meeting the patient
- Able to manage own activities with due confidentiality and respecting code of conduct.
- Knows how to transmit experience when working with trainees.

Elements regarding the training pathway: “Module Objectives and Teaching Materials”:

Objectives of First Module (200 hours of theory):

- Acquire basic elements for detecting individual needs and the most common relational issues.
- Distinguish social and health organizational systems and the service network
- Know basic ethics, the general concepts of health and safety in the workplace, as well as employment principles (duties, responsibilities, rights)
- Know the basic concepts of hygiene and guidelines for keeping the home environment healthy

Second Module (250 hours of theory, 100 of practice, 450 of work experience):

- Recognize and classify needs and interpret care issues concerning the main features of the child, the elderly person, the person with psychiatric problems, with handicaps, etc. or in dangerous situations.
- Identify all the elements necessary for planning care, cooperating with professionals in charge
- Recognize the main changes in vital functions to activate other competences and/or use common first-aid techniques
- Apply knowledge acquired for maintaining a suitable therapeutic environment – taking care of the patient – maintaining remaining capacities – functional recovery
- Know and apply the various working methods presented in the training courses
- Know the main psycho-social aspects of the individual and of the group so as to develop the appropriate communicative skills for relations with patients and workers as well as know the characteristics and scope of social services for maintaining patient autonomy and social integration

Optional Module

Specific Professional Theme: (50 hours of theory, 50 of practice, 100 hours of work experience):

Further study the competences acquired with special reference to a particular type of patient or a specific care environment.

Main Teaching Subjects - Social, Cultural, Institutional and Legislative Area:

- Elements of national and regional legislation concerning social welfare and social security.
- Elements of health and service organization legislation (specific HCO regulations)
- Elements of code of conduct

- Elements of labour law and employment relationship
- Psychology and social area
- Elements of psychology and sociology
- Psycho-relational aspects and care interventions in relation to specific patient needs

Health and Hygiene Area and Technical-Operational Area:

- Elements of hygiene
- General health and safety rules for workers
- Hygiene issues and satisfying primary needs
- Care services for individuals in relation to the patient's living situations and typology
- Social and health working methods
- Social care

4. Key elements of the COLOR methodology for the Construction Operator qualification

The methodological approach used by the *TWG-Construction sector* is primarily based on what defined in terms of “standard of qualifications”, through the State-Regions Agreement 27 July 2011 on the establishment of a Repertory of VET qualifications (EQF 3 and 4). The Construction Operator qualification (EQF3) is included in the Repertory. This regulation provides **indications to describe competences, skills and knowledge** with explicit reference to the EQF Recommendation:

- **Competence**, in coherence with the EQF, is described in terms of responsibility and autonomy and expresses the sum of its constitutional elements, including: the type of situation/context in which it provides mastery; the resources it employs (...); the expected product. The description uses infinitives that clearly identify the taxonomy of responsibility/autonomy levels for operator and technician roles (...).”;
- **Skills**, understood as the founding element of competency, “indicate the capacity to apply knowledge to complete tasks and solve problems (...);
- **Knowledge**, another founding element of competency, “is a whole composed of facts, principles, theories and practice concerning a given work environment. Knowledge is identified in terms of single competences by criteria of essentialness and effective “training” in relation to the learning context (...).”.

The Repertory also indicates the **technical description of the vocational profiles** associated to the qualification and the **technical standards** for each vocational profile (and each specialization) as indicated by the 27 July 2011 Agreement (See Appendix 3).

Vocational Profile Description:

- Vocational Profile (title)
- Vocational Profile Reference
- Brief Description of the Vocational Profile
- Main Work Process Characterizing the Vocational Profile

The standard of technical competences characterizing the professional content of the national vocational profile:

- Work Phases and Activities. Each process reflects one or more competences acquired during the three-year program;
- Each competence includes: skills and knowledge.

Below are reported the 9 competences on which the qualification of Construction Operator is based and the descriptive format for the 1 of the competences :

1. Defining and planning operations to perform to respect safety regulations; based on instructions, documentation (schemes, project, procedures, material receipts, etc.) and reporting system.
2. Preparation of tools, instruments and machinery necessary for the various work phases, based on type of materials employed, planned indications and procedures, expected results and safety regulations;
3. Monitor correct functioning of tools and machinery via upkeep and everyday maintenance;
4. Upkeep and maintenance of work site to ensure hygienic standards and contrast professional injuries and problems;
5. Implement operations required for preparing or clearing a work site based on indications and respect of specific sector safety regulations.
6. Implement masonry work for development of constructions based on indications and specific project details and respect of standard sector safety requirements.
7. Carpentry work and assembly of construction elements in respect of planning specifics and sector safety standards.
8. Perform all finishings as set by project and in respect of sector specific safety standards.
9. Take measurement and controls to verify conformity and adequacy of construction work to project and safety standards.

Competence 1 (of 9)	
Define and plan operations necessary to respect safety regulations, based on instructions, documentation (schemes, project, procedures, material receipts, etc.) and the reporting system.	
Skills	Knowledge
<ul style="list-style-type: none"> - Following indications (schemes, projects, procedures, material receipts, etc.) and instructions to prepare work phases and activities; - Applying planning and organizational to work phases and activities in respect of sector specific safety, hygiene and environmental protection regulations; - Applying methodologies and techniques for the management of time resources; 	<ul style="list-style-type: none"> - Construction sector regulations on safety, hygiene and environmental protection; - Main sector-specific technical terminology; - Processes, work cycles and roles in construction work; - Techniques for organizational communication; - Planning techniques;
Competence 2 (of 9)	

Starting from what defined on the National Repertory for the qualification of Construction Operator, the *TWG-construction sector* agreed to meet the objective of defining LOs Units also using the *Construction Competences Repertory of FORMEDIL* (with the relative assessment system) created to provide concrete answers to the need for employment and professional growth of workers, the rationalization of the job market and a matching of sector competence supply and demand (see *Plan of ECVET Units construction sector – Del. 18*).

The *TG-construction sector* also decided to present the LO descriptors in the Unit in the order of: Competence, Skills, Knowledge – CSK. This approach, used at the national level, is not the same but is consistent with the EQF-ECVET (KSC) descriptive format. The format CSK, is based on the fact that “Competence” is the central descriptive element in qualification systems in Italy, covering the skills and knowledge activated for performing the same competence.

The Formedil Repertory was used, crossing the data with the descriptive elements present in the Agreement of 27 July 2011 for the Construction Worker qualification, for assessing the performance on the basis of the performance indicators. As said earlier, the Formedil approach was designed (since 2005) to identify competences whether gained in a training course or not and is centred on the assessment of working tasks.

5. Regional standards for the HCO

Starting from what defined in the 2001 Agreement (national standard for HCO), the Piedmont Region designed the regional standard (latest update 2012). As can be seen in the following format, the descriptive elements used at the regional level are the same as those used in the Repertory set up with the State-Regions Agreement of 27 July 2011 and therefore of the Construction Operator qualification.

The first two competences described below and divided into skills and knowledge are those which intersect the partial qualification of Family Care Assistant.

Title	HCO
Version	2012
Associated NUP/ISTAT professions	5.3.1.1 Professions qualified in social services 5.3.1.1.0 Professions qualified in social services
Economic activities : ATECO 2007/ISTAT	86 HEALTH CARE 87 HOME CARE SERVICES 88 CARE SERVICES
Professional Area	HUMAN SERVICES
Professional sub-area	Social-health services
Sector	Social-health and public administration
Department	Delivery of social care services
Brief description of figure	<p>The HCO works to:</p> <ol style="list-style-type: none"> 1) satisfy the primary needs of individuals in various contexts (homes for the elderly, hospitals, semi-residential services and community accommodation, home care, etc.) 2) foster the wellbeing and autonomy of individuals <p>The caregiver's work is addressed to people and to the environment and consists of:</p> <ol style="list-style-type: none"> 1) listening, observing and communicating with the patient and family members 2) direct care and managing health and hygiene issues 3) hygiene-health social services 4) managerial, organizational and training support <p>The professional figure is required to work with other health practitioners (social workers, professional educators, nurses, physiotherapists, doctors, etc.) and volunteers.</p>
Working	ASSISTANCE TO AND CARE OF INDIVIDUALS

process	<p>A. <i>Assist individuals in taking care of their primary needs, promoting wellbeing and independence</i></p> <p>B. <i>Assist individuals in their daily activities and hygiene needs</i></p> <p>C. <i>Manage relations with individual(s) assisted, with formal and informal networks and social and health facilities</i></p> <p>D. <i>Interact with the organization of the services and with work groups</i></p> <p>E. <i>Assist individuals in semi-residential, residential and hospital contexts</i></p>
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Work process and activities	Competences
<p>A. <i>Assist individuals in taking care of their primary needs promoting wellbeing and independence</i></p> <ul style="list-style-type: none"> - Identify patient needs - Collaborate with other professionals, with the patient and their family to plan assistance - Assist individuals 	<p>1. <i>Assisting individuals to take care of their primary needs and managing health and hygienic issues</i></p>
<p>B. <i>Assisting individuals in their daily activities and hygienic needs</i></p> <ul style="list-style-type: none"> - Managing the house and life environment - Using tools, devices and machinery - Interact with local resources and services 	<p>2. <i>Assisting individuals in their daily activities and hygienic needs</i></p>
<p>C. <i>Manage relations with individual(s) assisted, with formal and informal networks and social and health facilities</i></p> <ul style="list-style-type: none"> - Make the most of patient's biography and his or her potential - Listen to patient and family members and observe living context - Support patient in managing relational issues and in expressing his or her distress 	<p>3. <i>Manage dynamics of care relations</i></p>
<p>D. <i>Interact with organization of services and with work groups</i></p> <ul style="list-style-type: none"> - Cooperate with the social and health organization - Review care issues within professional team - Detect own training needs - Tutor GC trainees 	<p>4. <i>Interact with social and health services organization</i></p>
<p>E. <i>Assist individuals in semi-residential, residential or hospital contexts</i></p> <ul style="list-style-type: none"> - Use procedures, protocols and guidelines - Perform hygiene and health services 	<p>5. <i>Help take care of individuals in the social/health residential context</i></p>

COMPETENCE 1	
<i>1. Assist individuals to take care of their primary needs and managing health and hygienic issues</i>	
Skills	Knowledge
<ul style="list-style-type: none"> - Identify unsatisfied patient needs - Recognize symptoms and signals of patient distress - Use patient data - Assist the patient with hygienic and sanitary issues (life parameters, simple first aid, medications, taking medicine, use of simple medical devices) - Assist patient (mobility, personal hygiene, feeding and bodily functions) - Recognize psycho-physical and social conditions, also in terms of patient biography - Identify significant actors and relational dynamics in relation to the patient's psycho-physical characteristics - Respect patient self-determination - Promote patient autonomy - Inform family and/or other personnel about changes in patient conditions 	<ul style="list-style-type: none"> - Observation and communication - Primary needs: basic techniques - Safety and security - Assisted movement techniques - First Aid - Personal hygiene - Prevention and cure of issues caused by primary degenerative pathologies - Self-medications and taking medicine - Conserving and disposal of medicines

COMPETENCE 2	
<i>2. Assist individuals in their daily activities and hygienic needs</i>	
Skills	Knowledge
<ul style="list-style-type: none"> - Identify food health and environmental safety regulations related to patient and environment - Identify risks related to professional activities - Prevent dangerous situations for safety of patient - Alert the correct professionals in social and/or health emergencies - Take care of hygienic conditions for everyday activities - Assisting the patient to cook and/or eat meals - Make sure the patient regularly changes clothes and that all linens and towels are regularly <i>changed</i> 	<ul style="list-style-type: none"> - Elements of domestic hygiene: cleaning the house and linens/towels - Elements of domestic economy and managing the budget - Preparing meals - Preventing domestic accidents - Food health and hygiene

<ul style="list-style-type: none"> - Make purchases at outlets at the best prices and quality - Use local services (i.e. post, bank, public doctors, etc.) 	
<p>COMPETENCE 3 <i>Manage dynamics of care relations</i></p>	
Skills	Knowledge
<ul style="list-style-type: none"> - Evaluate the psycho-physical and social conditions of patient in relation to his or her life - Assist the patient with compassion - Tackle personal and local conflicts in care work - Identify patient relational dynamics - Interpret patient feedback - Help patient to describe sufferings - Accompany a dying patient 	<ul style="list-style-type: none"> - Patient typology - Strategic and technical care relations - Observation techniques - Communication theories and techniques - Roles and functions in work groups - Professional code of conduct
<p>COMPETENCE 4 <i>Interact with social and health services organization</i></p>	
Skills	Knowledge
<ul style="list-style-type: none"> - Relate with family and informal networks and social and health facilities - Support patients in accessing services and in therapeutic diagnosis - Use local socialization, entertainment, recreational and cultural resources - Involve family members and friends in managing the patient - Help in carrying out work practice and assessing it - Cooperate in defining own training needs in relation to the different operational areas 	<ul style="list-style-type: none"> - Legislation and organization of social and health services - Guide to services and Charter of Services - Work ambience: organizational structure, functions and roles - Group dynamics - District and formal and informal networks - Entertainment techniques - HCO interventions in the work context
<p>COMPETENCE 5 <i>Contribute to assisting individuals in the residential health and social context</i></p>	
Skills	Knowledge
<ul style="list-style-type: none"> - Clean and disinfect premises according to established protocols - Decontaminate, disinfect and sterilize tools and aids - Transport biological and health material 	<ul style="list-style-type: none"> - Elements of physiology of movement - Primary needs: theories and models - Simple medical equipment: use and maintenance - Prevention of main degenerative pathologies:

<ul style="list-style-type: none"> - Collect and store waste - Help to prepare health services - Transport individuals, also on stretchers or in wheelchairs, respecting the specific safety protocols - Help to lay out bodies after death and transfer them 	<p>procedures</p> <ul style="list-style-type: none"> - Elements of hygiene in social and health care situations - Preoperative and postoperative care - Clinical protocols and medications - Use and significance of aid: prostheses and orthoses - Action plans: aims, methods and tools
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6. Technical choices in constructing ECVET LO UNITS for the HCO qualification

On the basis of what developed by the TG-construction sector and taking into account the regional standard of Piedmont, the TG- health care sector has agreed to:

- use the same descriptive format and order of descriptors – CSK - as used in the construction sector working process, also because the regional standard (Piedmont) uses these descriptors;
- make evident, with a cross matrix, how the descriptive elements of the 2001 National Agreement relate with the regional HCO qualification standard;
- develop the LO Units starting from the five competences into which the HCO qualification is divided – according to the regional standard (Piedmont, last standard update 2012);
- design all the ECVET HCO qualification Units, but to complete the working process (re-designing the assessment tools) on the two units relative to “Family Care assistant”, already considered a partial qualification inside the HCO, according to the regional implementation.

Section 2. Framework of ECVET LO UNITS in the HCO Qualification



7. Cross Matrix of descriptions from the 2001 National Agreement with the Regional HCO qualification Standard

Cross matrix of elements characterizing a HCO based on 2001 National Agreement and HCO competences according to the Piedmont Region Standard identified in COLOR as corresponding to five LO Units

2001 State-Regions Agreement: National Standard for HCO				HCO Profile based on Piedmont Region Standard (2012)		
TECHNICAL COMPETENCES	RELATIONAL COMPETENCES	COMPETENCE RELATIVE TO REQUIRED KNOWLEDGE	MAIN SUBJECTS	COMPETENCE (linked to reference process and activities)	SKILLS	KNOWLEDGE
<p>Knows how to perform activities involving personal hygiene, changing bed linen, carrying out bodily functions, helping to walk, correct use of aids, tools and equipment, learning and maintaining correct posture</p> <p>In substitution and support of family members and as directed by personnel, is able to administer medicines; use simple medical equipment; observe, recognize and refer the most common alarming symptoms (paleness, sweating, etc.); administer first aid; apply/change medications; check and administer diets</p>		<p>Identification, referral and communication of general and specific patient issues</p>	<p>Health and hygiene area and technical and operative area</p> <p>Elements of hygiene</p> <p>General procedures for health protection and worker safety</p> <p>Individual assistance for specific issues and types of users</p>	<p>1 Assist individuals in taking care of their primary needs and managing health and hygiene issues</p> <p>↓ <i>PROCESS</i></p> <p>A. Assist individuals with their primary needs and promote their wellbeing and independence</p> <p><i>ACTIVITIES</i></p> <p>Identify patient needs</p> <p>Collaborate with other professionals, with the patient and family to plan assistance</p> <p>Help individuals to take care of</p>	<p>Identify unsatisfied patient needs</p> <p>Recognize symptoms and signals of patient distress</p> <p>Use patient data</p> <p>Assist the patient in hygiene and health issues (vital signs, simple first-aid, simple medications, giving medicine, using simple medical equipment)</p> <p>Assist patient (mobility, personal hygiene, feeding and bodily functions)</p> <p>Recognize psycho-physical and social conditions, also in terms of patient biography</p> <p>Identify significant actors and relational dynamics with regards to patient's psycho-physical characteristics</p> <p>Respect patient self-determination</p> <p>Promote patient autonomy</p>	<p>Observation and communication</p> <p>Primary needs: basic techniques</p> <p>Safety and security</p> <p>Assisted movement techniques</p> <p>First aid</p> <p>Personal hygiene</p> <p>Prevention and treatment of complications caused by degenerative pathologies</p> <p>Self-medication and taking medicine techniques</p> <p>Conservation and disposal of medicines</p>

				themselves	Inform family and/or other personnel of any changes in patient conditions	
<p>Is able to collaborate with the patient and family: in managing the house and living areas; in hygiene and changing linen; in preparing and/or helping to eat meals; in cleaning and disinfecting the house and if necessary helping with shopping</p> <p>Is able to clean and keep the house in good order as well as cleaning up after meals</p> <p>Is able provide information on local services and bureaucratic practices</p> <p>Can accompany the patient to use services</p>	Is capable of creating a relationship with the patient and family, communicating all the daily care activities	Knows how to identify, report and communicate general problems and patient-specific issues	Hygiene and comfort of living areas.	<p>2 Assist individuals in their daily activities and hygiene needs</p> <p>↓</p> <p><i>PROCESS</i></p> <p>B. Assist the patient in daily activities and hygiene needs</p> <p><i>ACTIVITIES</i></p> <ul style="list-style-type: none"> - Managing the house and living environment - Using tools, aids and equipment - Interacting with local resources and services 	<p>Identify food health and environmental safety regulations related to the patient and surroundings</p> <p>Identify risks related to professional activities</p> <p>Prevent dangerous situations for patient safety</p> <p>Alert the correct professionals in social and/or health emergencies</p> <p>Ensure hygiene conditions in daily activities</p> <p>Help the patient to cook and/or eat meals</p> <p>Ensure the patient regularly changes clothes and that all household linen is regularly changed</p> <p>Choose products at places offering the best prices and quality</p> <p>Use local services (e.g. post office, bank, GP, etc.)</p>	<p>Elements of domestic hygiene; cleaning the house and household linen</p> <p>Elements of domestic economy and managing the budget</p> <p>Preparing meals</p> <p>Preventing domestic accidents</p> <p>Elements of food hygiene</p>
	Relates with patient and family, communicating in all daily care activities; knows how to answer	Knows the appropriate dynamics for relating to a distressed, disoriented,	Code of conduct Psychology and social area: Elements of psychology and	<p>3 Manage dynamics of care relations</p> <p>↓</p> <p><i>PROCESS</i></p>	<p>Assess the psycho-physical conditions of the patient with relation to his or her biography</p> <p>Use compassion in assisting the patient</p>	<p>Patient typology</p> <p>Care relations: strategies and techniques</p> <p>Observation</p>

	<p>questions properly, involving and stimulating dialogue. Is able to interact, in collaboration with health personnel, with a dying patient</p> <p>Is able to manage own activities with the due confidentiality and respecting code of conduct</p>	<p>agitated, demented or mentally disabled, etc. patient.</p>	<p>sociology</p> <p>Psycho-relational aspects and care interventions with regards to specific patient issues</p>	<p>C. Manage relations with the patient, with informal and informal networks and with social and health facilities</p> <p><i>ACTIVITIES</i></p> <ul style="list-style-type: none"> - Make the most of patient's biography and potential - Listen to the patient and family and observe the living context - Help patient in managing relational issues and in describing sufferings 	<p>Tackle personal and local conflicts in care work</p> <p>Recognize relational dynamics with regards to patient</p> <p>Interpret patient feedback</p> <p>Help patient to describe sufferings</p> <p>Accompany a dying patient</p>	<p>techniques</p> <p>Communication theories and techniques</p> <p>Roles and functions in work groups</p> <p>Professional code of conduct</p>
<p>Assist in recreational activities fostering socialization, recovery and maintaining cognitive and manual capacities</p>	<p>Knows how to work in a team</p> <p>Knows how to involve informal networks, knows how to relate with local social, recreational and</p>	<p>Knows the different stages of personal activity plans</p> <p>Knows the main simple health education elements for</p>	<p>Social, cultural, institutional and legislative area:</p> <p>Elements of national and regional welfare legislation</p> <p>Elements of health</p>	<p>4 Interact with the social and health services organization</p> <p style="text-align: center;">↓</p> <p><i>PROCESS</i></p> <p>D. Interaction with services organization</p>	<p>Relate with family and informal networks and social and health facilities</p> <p>Support patient in using services and in diagnoses and therapies</p> <p>Use local socialization, entertainment, recreational and cultural resources</p>	<p>Legislation and organization of social and health services</p> <p>Guide to services and Charter of Services</p> <p>Work areas: organizational structure, functions</p>

	<p>cultural facilities</p> <p>Knows how to find and organize socialization opportunities, supporting participation in cultural and recreational activities both outside and inside the home</p> <p>Is able to participate in receiving the patient to ensure correct information on the service and resources.</p> <p>Knows how to transmit own work experience to trainees</p>	<p>patients and family members</p> <p>Knows the organization of social and health services and that of informal networks</p> <p>Knows the main simple elements of health education for the patient and family members</p>	<p>and legislation and organization of services (specific HCO rules).</p> <p>Elements of labour law and employment relation</p>	<p>and with work groups</p> <p><i>ACTIVITIES</i></p> <ul style="list-style-type: none"> - Collaborate with the social-health organization - Review care issues within professional team - Observe own training needs - Tutoring HCO trainees 	<p>Involve family members and friends networks in managing the patient</p> <p>Help in carrying out work experience and assessing it</p> <p>Cooperate in defining own training needs in relation to different work environments</p>	<p>and roles</p> <p>Group dynamics</p> <p>The territory and informal and informal networks</p> <p>Entertainment techniques</p> <p>HCO interventions in the work context</p>
<p>Know about collection and storage of waste, transport of biological and health materials, samples for diagnosis, according to established protocols</p>		<p>Is able to identify the patient's conditions and surroundings for which the various technical competences</p>	<p>Social and health work methods.</p> <p>Welfare services</p>	<p>5 Assist individuals in residential social-health contexts</p> <p style="text-align: center;">↓</p> <p><i>PROCESS</i></p>	<p>Clean and disinfect premises according to established protocols</p> <p>Decontaminate, disinfect and sterilize tools and aids</p> <p>Transport biological and health</p>	<p>Elements of physiology of movement</p> <p>Primary needs: theories and models</p> <p>Simple medical</p>

<p>Teach mobility and encourage simple movements for individuals and groups</p> <p>Transport individuals, also bedridden patients, on stretchers or in wheelchairs</p> <p>Help to lay out bodies after death and transfer them</p> <p>Help in preparing health services</p> <p>Use specific protocols for patient safety, reducing risks as much as possible</p>		<p>are needed.</p> <p>Knows the risk conditions and the most common symptoms of long periods spent in bed and immobile</p>		<p>Assist individuals in semi-residential, residential and hospital contexts</p> <p>ACTIVITIES</p> <ul style="list-style-type: none"> - Use procedures, protocols and guidelines - Perform health and hygiene services 	<p>material</p> <p>Collect and store waste</p> <p>Help to prepare health services</p> <p>Transport individuals, also on stretchers or in wheelchairs, respecting the specific safety protocols</p> <p>Help to lay out bodies after death and transfer them</p>	<p>equipment: use and maintenance</p> <p>Prevention of main degenerative pathologies: procedures</p> <p>Elements of hygiene in social and health care situations</p> <p>Preoperative and postoperative care</p> <p>Clinical protocols and medications</p> <p>Use and significance of aid: prostheses and orthoses</p> <p>Action plans: aims, methods and tools</p>
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8. Update of the description of competences provided in the Piedmont Region standard using the EQF level descriptors as the reference

The five competences of the HCO qualification as they are described in the regional standard were not considered complete enough from the point of view of the explanation of autonomy and responsibility of each competence. Starting from this assumption, and also taking into account that although the EQF levels 3 and 4 are widely considered the closer ones to the LO of the HCO, a reference to a single level is not still formal (this qualification is not still referenced in the Italian Referencing Report), the *TWG-healthcare sector* carried out an analysis based on the comparison of the LO of the HCO against the EQF descriptors (level 3 and 4) with particular reference to the descriptor "competence." Below are reported: (A) the EQF descriptors at levels 3 and 4, (B) the descriptor "competence" as detailed in the national referencing report, (C) the outcome of the comparison (LO HCO and EQF levels) performed by the *TWG-Healthcare sector*.

A) EQF level 3 & 4 descriptors

EQF level 3 & 4 descriptors			
	Knowledge	Skills	Competence
3	Knowledge of facts, principles, processes and general concepts in working and studying environments	A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information	Take responsibility for completion of tasks in work or study. Adapt own behaviour to circumstances in solving problems
4	Broad practical and theoretical knowledge in working and studying environments	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or studyh	Exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change. Supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities

(B) Breakdown of the *competence* descriptor into minimum elements on the basis of the three dimensions relative to:

- Work/study context
- Typology of tasks, problems and approaches to tackle
- Autonomy and responsibility

Competence descriptors as contained in EQF		The descriptor 'Competence' in the Italian national context		
		Work/study context	Type of tasks, problems and problem-solving approaches	Autonomy/responsibility
3	Taking the responsibility to carry out tasks in work or study. Adapting one's behaviour to circumstances in solving problems	Determined and structured	Frequent, requiring the selection and use of basic resources, and adapting one's behaviour to circumstances	Functional operation and autonomy in carrying out a task
4	Self-management when guidelines are provided in a work/study context, which are usually predictable, but which are subject to change. Supervising the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities.	Predictable, but subject to change	Specialist	Independent management of activities under instructions. Supervising the routine work of others. Evaluation and improvement of work activities

C) Through the comparison (LO HCO and EQF levels) performed by the *TWG-Healthcare sector* each competence was described with more details on level of autonomy and responsibility and the TWG agreed on a prevalent correspondence (non full) with the EQF level 3:

COMPETENCE 1
1 Assisting individuals to take care of their primary needs and managing health and hygiene needs
Explanation of the level of autonomy (Piedmont) of the competence, bearing in mind the EQF level descriptors
In relation to the complexity of the care need of the patient it is possible to operate: <ul style="list-style-type: none"> - Autonomously, in a non-complex situation, in the chronic phase, in relation to an individualized protocol - In cooperation with others or on the basis of a prescription, in a complex situation, in the acute phase when the intervention of other staff members is necessary, in relation to an individualized protocol
Reference to EQF 3
2 Assisting individuals in their daily activities and hygiene needs
Explanation of the level of autonomy (Piedmont) of the competence, bearing in mind the EQF level descriptors
In autonomy: <ul style="list-style-type: none"> - autonomous management of activities under instructions - supervision of the the routine work of others - evaluation and improvement of work activities
Reference to EQF 4

3 Managing dynamics of care relations

Explanation of the level of autonomy (Piedmont) of the competence, bearing in mind the EQF level descriptors

- Autonomous management of the relationship in everyday situations and routine
- In cooperation with others when the activities need the involvement of other professionals and in particularly complex situations.

Reference to EQF 3

4 Interacting with the social and health services organization

Explanation of the level of autonomy (Piedmont) of the competence, bearing in mind the EQF level descriptors

Autonomous management of the relationship with the services organization.

Reference to EQF 3

5 Assisting individuals in the residential social and health care contexts

Explanation of the level of autonomy (Piedmont) of the competence, bearing in mind the EQF level descriptors

- Autonomous management of routine tasks according to protocols/procedures
- In cooperation with others when the activities need the involvement of other professionals and in particularly complex situations.
- On prescription, in relation to situations of high complexity care

Reference to EQF 3

9. ECVET LO Units Framework developed by the TWG for the HCO qualification

SPECIFICATIONS OF HCO QUALIFICATION

- **Denomination of qualification:** HCO
- **Reference standards for the qualification:**
 - **National** (Regulatory reference: 2001 Agreement)
 - **Regional** (Regulatory reference: Piedmont Region – standard 2012)
- **EQF Level:** (3 – tbc)
- **Regulatory reference for EQF Level attribution ...**
- **Brief Description of professional figure associated with qualification**

The HCO works to satisfy the primary needs of individuals in various contexts (homes for the elderly, hospitals, semi-residential services and community accommodation, home care, etc.) foster the wellbeing and autonomy of individuals. The professional figure is required to work with other health practitioners (social workers, professional educators, nurses, physiotherapists, doctors, etc.) and volunteers.

- **Work processes and activities**

Key activities according to national standard (Agreement 2001)	Piedmont Region standard Work activities/process
<p>The HCO: assists the dependent person in daily activities and personal hygiene; makes simple activities aimed at diagnostic and therapeutic support;</p> <p>collaborates in activities aimed at maintaining physical or psychological residual abilities, at rehabilitation, (...); manage entertainment activities and socialization of individuals and groups;</p> <p>collaborates in the implementation of assistance interventions.</p>	<p><i>A. Assist individuals in taking care of their primary needs, promoting their wellbeing and independence</i></p> <ul style="list-style-type: none"> - Identify patient needs - Cooperate with other professional figures, with patient and family in planning and in care interventions - Carry out care interventions for individuals
<p>The HCO: helps the dependent person in life activities, cleaning and environmental hygiene;</p> <p>works for the recognition of the needs and risk conditions.</p>	<p><i>B. Assist individuals in their daily activities and hygiene needs</i></p> <ul style="list-style-type: none"> - Manage house and living environment - Use aids, tools and equipment - Interact with local resources and services
<p>The HCO: implements relations-communications with the family, aimed at preserving personal and social identity;</p> <p>support the other personnel in the assistance of the to terminally-ill.</p>	<p><i>C. Manage care relations with patients, formal and informal networks and social/ health facilities</i></p> <ul style="list-style-type: none"> - Make the most of patient's biography and his or her potential - Listen to patient and family members and observe living context - Support patient in managing relational issues and in expressing his or her distress

<p>The HCO: uses basic information tools for recording what observed during the service;</p> <p>collaborate to verify the quality of the service; contributes to the design of internships projects and their evaluation;</p> <p>collaborates in the definition of own training needs;</p> <p>collaborates in the implementation of systems to monitor the interventions;</p> <p>recognizes and properly uses languages and systems of communication/relationship</p>	<p><i>D. Interact with organization of services and with work groups</i></p> <ul style="list-style-type: none"> - Cooperate with the social and health organization - Review care issues within professional team - Detect own training needs - Tutor trainees
<p>The HCO: evaluate the most appropriate interventions to be proposed;</p>	<p><i>E. Assist individuals in semi-residential, residential and hospital contexts</i></p> <ul style="list-style-type: none"> - Use procedures, protocols and guidelines - Carry out hygiene and health interventions

- **Duration of training course:** minimum of 1000 h
- **LO Units list:**

LO UNITS	
UNIT 1	Assist individuals in taking care of their primary needs and managing health and hygiene issues
UNIT 2	Assist individuals in their daily activities and hygiene needs
UNIT 3	Manage dynamics of care relations
UNIT 4	Interact with social and health services organization
UNIT 5	Help take care of individuals in the social/health residential context

UNIT 1		Assist Individuals in Taking Care of their Primary Needs and Managing Health and Hygiene Issues
Reference Qualification	Healthcare Operator (HCO)	
Reference Labour Process	A: Assisting individuals in taking care of their primary needs, encouraging their wellbeing and autonomy	
EQF Level	3 (Note: The OSS qualification is not formally referenced in EQF; the technical group has anyway studied the level of autonomy of the single competences in the qualification with respect to the EQF descriptors, according to the Piedmont region implementation).	
Learning Outcomes		
Competence	Skill	Knowledge
<p>1 Assist individuals in taking care of their primary needs and managing health and hygiene issues</p> <p>Specification of autonomy level</p> <p><i>According to the needs of the person assisted, he or she can operate: autonomously – in non complex situations in the chronic stage following the individual plan and established protocols/procedures in cooperation or by prescription – in complex situations in the acute stage for which the intervention of other health workers is specified following the individual plan and established protocols/procedures</i></p>	<p>Identify unsatisfied patient needs</p> <p>Recognise signals and symptoms of patient distress</p> <p>Process patient data</p> <p>Assist individuals in their health needs (life parameters, simple first aid, medications, taking medicine, use of simple medical equipment)</p> <p>Assist individuals (mobility, personal hygiene, feeding and bodily functions)</p> <p>Recognize psycho-physical and social conditions also in terms of patient biography</p> <p>Identify significant actors and relational dynamics with regards to the patient's psycho-physical characteristics</p> <p>Respect patient self-determination</p> <p>Promote patient autonomy</p> <p>Inform family and/or other caregivers about changes in patient conditions</p>	<p>Elements of observation and communication</p> <p>Primary needs: basic techniques</p> <p>Safety and prevention</p> <p>Assisted movement techniques</p> <p>Elements of first aid</p> <p>Elements of personal hygiene</p> <p>Prevention and treatment of complications caused by primary degenerative pathologies</p> <p>Self-medication and medicine taking techniques</p> <p>Conservation and disposal of medicines</p>

LO Unit Assessment			
<i>Assessment of Methodologies and Tools</i>			
What is assessed (competence, skill and knowledge)	Assessment Methodology	Tool	Annexes
Competence and skill	Direct observation of practical activities. The practical assessment also includes an oral exam	Observation grid	1 Practical test 2 Observation grid
Knowledge	Assessment session through closed questions to assess knowledge of the unit An open question is also planned to assess work experience.	Questionnaire	3 Questionnaire

Summary Chart: typology, duration, threshold weight

Type of exam	Duration	Threshold Value	Weight
Assessment by Questionnaire	1 h	40/100	20
Practical test Observation	30 min.	40/100	15
Oral exam	30 min.	40/100	15

UNIT 2		Assist Individuals in their Daily Activities and Hygiene Needs
Reference Qualification	Healthcare Operator (HCO)	
Reference Labour Process	B. Assisting Individuals in their Daily Activities and Hygiene Needs	
EQF Level	3 (Note: The OSS qualification is not formally referenced in EQF; the technical group has anyway studied the level of autonomy of the single competences in the qualification with respect to the EQF descriptors, according to the Piedmont region implementation).	
Learning Outcomes		
Competence	Skill	Knowledge
<p>2 Assist Individuals in their Daily Activities and Hygiene Needs</p> <p>Specification of autonomy level</p> <p><i>Working independently:</i></p> <p><i>Independent management of activities following the instructions given</i></p> <p><i>Supervising the routine work of others</i></p> <p><i>Evaluating and improving working activities</i></p>	<p>Identify food health and environmental safety regulations relating to the patient and the home environment</p> <p>Identify risks related to professional care work</p> <p>Prevent situations affecting patient safety</p> <p>Alert competent practitioners in social and/or health emergencies</p> <p>Take care of hygiene conditions in daily life</p> <p>Help the patient to prepare and/or eat meals</p> <p>Ensure the patient regularly changes underwear and that all household linen and towels are regularly changed</p> <p>Purchase necessities at shops seeking the best quality and prices</p> <p>Use local services (e.g. post, bank, family doctor, etc.)</p>	<p>Elements of domestic hygiene: cleaning the house and linen, towels</p> <p>Elements of domestic economy and managing the budget</p> <p>Preparing meals</p> <p>Preventing domestic accidents</p> <p>Elements of food hygiene</p>

LO Unit Assessment

Assessment of methodologies and tools

What is assessed (competence, skill and knowledge)	Assessment Methodology	Tool	Annexes
Competence and skill	<p>Direct observation of practical activities.</p> <p>The practical assessment also includes an oral exam</p>	Observation grid	<p>4 Practical test</p> <p>5 Observation grid</p>
Knowledge	<p>Assessment session through closed questions to assess knowledge of the unit</p> <p>An open question is also planned to assess work experience.</p>	Questionnaire	6 Questionnaire

Summary Chart: typology, duration, threshold weight

Type of exam	Duration	Threshold Value	Weight
Assessment by Questionnaire	1 h	40/100	20
Practical test Observation	30 min.	40/100	15
Oral exam	30 min.	40/100	15

UNIT 3		Manage dynamics of care relations
Reference Qualification	Healthcare Operator (HCO)	
Reference Labour Process	C. Manage relations with individual(s) assisted, with formal and informal networks and social and health facilities	
EQF Level	3 (Note: The OSS qualification is not formally referenced in EQF; the technical group has anyway studied the level of autonomy of the single competences in the qualification with respect to the EQF descriptors, according to the Piedmont region implementation).	
Learning Outcomes		
Competence	Skills	Knowledge
<p>3 Manage dynamics of care relations</p> <p>Specification of autonomy level</p> <p>Autonomous management of the relationship in everyday situations and routine</p> <p>In cooperation with others when the activities need the involvement of other professionals and in particularly complex situations.</p>	<p>Evaluate the psycho-physical and social conditions of patient in relation to his or her life</p> <p>Assist the patient with compassion</p> <p>Tackle personal and local conflicts in care work</p> <p>Identify patient relational dynamics</p> <p>Interpret patient feedback</p> <p>Help patient to describe sufferings</p> <p>Accompany a dying patient</p>	<p>Patient typology</p> <p>Strategic and technical care relations</p> <p>Observation techniques</p> <p>Communication theories and techniques</p> <p>Roles and functions in work groups</p> <p>Professional code of conduct</p>

LO Unit Assessment			
<i>Assessment of Methodologies and Tools</i>			
What is assessed (competence, skill and knowledge)	Assessment Methodology	Tool	
Competence and skill	Direct observation of practical activities. The practical assessment also includes an oral exam	Observation grid	
Knowledge	Assessment session through closed questions to assess knowledge of the unit An open question is also planned to assess work experience.	Questionnaire	
Summary Chart: typology, duration, threshold weight			
Type of exam	Duration	Threshold Value	Weight
Assessment by Questionnaire	1 h	40/100	20
Practical test Observation	30 min.	40/100	15
Oral exam	30 min.	40/100	15

UNIT 4		Interact with the social and health services organization
Reference Qualification	Healthcare Operator (HCO)	
Reference Labour Process	D. Interact with organization of services and with work groups	
EQF Level	3 (Note: The OSS qualification is not formally referenced in EQF; the technical group has anyway studied the level of autonomy of the single competences in the qualification with respect to the EQF descriptors, according to the Piedmont region implementation).	
Learning Outcomes		
Competence	Skills	Knowledge
<p>4 Interact with the social and health services organization</p> <p>Specification of autonomy level</p> <p>Autonomous management of the relationship with the services organization.</p>	<p>Relate with family and informal networks and social and health facilities</p> <p>Support patients in accessing services and in therapeutic diagnosis</p> <p>Use local socialization, entertainment, recreational and cultural resources</p> <p>Involve family members and friends in managing the patient</p> <p>Help in carrying out work practice and assessing it</p> <p>Cooperate in defining own training needs in relation to the different operational areas</p>	<p>Legislation and organization of social and health services</p> <p>Guide to services and Charter of Services</p> <p>Work ambience: organizational structure, functions and roles</p> <p>Group dynamics</p> <p>District and formal and informal networks</p> <p>Entertainment techniques</p> <p>HCO interventions in the work context</p>

LO Unit Assessment			
<i>Assessment of Methodologies and Tools</i>			
What is assessed (competence, skill and knowledge)	Assessment Methodology	Tool	
Competence and skill	Direct observation of practical activities. The practical assessment also includes an oral exam	Observation grid	
Knowledge	Assessment session through closed questions to assess knowledge of the unit An open question is also planned to assess work experience.	Questionnaire	
Summary Chart: typology, duration, threshold weight			
Type of exam	Duration	Threshold Value	Weight
Assessment by Questionnaire	1 h	40/100	20
Practical test Observation	30 min.	40/100	15
Oral exam	30 min.	40/100	15

UNIT 5		Assist individuals in the residential health and social context	
Reference Qualification	Healthcare Operator (HCO)		
Reference Labour Process	E. Assist individuals in semi-residential, residential or hospital contexts		
EQF Level	3 (Note: The OSS qualification is not formally referenced in EQF; the technical group has anyway studied the level of autonomy of the single competences in the qualification with respect to the EQF descriptors, according to the Piedmont region implementation).		
Learning Outcomes			
Competence	Skills	Knowledge	
<p>5 Assist individuals in the residential health and social context</p> <p>Specification of autonomy level</p> <p>Autonomous management of routine tasks according to protocols/procedures</p> <p>In cooperation with others when the activities need the involvement of other professionals and in particularly complex situations.</p> <p>On prescription, in relation to situations of high complexity care</p>	<p>Clean and disinfect premises according to established protocols</p> <p>Decontaminate, disinfect and sterilize tools and aids</p> <p>Transport biological and health material</p> <p>Collect and store waste</p> <p>Help to prepare health services</p> <p>Transport individuals, also on stretchers or in wheelchairs, respecting the specific safety protocols</p> <p>Help to lay out bodies after death and transfer them</p>	<p>Elements of physiology of movement</p> <p>Primary needs: theories and models</p> <p>Simple medical equipment: use and maintenance</p> <p>Prevention of main degenerative pathologies: procedures</p> <p>Elements of hygiene in social and health care situations</p> <p>Preoperative and postoperative care</p> <p>Clinical protocols and medications</p> <p>Use and significance of aid: prostheses and orthoses</p> <p>Action plans: aims, methods and tools</p>	

LO Unit Assessment			
<i>Assessment of Methodologies and Tools</i>			
What is assessed (competence, skill and knowledge)	Assessment Methodology	Tool	
Competence and skill	<p>Direct observation of practical activities.</p> <p>The practical assessment also includes an oral exam</p>	Observation grid	
Knowledge	<p>Assessment session through closed questions to assess knowledge of the unit</p> <p>An open question is also planned to assess work experience.</p>	Questionnaire	
Summary Chart: typology, duration, threshold weight			
Type of exam	Duration	Threshold Value	Weight
Assessment by Questionnaire	1 h	40/100	20
Practical test Observation	30 min.	40/100	15
Oral exam	30 min.	40/100	15

1. ECVET LO Unit Assist Individuals in Taking Care of their Primary Needs and Managing Health and Hygiene Issues: Practical Test Description

FOREWORD

The test assesses the Unit LO with a practical test according to the following procedure:

MATERIALS AND TOOLS TO PREPARE FOR THE PRACTICAL TEST

For the practical test the Agency must prepare a setting with the following materials/tools:

- Hinged bed
- Wheelchair
- Minor mobility aids (ergonomic belts, rotating disc, etc.)
- Person simulating bedridden patient: partially cooperative and able to push hard on lower limb like a hemiplegic

ADMINISTRATION OF PRACTICAL TEST

Ask the examinee to:

1. **Transfer** the patient from the bed to the wheelchair and vice versa, bearing in mind that the patient is:
 - Partially cooperative
 - Able to push hard on lower limb
2. **Explain** what aids to use for mobility (e.g.: frames, ergonomic devices, hoists, belts, etc.)
3. **Describe** what to do to prevent damages to the muscular system when lifting weights

This refers to the health worker's ability to perform assisted movement techniques in safety conditions.

In the test the examinee must transfer the patient from the bed to the wheelchair and vice versa using the appropriate aids.

The examinee must also describe how he or she acts to operate in safety conditions..

The relative skills are:

- Recognising alarm signals/symptoms
- Interacting with the patient in giving care (mobility, personal hygiene, feeding, bodily functions)
- Encouraging the patient's autonomy
- Respecting the patient's self-determination

The assessment format takes into account different skill levels and can be used both for health workers starting out in the profession and for those with more experience.

2. ECVET LO Unit: Assist Individuals in Taking Care of their Primary Needs and Managing Health and Hygiene Issues: Practical Test Observation Grid

Assessment of competences acquired in informal and/or non-formal contexts

For assessing the competences acquired in informal and/or non-formal contexts, the examining committee assigns the case to present to the examinee. The examinee carries out the operations requested by the test. At the end of the test the examinee will take an oral exam to ascertain his or her knowledge of the topics subject of the assessment..

The test time is 30 minutes.

Instructions for filling in:

The observation Grid for assessing the competences acquired in informal and/or non-formal contexts consists of 3 matrixes. The maximum marks obtainable are 100.

Matrix n. 1 – List

Structure weight: 0.34 - No answer weight: 0

Subject: Transfer manoeuvres

The teacher checks and assesses how the examinee carried out the transfer manoeuvres with a partially cooperative patient able to push hard on a lower limb. The examinee must transfer the patient from bed to wheelchair and vice versa.

The teacher must check the correct sequence of the following actions:

- Preparation of the wheelchair/bed
- Patient's posture
- Health workers' posture (to be observed also for the evaluation of matrix 3)
- Use of any aids
- Patient's request for help bearing in mind the aim of maintaining his or her autonomy

The teacher gives one of the following grades:

- | | |
|-----------------------|-----|
| - Excellent | 100 |
| - Very good | 90 |
| - Good | 80 |
| - Almost good | 70 |
| - Sufficient | 60 |
| - Barely sufficient | 50 |
| - Insufficient/failed | 40 |

Matrix n. 2 – List

Structure weight: 0.33 - No answer weight: 0

Subject: Mobility aid. The teacher checks and assesses what mobility aids the examinee knows and the completeness and pertinence of the description. The examinee must describe at least :

- wheelchair
- hoist

The teacher gives one of the following grades:

- | | |
|-----------------------|-----|
| - Excellent | 100 |
| - Very good | 90 |
| - Good | 80 |
| - Almost good | 70 |
| - Sufficient | 60 |
| - Barely sufficient | 50 |
| - Insufficient/failed | 40 |

Matrix n. 3 – List

Structure weight: 0.33 - No answer weight: 0

Subject: Prevent damage to musculo-skeletal system:

The teacher checks and assesses if the examinee knows/uses systems to prevent damage to the musculo-skeletal system: during manual movements by adopting the proper lifting techniques. This test takes place in the simulation proposed in Matrix 1, also asking the examinee to change the incontinence pad of a partially cooperative bedridden person.

The teacher gives one of the following grades:

- | | |
|-----------------------|-----|
| - Excellent | 100 |
| - Very good | 90 |
| - Good | 80 |
| - Almost good | 70 |
| - Sufficient | 60 |
| - Barely sufficient | 50 |
| - Insufficient/failed | 40 |

3. ECVET LO Unit Assist Individuals in Taking Care of their Primary Needs and Managing Health and Hygiene Issues: Questionnaire Excerpt

<p>PIEDMONT REGION</p> <p>Assessment of competences</p> <p>Home Caregiver – Unit Assist Individuals in Taking Care of their Primary Needs and Managing Health and Hygiene Issues</p> <p>Examinee: _____</p> <p>Social security number: _____</p>
<p>INTRODUCTION</p> <p>The questionnaire aims to check the following knowledge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elements of personal hygiene <input type="checkbox"/> Nutrition <input type="checkbox"/> Prevention of main degenerative pathologies: diabetes <input type="checkbox"/> Elements learnt from experience
<p>INSTRUCTIONS</p> <p>The questionnaire consists of 18 questions of which 17 are with cLOed answer and 1 with open answer. The cLOed answer questions have only one correct answer and are worth 4 marks. The open answer question is worth 32 marks. The maximum marks obtainable are 100.</p> <p>ANNEX TO QUESTIONS:</p> <p>CASE STUDY – PASQUALE: The neighbours of Pasquale, an 86-year-old man, have notified Social Services that he is LOing his autonomy. He LOt his wife about three months ago and he has no children. He lives in a one-bedroom house with living room, kitchen and bathroom on the first floor of an old building without a lift. Living on the same floor is a couple who are keeping an eye on Mr. Pasquale. Their friendship dates back some 40 years, when this couple came up from the south from the same town as Pasquale and his wife. After the death of his wife, the couple have seen a deterioration in Pasquale’s general conditions. The neighbours have informed Social Services of the difficulty Mr. Pasquale has in walking (he uses a stick) and in washing himself and keeping his home clean. They also report on episodes of confusion (he doesn’t remember appointments, dates... ..).</p>
<p>Question n. 1 /17- List (1 choice) Structure weight: 0.04 – No answer weight: 0</p> <p>Subject: Personal Hygiene</p> <p>Before tackling Mr. Pasquale’s hygiene issues the Home Caregiver must:</p> <ul style="list-style-type: none"> - Wear disposable gloves and open the window (0) - Wash his or her hands and prepare the necessary materials (100) - Not insist if Mr. Pasquale refuses to wash (0)
<p>Question 2/17 - List (1 choice) Structure weight: 0.04 – No answer weight: 0</p> <p>Subject: Personal Hygiene</p> <p>When carrying out Mr. Pasquale’s intimate hygiene, the Home Caregiver must:</p> <ul style="list-style-type: none"> - Expose the glans and then cover it again (100) - Never expose the glans (0) - It does not matter either way (0)
<p>...</p>

Question n. 18 – Assessable open answer Structure weight: 0.32 – No answer weight: 0

Subject: Work Experience

The Home Caregiver is helping Mr. Pasquale to bathe: he has a violent reaction. What does the Caregiver do?

Assessment guidelines:

- Guideline 1: CHECK IF THE EXAMINEE, in the written account, has been questioned on the origin/motivation of the violence (34)
- Guideline 2: CHECK IF THE EXAMINEE describes any appropriate actions in the written account (speaking softly, not staring, not interrupting the relation...) for tackling the aggressiveness (33)
- Guideline 3: CHECK IF THE EXAMINEE describes in the written account any actions taken to discuss this behaviour with others (33)

4 ECVET LO Unit Assist Individuals in their Daily Activities and Hygiene Needs: Practical Test Description

FOREWORD

The test assesses the competences regarding “Mobility and Safety” with a practical test according to the following procedure:

MATERIALS AND TOOLS TO PREPARE FOR THE PRACTICAL TEST

For the practical test the Agency must prepare a setting with the following materials/tools:

- Cleaning materials
- Household linen
- Kitchen utensils

ADMINISTRATION OF PRACTICAL TEST

Ask the examinee to:

1. **Carry out** the series of actions for cleaning the bedroom and kitchen in the patient’s home
2. **Illustrate** what is needed to take care of the patient’s household linen and clothing
3. **Describe** what the care giver has to do for the correct preservation of food (from buying the food to preparing the meal and preserving any leftovers)

5. ECVET Unit Assist Individuals in their Daily Activities and Hygiene Needs: Practical Test Observation Grid

Assessment of competences acquired in informal and/or non-formal contexts

For assessing the competences acquired in informal and/or non-formal contexts, the examining committee assigns the case to present to the examinee. The examinee carries out the operations requested by the test. At the end of the test the examinee will take an oral exam to ascertain his or her knowledge of the topics subject of the assessment..

The test time is 30 minutes.

Instructions for filling in:

The observation Grid for assessing the competences acquired in informal and/or non-formal contexts consists of 3 matrixes. The maximum marks obtainable are 100.

Matrix n. 1 – List

Structure weight: 0.34 - No answer weight: 0

Subject: Hygiene Needs

The teacher checks and assesses the actions the examinee carries out for cleaning the bedroom and the kitchen in the patient's home..

The teacher must check that the following preliminary operations are carried out/described, including:

- washing hands
- preparing material (detergents, disinfectants, clean cloths, broom, etc....)
- IPDs, apron, etc...
- etc....

When the kitchen is being cleaned, the teacher must check that the examinee carries out the necessary operations, including:

- tidying up
- preservation of any leftover food
- washing and putting away dishes
- cleaning cooking and other surfaces, disinfecting sink
- sweeping and washing the floor and disinfecting it with bleach.

While the bedroom is being cleaned, the teacher must check that the examinee carries out the necessary operations, including:

- airing the room
- after around 15 minutes, making the bed and possibly changing the sheets
- tidying up
- dusting, sweeping and washing the floor (if a "wet" procedure is used not necessarily in this order).

The teacher gives one of the following grades:

- Excellent 100

- Very good	90
- Good	80
- Almost good	70
- Sufficient	60
- Barely sufficient	50
- Insufficient/failed	40

Matrix n. 2 - List

Structure weight: 0.33 - No answer weight: 0

Subject: Managing Household Linen

The teacher checks and assesses the actions the examinee carries out for looking after the patient's household linen and clothing.

The teacher must check that the following preliminary operations are described, including:

- correct "maintenance" of the household linen (washing, drying, ironing and folding, removing any stains, bleaching and mending)
- checking that the necessary materials are present

The teacher must check that the examinee carries out the necessary operations, including::

- reading the labels on every article regarding the type of washing recommended, the right temperature for washing and ironing and finally, sorting out and putting away the articles
- washing methods: by hand, by machine, dry cleaning
- articles needed for washing: rubber gloves, soap and/or detergent for hand washing and in washing machine, specific detergent for underwear, bleaches, possibly conditioners and decalcifiers for washing machines, basin and/or bucket, brushes, clothes line for hanging out the washing and pegs
- hanging out methods
- ironing items
- putting away items (e.g. wardrobes, drawers, etc ...).

The teacher gives one of the following grades:

- Excellent	100
- Very good	90
- Good	80
- Almost good	70
- Sufficient	60
- Barely sufficient	50
- Insufficient/failed	40

Matrix n. 3 - List

Structure weight: 0.33 - No answer weight: 0

Subject: Food Hygiene

The teacher checks and assesses if the examinee describes the appropriate procedures for the correct preservation of food (from buying the food to preparing the meal and preserving any leftovers)

The teacher must check that the following preliminary operations are described, including:

- washing hands
- IPDs, apron, etc...
- traditional food preservation methods: cooking, refrigerating, freezing, etc....

The teacher must check that the following preliminary operations are described, including:

- preservation of easily perishable foodstuffs such as fish, meat, milk, cold dishes with sauces, etc.. (e.g. to be placed in the refrigerator at a temperature of under 4°C as soon as possible after purchase or preparation)
- preservation of raw meat and fish (e.g. so that they do not contaminate other food)
- preservation of other types of food (e.g. cooked/raw - animal/vegetable)
- preservation methods for prepacked food (e.g. carefully observe the due dates and instructions for preservation indicated on the label)
- cooking food
- preservation of cooked food and leftovers
- defrosting food.

The teacher gives one of the following grades:

- | | |
|-----------------------|-----|
| - Excellent | 100 |
| - Very good | 90 |
| - Good | 80 |
| - Almost good | 70 |
| - Sufficient | 60 |
| - Barely sufficient | 50 |
| - Insufficient/failed | 40 |

6 ECVET LO Unit Assist Individuals in their Daily Activities and Hygiene Needs: Questionnaire Excerpt

<p>PIEDMONT REGION</p> <p>Assessment of competences</p> <p>Home Caregiver – Unit Assist Individuals in Taking Care of their Primary Needs and Managing Health and Hygiene Issues</p> <p>Examinee: _____</p> <p>Social security number: _____</p>
<p>INTRODUCTION</p> <p>The questionnaire aims to check the following knowledge:</p> <ul style="list-style-type: none">- Housekeeping- Notions with regards to organizational, institutional and informal social and health network- Work experiences
<p>INSTRUCTIONS</p> <p>The questionnaire consists of 14 questions of which 13 are with cLOed answer and 1 with open answer. The cLOed answer questions have only one correct answer and are worth 5 marks. The open answer question is worth 35 marks. The maximum marks obtainable are 100.</p> <p>ANNEX TO QUESTIONS:</p> <p>CASE STUDY – PASQUALE: The neighbours of Pasquale, an 86-year-old man, have notified Social Services that he is losing his autonomy. He lost his wife about three months ago and he has no children. He lives in a one-bedroom house with living room, kitchen and bathroom on the first floor of an old building without a lift. Living on the same floor is a couple who are keeping an eye on Mr. Pasquale. Their friendship dates back some 40 years, when this couple came up from the south from the same town as Pasquale and his wife. After the death of his wife, the couple have seen a deterioration in Pasquale's general conditions. The neighbours have informed Social Services of the difficulty Mr. Pasquale has in walking (he uses a stick) and in washing himself and keeping his home clean. They also report on episodes of confusion (he doesn't remember appointments, dates ...).</p>
<p>Question n. 1/14- List (1 choice) Structure weight: 0.05 – No answer weight: 0</p> <p>Subject: Housekeeping</p> <p>Having assessed Mr. Pasquale's situation, the Care Giver should:</p> <ul style="list-style-type: none">- ask the neighbours to take care of cleaning the house (0)- decide with Mr. Pasquale how to clean the house on the basis of a weekly work plan (e.g. Monday: clean bedroom, etc..) (100)- ask the Social Services to clean the house (0)
<p>Question n. 2/14- List (1 choice) Structure weight: 0.05 – No answer weight: 0</p> <p>Subject: Housekeeping</p> <p>With reference to Mr. Pasquale's house, the Care Giver must keep any eye on the microclimate, with regards to the following elements:</p> <ul style="list-style-type: none">- temperature and humidity (0)

<ul style="list-style-type: none">- sunlight (0)- temperature, humidity, ventilation, light and noise (100)
...
<p>Question n. 14 – Assessable open answer Structure weight: 0.35 – No answer weight: 0</p> <p>Subject: Work Experience</p> <p>When Mr. Pasquale has to use his walking frame, what precautions must the Care Giver take in the house?</p> <p>Assessment guidelines:</p> <ul style="list-style-type: none">- Guideline 1: CHECK IF THE EXAMINEE, in the written account, has been questioned on obstacles present in the house (34)- Guideline 2: CHECK IF THE EXAMINEE describes the actions for tackling the situation (e.g. removing carpets, suitable footwear, etc. (33)- Guideline 3: CHECK IF THE EXAMINEE describes in the written account how the patient accepts the aid (33)