

## IDECO

# Improving transparency for Department Coordinators in long term care facilities

## Handbook



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## Introduction

Elderly care is influenced, in recent years, a number of contextual elements such as the gradual increase in absolute terms and as a percentage of the elderly population, the rise of the average age of life and increased health problems. All this affects the degree of dependence of the elderly population in old age, the birth of new kinds of needs related to degenerative and disabling conditions (eg. Dementia, cognitive problems, psychiatric problems, etc..). The period of severe economic crisis we are experiencing, also implies a continuous limitation of available resources.

The extent of these phenomena is likely to significantly influence the role of Residential Structures and consequently the quality of life of older people who live there. Today the emphasis falls on a less institutional setting of services than in the past, which forces the residential structures to respond to the growing expectations from the users with greater capacity management and services more flexible, able to respond effectively to the needs individual.

Faced with these new situations is no longer possible to answer in a general way, but it takes diversified services, flexible and personalized. It is about ensuring a good level of care for the elderly in the structure in which they live. For this reason it is strategic, as well as useful, focus on the role of coordinator of the nucleus so the set of interventions and actions throughout the organization is integrated, coordinated and congruent with the needs. In the light of these facts, it is important to the formation of the middle management able to cope with specific competence, to the new requirements that the system as a whole requires.

To cope with the changes, the training of human resources in charge of management is certainly the most effective weapon, but for key workers, such as department coordinators, programming training plans consistent with their tasks extremely difficult. Despite its importance, in Italy and in Europe there is not a unique and official recognition of the qualification and therefore not a standard training program to acquire it. The only case in Italy of recognized professional qualification is that of Emilia Romagna, which has regulated the role during the process of accreditation. This situation makes labor mobility difficult and makes it impossible to officially recognize experience acquired in non-formal or informal settings such as volunteer experiences or experiences abroad.

IDECO is the result of several preliminary meetings took place between Kairos and associations UPIPA and ARET who complained of legal gaps regarding the professionalism of the coordinators and co-ordination difficulties in identifying qualified figures. The idea to set the project was, however, only in October 2010 as part of an international meeting took place between the project partners IQEA Evo On this occasion the topic was discussed, was identified good practice in Germany and developed the 'idea that a transfer of the model it was possible and desirable not only in Italy but also in other European countries, using ECVET system.

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## 1. Reference scenario

The two target regions of the testing of IDECO model have been Tuscany and Trentino. Thanks to the partnership of UPIPA - Provincial Union of Care Facilities of Trento - and ARET - Tuscany Regional Association of Public Care Facilities, that are highly representative of the territories, we could have a broad involvement of residential facilities, both in the data collection phase and in the testing phase.

The European Union has declared 2012 the European Year for Active Ageing and Solidarity between Generations, to increase the general awareness and attention of policy makers on the key challenges posed by demographic changes: an increasingly aging workforce, sustainability social security schemes, the organization and financing of health services.

One useful indicator to understand the demographic dynamics is the degree of dependence or social burden (calculated by dividing the non-working-age people to those of working age). In one of the target areas of the project, Trentino, from 1972 to 1992 the degree of dependence is reduced as a result of the sharp decline in the birth rate, while the number of elderly has remained almost stable. The total social burden since 2002 has exceeded 50%, and the number will continue to grow, exceeding 60% in the thirties. The components analysis shows that the load is currently made up of about 23 young and 29 elderly for every 100 people of working age, while in thirty years 100 people in working age will have to assist and maintain, directly or indirectly, 21 young and 43 elderly, 15 of them over eighty.

It is evident that the increase in life and the progressive aging of the population are positive phenomena, but they must lead to predict changes in social structures and welfare in order to avoid that the last years of life of people turn into years of depression. The local context must therefore be prepared to accommodate a growing number of older people with dignity, today too often in trouble both from the economic point of view and from the point of view of social welfare and health care.

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## 2. Comparison among professional profiles from Italy, Romania, France and Portugal

This document aims to compare the Italian professional profile with those with similar characteristics identified in Romania, Portugal and France by the transnational partners of the IDECO project.

### THE PROFESSIONAL PROFILES IDENTIFIED

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#### ITALY

##### JOB DESCRIPTION:

- The HoU, within the organizational system of the service, is a link between the director and the health and social care workers (OSS). Sometime, he/she refers to a middle management profile, such as that of care activities coordinator.  
Indeed, according to the organizational structure of each nursing home, he/she can have a really operational role, basically acting like a contact point between the direction and the nursing team or a higher, managing role closely cooperating with the general coordinator or the director
- He/she has relevant relations with the director, with users, their relatives, the volunteers and all the professionals working in the residential care facility, both in the health and in the social care field
- He/she has the responsibility of organizing the care activities within the unit, supporting the human resources management, coordinating the care team, creating links between the direction and the care staff and implementing the individual care plans.

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#### GENERAL TERMS OF JOB PRACTICING:

He/she is skilled on

- the structure of services and their organizations, specifically: management of human and material resources, definition of the way in which services are provided, management of shifts / types of shifts and use of Excel; use of management software (computerization of informative paths)
- problem solving, communication, relation and team management
- networking and integration with other community services
- the characteristics of main type of users: older persons, disabled, children, persons with mental illnesses...

#### EDUCATION AND EXPERIENCES:

- The HoU should normally have a background qualification in the care field (i.e. social and health care worker, assistant nurse or similar)
- It is usually requested a former experience as care worker and sometimes a dedicated training
- The training duration of the training is changeable and varies from VET / formal training to job shadowing, training on the job and non-formal training.

#### INTERNATIONAL QUALIFICATION LEVEL: EQF AND/OR ISCED

- There is no established EQF level for this profile
- The tasks and the position in the organizational chart suggest an EQF4 for the higher profile and an EQF 3 for the lower profile.

#### SPECIFIC ACTIVITIES CARRIED OUT:

- Organizes the work of the unit under his/her responsibility
- Assures the information flow between the care workers team and the other professionals working in the care facility
- Provides to his/her team the technical instruction and he/she supervises them, also through job shadowing. He/she assures a rational and effective use of human resources
- Follows the insertion of newly hired, cooperating with the Director to the evaluation of employees
- Assures the respect of adopted working procedures and proposes improvements

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- Collects data and figures for monitoring activities
- Makes sure that all the health-related directions (coming from doctors, nurses, rehabilitation therapists) that have an impact on personal care activities are followed
- Informs the director about complaining or requests of guests and their family members that he/she can not satisfy on his/her own
- Takes care of the correct use of the tools and devices of the unit and he/she assures their supply
- Takes part to the development and implementation of the Individual Assistance Plan and participates to the coordination meetings
- In some cases, he/she also provides direct care to patients (for instance, in case of emergency replacement)

#### LEARNING OUTCOMES:

He / she

- Is able to plan and coordinate the care activities in his/her unit
- Is able to assure the implementation of service procedures and processes (including catering and hospitality)
- Is able to coordinate the work of the care staff
- Is able to use the information and ICT tools
- Is able to contribute to budgeting and management control
- Is able to manage work groups and meetings
- Is able to work to satisfy the needs of users and their relatives, improving the quality of the service provided

#### INDICATORS:

- N/A

#### WORK PLACE:

- The HoU works in residential care facilities for older and disabled persons

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#### ORGANIZATIONAL CONTEXT:

- Has the responsibility over 1 or 2 units (normally a floor or a ward in the building) for an overall of more or less 40 guests
- Works on daytime shifts (morning or afternoon) or on one single shift – in some cases he/she works also on public holidays or Sundays
- He/she normally uses a PC – in some cases he/she uses specific management software.

#### FRANCE

The most similar profile, in the framework of all those employed in a French nursing home, seems to be that of the **coordinating nurse**: “She is in charge of the successful implementation of care to each resident, maintaining relationships with physicians or pharmacists, good maintenance of medical records, connecting with other team members, the monitoring plans, coaching caregivers etc. Anything that relates to the coordination of care is their responsibility.”

Unfortunately, we do not have further information about the needed qualification and her tasks and responsibilities.

#### PORTUGAL

According to the available information, in Portugal does not exist a middle-management profile who can be considered a link between the overall facility coordinator and the care staff. On the other hand, the National Profession Classification includes that of **Coordinator of services for the elderly** who has, among the others, some of the duties of the HoU such as “Development, implementation and monitoring of procedures, policies and performance standards for nurses, personal care staff, administrative and other staff for the care of the elderly”.

#### ROMANIA:

In Romania too, there is no middle-management profile between the coordinator and the care staff. Indeed, the only professional profile foreseen is that of **residential facility coordinator**.

This profile includes some of the tasks of the HoU, for instance: “He/she establishes with and through the professionals he/she coordinates the social and medical services offered to the beneficiaries” and “The

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residential facility coordinator organizes and supervises all the activities in the centre, coordinates the employees and establishes the attributions that they know from the job description. He/she establishes the members of the multidisciplinary team and the case manager. The multidisciplinary team establishes the individual care plan.”

The specific activities carried out are indeed quite similar to those of the HoU – the main differences can be identified in: the fact the coordinator supervises the whole staff (and not only care workers) and the fact that the coordinator has also the responsibility of assure the compliance with laws and regulations.

On the other hand, the qualification is much higher (usually, a University degree).

## ANALYSIS

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Even if the available information are partial, it seems possible to conclude that in the other countries involved, there is no exact correspondence with the profile of HoU, except Germany.

The profiles in Romania, Portugal and France are indeed higher and broader. On the other hand, the profile of HoU seems to have **part** of the responsibilities (and of the skills) of the coordinator, therefore part of the competences needed are probably similar.

## VOCATIONAL PROFILES

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### VOCATIONAL PROFILE - ROMANIA

#### **Job Identification: RESIDENTIAL FACILITY COORDINATOR**

##### **Job description:**

- In the public residential facilities he/she ensures the connection with the managers of the General Departments of Social Assistance and Child Welfare when the facility doesn't have legal personality, or the Regional Council and Local Council for those with legal personality, and ensures also the connection with the centre's employees.

- The residential facility coordinator is directly subordinated to the director or to the president of the Regional Council, writes the payment commitment together with the beneficiaries and their legal representatives. He/she keeps the contact with the families and knows the beneficiaries. He/she establishes with and through the professionals he/she coordinates the social and medical services offered to the beneficiaries.

- The residential facility coordinator organizes and supervises all the activities in the centre, coordinates the employees and establishes the attributions that they know from the job description. He/she establishes the members of the multidisciplinary team and the case manager. The multidisciplinary team establishes the individual care plan.

The competences of the residential facility coordinator aim the capabilities and skills of coordination, organization, operational management, control, assessment and monitoring of the centre activity, human resources, financial, material, of time and relationships – communication.

##### **General terms of job practicing:**

The coordinator is skilled on:

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- the structure of services offered in the center and the organization of these services. Establishes efficiently the use of the human resources, organizing the work program, the shifts, the number of staff members on shift, and the type of staff working on a shift. Defines the way in which the services are provided through work procedures and internal control.
- the communication with the management, the employees, the beneficiaries, similar institutions and other services and institutions in the field, in order to provide the services according to the beneficiaries' needs (the needs are identified through assessments) in the situation when the centre is not able to provide it. Ensures a quality management within the team facilitating the communication and the cohesion in the facility.
- networking and integrating with other similar facilities, exchanging practices and having good connections at informal level.
- the characteristics of main type of users: older persons, children, disabled persons. Knows the specific legislation. Knows the services, financial benefits and facilities the beneficiaries are entitled to and the institutions that could provide all these services.

#### **Education and experiences:**

At the present time the residential facility coordinator has a university degree, suitable in the humanities field (social assistance, psychology, sociology, law, medicine etc.), but it is possible to hire also a person with technical studies in this position.

The experience is not established by law. In general, when a person is hired, each employer establishes the experience the candidates should have in order to obtain the job.

A dedicated training is not required. A master degree is eventually required.

The beneficiaries in the residential facilities are: children, older persons, disabled people.

#### **International Qualification Level: EQF and/or ISCED1**

There is no established EQF level for this profile. This qualification is not included in the Romanian Occupations Classification. The EQF level might be 5-6 (according to the annexe).

#### **Specific activities carried out:**

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**1. Organizes the work in the unit that is in his/her responsibility:**

- a. Guides, coordinates and controls the activity in the institution;
- b. Knows the legal regulations in this field;
- c. Effectuates the demarches to fulfill the standards in the field, informs the staff about it and respects it ;
- d. Elaborates with the employees and informs them about the methodology regarding the services offer, the specific instruments and any modification occurred;
- e. Verifies its implementation;
- f. Identifies solutions for the problems occurred in the centre's activity;
- g. Ensures the relation with the NGOs, and other institutions in order to satisfy the social assistance needs of the centre's beneficiaries ;
- h. Applies the attributions delegation to the subordinated staff;
- i. Proves to be impartial in accomplishing his/her work tasks;
- j. Acts promptly in solving new situations, proving analysis, synthesis and creativity skills;

**2. Provides training for the team:**

- a. Takes measures for the staff to know and to respect the legal regulations;
- b. Communicates to the staff the Functioning and Organization Regulations and the Internal Regulations of the Centre;
- c. Identifies the training need of the staff;
- d. Proposes training programs and refresher courses for the staff;
- e. Organizes meetings with the staff;
- f. Puts in practice the periodical training regarding the health and protection at work and the protection and procedures in case of fire;

**3. Ensures the rational and effective use of human resources:**

- a. Elaborates the job description charts according to the laws;
- b. Monitors the staff for correctly accomplishing of the assigned job description tasks;
- c. Elaborates the time sheets for the subordinated staff;
- d. Plans the holidays, the shifts and the supplementary hours for the subordinated staff;

**4. Monitors the activity of the new employees and assesses their activity:**

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- a. Establishes the persons who coordinate the new employees and the volunteers and students in practice;
  - b. Establishes the tasks of the new employees;
  - c. Elaborates, verifies and approves the assessment charts for the employees' outcomes.
- 5. Ensures the application of the work procedures adopted and proposes improvements:**
- a. Elaborates specific work procedures;
  - b. Informs the staff about the work procedures;
  - c. Monitors the implementation and the following of the approved procedures;
  - d. Proposes objective and motivated modifications of the work procedures;
  - e. Monitors the application of the internal control procedures and the standards following;
- 6. Makes sure that the health directives which have an impact on the care activity are respected:**
- a. Does not intervene in the health directives;
  - b. On request of the doctor, he/she applies measures for epidemics, infectious diseases etc.;
  - c. Initiates the quarantine measure when this is requested.
- 7. Informs the manager about the claims and requests of the beneficiaries and of their families that he/she cannot solve by his/her unique contribution :**
- a. Informs and counsils the beneficiaries/their families in order to obtain their legal rights;
  - b. Writes the activity reports and the activity plan regarding the functioning of the facility;
  - c. Is responsible in front of the manager for the correct and efficient accomplishment of the activities in the centre;
  - d. Each trimester sends the situation of the claims received and the modality to solve them;
- 8. Takes care of the correct use of the tools and equipments in the unit:**
- a. Has the responsibility of the tools and equipment in the unit together with the staff who uses it;
  - b. Is responsible with the realization in time of the revisions and reparations if it is necessary;
  - c. Establishes through specific procedures who uses it and in what conditions ;
  - d. Makes sure that the whole staff receives the protection equipment and uses it in an appropriate way;
- 9. Takes part to the development and implementation of the care plan (in the residential facilities for elderly) or the rehabilitation plan (in the residential facilities for the disabled persons):**

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- a. Exchanges permanently data and information with other services and institutions with the aim of offering adequate services;
- b. Elaborates proposals for the services development;
- c. Establishes the members of the multidisciplinary teams who apply the care plan;
- d. He/she appoints the case managers.

### **Work place:**

The residential facility coordinator works in the residential centres for the elderly and for the disabled persons. In the centres the services offered are: care services, accommodation, meals, rehabilitation or maintaining the functional status. The number of beneficiaries varies from 25 to 300. The residential facility coordinator has to manage the administrative issues and the human resources, financial resources and the services offered. It is a job that puts a lot of pressure on the coordinator, because the beneficiaries and their families depend on the organization of the activity.

The residential facilities can be with legal personality and without legal personality. Those with legal personality are subordinated to the General Departments of Social Assistance and Child Welfare (specialized services subordinated to the Local Council in the districts of Bucharest and to the Regional Councils). Those with legal personality are subordinated to the Regional Councils.

The centre is subordinated to the General Department of Social Assistance and Child Welfare, so the centre coordinator is directly subordinated to the general manager.

The whole staff of the centre depends on the coordinator (the professionals – social workers, psychologists, physiotherapists, doctors, nurses, economists, cashiers, administrators, storekeepers; care staff – nurses, care workers, health care assistants; auxiliary staff – qualified and unqualified workers).

### **Organizational context:**

Has the responsibility of the entire centre.

Works on daytime shifts (8 hours per day – from morning until afternoon).

For his/her activities normally uses a PC.

The residential facilities can be with legal personality and without legal personality. Those with legal personality are subordinated to the General Departments of Social Assistance and Child Welfare

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(specialized services subordinated to the Local Council in the districts of Bucharest and to the Regional Councils). Those with legal personality are subordinated to the Regional Councils.

## VOCATIONAL PROFILE – FRANCE

### **Job Identification: Coordinating nurse**

#### **Job description:**

It coordinates the activities of the health care team (nurse's aide, medical and psychological assistance), and liaises with external stakeholders (physiotherapist, podiatrists, nurses ...), he leads the team and optimizes the work, he oversees the medication by the beneficiaries (control and following orders, verifies the proper distribution ...), supervises and maintains the record of care, such as GMP (weighted average IRM) provides information registers disorders behavior, falls, incontinence, bedsores, death, hospitalization. It can also change the care plan if necessary. He participated in all meetings and promotes the transmission of useful information. Social bond: he knows every beneficiary in case of medico-psychological, works with him, at first glance, and then prevents the person best suited to the situation. It also ensures continuity of care, especially at night, on weekends and holidays.

#### **Education and experiences:**

Holds a Diploma of state nursing which is prepared in one of the 346 training institutes in Nursing (IFSI).

The training lasts three years and internships in hospital and non-hospital accounts for about 50% of the training. Namely: the apprentice training centers can prepare DE nursing by learning.

To perform the function of nurse / coordinator it is best to also be a graduate of nursing. Experience of several years in a hospital is desirable and experience of community nurse or nurse SSIAD (Department of Nursing at Home), HAD (Hospital to Home) or health center.

#### **International Qualification Level: EQF and/or ISCED1**

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There is no established EQF level for this profile.. The EQF level might be 5-6 .

#### **Specific activities carried out:**

- Plan service activities (distribution of staff, use of equipment, bed management, ...) according to the proposed organization of care
- Develop or develop treatment protocols, procedures, hygiene, safety, health surveillance, monitoring its implementation by staff and provide technical support him
- Perform administrative staff and participate in management actions (recruitment, mentoring, ...)
- Monitor the progress of catering, cleaning and services, and implement corrective actions if necessary
- Inform the patient, the entourage on the operation of the service or in conflict, death, ...
- Information media monitoring activity, identify gaps and suggest areas for development

#### **Work place**

The coordinating nurse works in

#### **Private nursing homes**

These institutions are mostly working with the Departmental of Health and Social Affairs (DDAS), which supports the additional daily rates that the resident can not bear and which is fixed by the General Council. Commercial establishments and associations (nonprofit) are owned and managed by pension funds, insurance companies, hotel groups, specialized private groups or foundations.

Or

#### **Public nursing homes**

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They are owned and managed by the municipality or the department. The price of these institutions is set by the General Council of the region. Residents whose resources are insufficient can benefit from social assistance.

#### **Organizational context:**

The activity of this job / profession is exercised within care facilities (hospital, clinic, ...) or facilities (rehabilitation center, ...) in relation to different stakeholders (staff medical, paramedical, suppliers, senior management, general services, ...).

It can perform staggered hours, weekends, holidays, night and be subject to penalties or guards

#### **ADDITIONAL INFORMATION ON VOCATIONAL PROFILE – Portugal**

The most similar profiles existing in Portugal are the following :

##### **Nursing Home Coordinator (Despacho Normativo n.o 12/98 – Norma XI)**

- 1 – Facility coordination should be ensured by someone with technical and academic qualification, preferably in social and human sciences.
- 2 –The coordinator is responsible for managing the facility, programming activities, coordinate and supervise the staff according to the management model suitable to the good functioning of the facility and, particularly:
  - a) Promote technical meetings with the staff;
  - b) Promote meetings with the residents, namely, to prepare activities to develop;
  - c) Make staff aware dealing with the problems of the elderly;
  - d) Plan and coordinate social, cultural, recreational and occupational activities for the elderly.
- 3 – The coordinator can work part-time, if the facility capacity is less than 30 residents.
- 4 – When the facility capacity is less than 15 residents, the coordinator can have a variable weekly schedule, if ensuring, at least, three daily hours.

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### **Home Care Service Coordinator (Despacho Normativo (Normative Order nº 62/99 – Norma X)**

1 – The coordination of the Home Care Service should be ensured by someone with technical and academic qualification, preferably in social and human sciences.

2 – Is responsibility of the coordinator to:

- a) Direct the service, taking responsibility for the organization, planning, implementation, monitoring and evaluation;
- b) Ensure the recruitment of professional with training and qualification valid for the offered services;
- c) Ensure the coordination of the staff team;
- d) Ensure the technical quality of the diagnosis in each situation and the development of each care plan;
- e) Supervising the staff;
- f) Provides technical framework to the evaluation of the evolution of each situation, depending on the plan of care that was defined;
- g) Make staff aware dealing with the problems of the elderly.

### **Day Center Coordinator (Guião técnico/technical Guidelines)**

- a) The Day Center is directed by a coordinator responsible for the organization and development of the services;
- b) The coordinator should be someone with technical and academic qualification in social and human sciences.

### **Night Center Coordinator (Guião técnico/ technical Guidelines)**

- a) evaluates the situation of each elderly regarding his/her admission and monitors the evolution
- b) is responsible for the management of the Night Center and supervises the staff.

### **Coordinator of services for the elderly (Classificação Nacional de Profissões/National Profession Classification)**

Includes the tasks and duties of the director of care services for the elderly comprising in:

- 1 – Provide general guidance and management for a service facility, organization or center;
- 2 – Directs, supervise and evaluate activities of doctors, nurses, technical staff, administrative and other services;
- 3 – Establishes goals and evaluate the facility;
- 4 – Directs, the selection and training of the human resources;

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- 5 – Develops, implement and monitor procedures, policies and performance standards for nurses, personal care staff, administrative and other staff for the care of the elderly;
- 6 – Establish contact with health and wellbeing suppliers, management and funding agencies to coordinate the provision of services;
- 7 – Gives advice to the government about measures to improve health and wellbeing services to the elderly;
- 8 – Represents the facility in negotiations, conventions, seminars and public consultations on care to the elderly.

### 3. Good practice: the German model

The German profile is the basis and the starting point of the transferring foreseen in the IDECO project.

In Germany in order to become a department coordinator in geriatric care you have to be a nurse which requires 3 years of a vocational training. In addition 2 years of work as a nurse is required and a further training which requires a minimum of 460 hours.

The activities performed by the department coordinator are mostly similar to those performed in Italy but with relevant differences: first of all, the German profile is based on that of nurses – and not of care workers. It means that he/she has skills and responsibilities related with health practices too (such as assessment of patients, the development of nursing plans, the supervision on medications and prescriptions) that do not belong to the Italian profile, which is mostly social.

Moreover, the German profile has - generally speaking – a higher qualification compared to that of Italian workers. Therefore it seems to have higher autonomy in his/her performances.

#### 3.1 Vocational Profile

##### Job Identification: NURSING MANAGER FOR THE LIVING GROUPS

##### Job description:

The professional aim of the nursing manager is the following:

- Management of nursing services (in outpatient assisted living communities) in line with the needs of patients, employees and the management
- Ensure optimal nursing and psychosocial care of patients
- Design an organizational structure with which the employees can identify
- organizational development, improvement and implementation of concepts, standards and methods of care
- Ensuring the correct procurement and use of the maintenance resources
- Assurance of business management
- Control and monitoring of care
- Modern and appropriate personnel management

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- Ensuring and promote the satisfaction of nurses
- Ensuring the continuous training of the nursing staff
- Implement an adequate and appropriate staff development
- Compliance with all labor laws and regulations of the-specific features of the organization
- Implementation of and compliance of the quality related to structures, processes and outcomes in accordance with German law
- Ensuring an activating primary care
- Assistance and participation in the development and implementation of corporate philosophy and general care orientation

#### **General terms of job practicing:**

The coordinator is skilled to:

- Assess patients needs in terms of primary nursing
- To design nursing plans in cooperation with care givers
- To allocate personal and material resources within the given budget
- To prepare and agree the budget together with the top management
- To participate in the quality management of the unit
- To participate in providing nurses vocational training

#### **Education and experiences:**

- Completion of training as a nurse, as a pediatric nurse or geriatric nurse
- Practical experience in the nursing profession for two years within the last five years.
- Further training of at least 460 hours according to German law or the degree in nursing management at a university for applied sciences
- Additional training for outpatient care
- Extensive knowledge in the field of quality management
- Successful work during the probationary period of six months

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**International Qualification Level: EQF and/or ISCED:**

The EQF level of the coordinator would be level 4 (three year vocational training plus further training). However there are some tendencies to upgrade the coordinators at least in bigger institutions. Here it could be an academic education with a bachelor degree which would correspond to EQF level 5. The difference between both approaches would be the level 4 being more practical and level 5 being more theoretical and conceptual.

**Specific activities carried out:**

The specific tasks carried out are the following

**Responsibilities for quality management:**

- Continuous quality improvement in cooperation with the QM – supervisor
- Support of the implementation of instruments for quality management, e.g. quality circles, case discussions.
- Enforcement of the applicable standards in nursing
- Information about the latest innovations in the quality manual
- Smooth collaboration with the QM-supervisor

**Patient-related tasks:**

- Recommendation on the admission or rejection of a patient as a customer
- Performing of the first meetings with patients, in particular:
  - Determination of needs
  - Creating a care plan and develop a cost plan
  - Forwarding of all relevant information to the nursing staff and the management
  - Coordination of services
- Ensuring the quality of care by an appropriate nursing documentation and implementation of nursing assessments
- Implementation and development of a philosophy of care with the nursing team
- Implementation of a nursing organization according to the philosophy (activating care, primary nursing etc)

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- Implementation of nursing standards
- Developing working methods and uniform nursing techniques
- Written specification and implementation of a nursing concept according to agreed process standards
- Testing new nursing methods and tools and their integration into the nursing process. Organization of necessary training needs.
- Supervision, guidance and execution of medical prescriptions
- Introduction and control of legal actions such as installation of supervisors for patients or measures restricting patients independence
- Accept and processing of complaints and wishes of patients and their relatives.
- Ensuring provision of necessary medical aids for patients
- Periodic review of the need for care of the patient. If its necessary measures to adjusting the levels of care, in agreement with the patient and relatives. Supplying administration with necessary information for the application care level adjustments
- Provide written expertise to determine the level of care according to public regulations
- Assurance of specialized care for seriously ill and dying patients. Die with dignity guarantee.

**Personnel-related tasks:**

- Development, checking and signing of service schedules as well as the calculation of hours of services during the accounting period
- Placement and coordination of nurses according to competencies, qualifications and matching
- Monitoring the activities of responsible nurses including substitutes
- Provision of substitutes
- Determine the current and future staff resources needed with respect to the available budget. Development of a staff plan for the nursing sector
- Implementation and documentation of meetings with nurses. Especially in the context of service handovers/ personnel change
- Implementation of replacements within the institution

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- Regulation of the type and scope of activities to be performed by the staff according to qualification (nurses, nursing assistants, apprentices, interns etc.)
- Advice and support of the nursing staff in difficult situations
- Processing and evaluation of job applications by nurses
- Monitoring and conducting of application interviews
- Acceptance of dismissal of nurses
- Labor regulatory affairs
- Involvement in the hiring and dismissing process of nurses
- Issuing references for nurses
- Assistance in training and instruction of new nurses
- Assistance with the support and mentorship of all nurses trainees
- Monitoring of compliance with the principles of hygiene, as well as the working and fire regulations
- Encourage harmonious relations between the employees as well as employees to patients

#### **Education and training of the nursing staff:**

- Provision of an adequate number of internships
- cooperation with the apprenticeship training institutions
- Planning, organization and implementation of internal training in coordination with the responsible head of training
- Collection and sharing of current literature for nurses
- Receiving and evaluating of further education wishes
- Submitting proposals for the qualification of employees
- Passing on information about interesting training programs and training events
- Selection and procurement of literature (books and journals)

#### **Administrative tasks:**

- Information of management and administration about important events like deaths, hospitalizations, etc.

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- Coordination of the management of schedules for consultation of physicians and patient supervisors, classifications by the medical service of health insurance
- Request for prescriptions by physicians
- Review of performance measurement
- Communication of changes of patient records to physicians and hospitals
- Preparation of annual sourcing lists and communication to the management
- Responsibility for procurement and storage of nursing material. In particular ordering and proper storing of bandages, hygiene products, medical aids
- Checking incoming deliveries
- Verification of inventories
- Participation in the management
- Control of the budget planning of the nursing service
- Controlling of labor, services, vacation and substitution plans for the nursing staff
- Processing of payroll sheets and overtime reimbursement for nursing staff with respect to the respective rules
- Invoicing for service schedules
- Create and update lists of overtime
- Ensuring the inspection and maintenance of the company cars. Control of vehicle log books
- Detection of defects and damage. Control of a timely and proper repair
- Cooperation in (re-)construction and renovation planning, procurement

#### **Work place:**

The workplace would be the department of the nursing home or in case of outpatient care the office of the out patient service as well as the home of patients for example to agree nursing plans, support nurses education and the like.

#### **Organizational context:**



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- Substituted by head nurse
- Substitutes head nurse
- Reports to head nurse
- Responsible for all nursing staff in the living groups
- Instructor to all nurses

### 3.2 Training for HoU in Germany

In order to become a department coordinator in geriatric care you have to be a nurse.

To become a nurse in Germany you have to take a standardized exam after 3 years of training and education.

The department coordinator training requires at a minimum 460 hours split between the different modules described below.

The following modules are part of the curricula of the department coordinator:

1. Nursing Science and Nursing research
  - Nursing science on a national and international scale
  - Theory development in nursing sciences
  - Nursing research
  - Nursing science concepts in practice and implementation f.e.
  - Case Management
  - Expert standards
  - Nursing planning and documentation
  
2. Communication, guidance and counseling
  - Communication models
  - Professional setting and role reflection
  - Conflict management
  - Student tutelage
  - Presentation and moderation
  - Practice Counseling

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3. Health Science, Prevention and Rehabilitation
  - Basic principles of national and international health science
  - Health promotion
  - Concepts of health science
  - Prevention
  - Rehabilitation
  
4. Economical and legal principles
  - Introduction to health economics
  - Principles of business studies
  - Financial foundation of the healthcare system
  - Legal requirements of nursing
  - General introduction
  - Liability law
  - Criminal law
  - Geriatric care/nursing laws
  - Introduction employment law
  - Introduction social law
  
5. Leadership role and leadership tasks
  - Fundamentals leadership
  - Leadership role und tasks
  - Leadership styles

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- Leadership and goals
- Development and buildup organization
- Motivation
- Delegation
- Nursing systems
- Admittance and release management
- Working time regulations, working time models and duty roster design
- Nursing handover
- Nursing ward around

6. Process coordination, quality and instruments of economical action

- Introduction quality management
- Process management
- ISO 9001:2008
- Tools for quality management
- Structures of external quality control
- Medical service of insurance companies/federal nursing home control
- Certificates of excellence
- Complaint management
- Risk management
- Project management
- Fundamentals accounting
- Introduction double entry bookkeeping

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- Balance sheet

## 7. Legal and organizational framework for human resource management

- Employment law
- Collective bargaining law
- Employment protection legislation
- Law of guardianship
- Employee assessment
- Team meetings
- Job characteristics
- Stress
- Burn-out
- Harassment at work

Every module requires a written or oral exam to be completed.

A one week internship as a department coordinator is mandatory (at least 40 hours). To complete the internship a written report has to be submitted.

### 3.3 Transferability of the model to other contexts

The transfer of German good practice is interesting from two points of view: the first of a legislative nature, with the official recognition of the professional, and the second from the methodological point of view, with the declination of the training course for the attainment of professional qualification target. The opportunity and at the same time the challenge of implementation in other contexts of the German model is the highest qualification (nurse) required to fill the role. In Italy, in fact, as mentioned earlier, the coordinators may come from different training courses.

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A higher level of course means more tasks, more responsibility and more skills required. On the other hand, the German curriculum gives several interesting input for the development of a standard curriculum adapted, especially for those regions and countries that still do not provide.

In a perspective of transferability we can point out, from the Italian point of view:

- The need to shorten the training, especially for profiles that relate to the level EQF3 - with regard to the courses mapped in Italy, the longer ones have a duration is 400 hours, but the vast majority of courses have a duration of between 40 and 112 hours.
- The need to simplify the content. In fact, the educational background of staff performing this work (especially if EQF 3) is normally the compulsory schooling only 1 year of professional training (OSS). The qualification of nurses (Bachelor in Nursing), however, is higher in Italy than in Germany, where there is a university qualification. Many of the contents of health care provided by the training coordinator for Germany, therefore, are already provided by the Italian university course.
- The need to adapt content to the organization chart used in Italian structures, where the level of autonomy and responsibility of the coordinator is generally lower, and for which - according to those who currently performs this task - the focus seems to be on communication and mediation rather than on the management and supervision.

From the Rumanian point of view:

- There is the profile of facility coordinator of but not the head of unit;
- There is a training course dedicated - it can be followed by graduates in various disciplines (from psychology to law);
- The role is purely co-ordination of service (personnel management, verification of compliance with the standards and requirements of the law ...) but without specific care skills.

For the same reason, depending on the degree obtained, some of the units could be avoided (such as, for example, the legal one for those with a degree in law, accounting and financial reporting for those with a degree in economics, etc.)

Moreover, according to the ECVET system, it is important to emphasize the legal requirement in Germany, on the basis of which the coordinator must - as a pre-requisite - be nurses. Since this is not a requirement either in Italy or in Romania, this problem must be taken into consideration when studying the possibility of mutual recognition of credits.

The training contents can, in part, be transferred and some learning outcomes may - in compliance with the regulations - be the subject of transfer of credits between the three countries.

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## 4. IDECO Project

### 4.1 Lifelong Learning Programme

The European Commission's Lifelong Learning Programme enables people at all stages of their lives to take part in stimulating learning experiences, as well as helping to develop the education and training sector across Europe.

With a budget of nearly €7 billion for 2007 to 2013, the programme funds a range of actions including exchanges, study visits and networking activities. Projects are intended not only for individual students and learners, but also for teachers, trainers and all others involved in education and training.

There are four sub-programmes which fund projects at different levels of education and training:

- Comenius for schools
- Erasmus for higher education
- Leonardo da Vinci for vocational education and training
- Grundtvig for adult education

The Leonardo da Vinci Programme funds practical projects in the field of vocational education and training. Initiatives range from those giving individuals work-related training abroad to large-scale co-operation efforts.

## 4.2 IDECO partnership

The project relies on an international partnership of educational institutions with qualified experience in the health and social sector, employers' associations, trade unions and a European network of public and private organizations working on social issues. The technical partnership has already had the opportunity to test its skills through the management of the international project IQEA Evo.

**Kairos**, from Venice – Italy, is a knowledge intensive business service company to support the regional players in the difficult challenge of continued and sustainable development. Kairos since 1990 has been characterized as a meeting place and hub where excellent advanced service providers compare and combine in order to access the market as a united front. Thus, today, Kairos is a consulting and training company offering quality services for organizational development of enterprises, public bodies and not-for-profit organizations through a structured network of expert partners. Kairos has also worked closely with UPIPA in creating a management model for nursing homes based on the quality and well being of residents and ARET for the networking of the ASP of the Tuscany region in a shared location to achieve accreditation.

**Anziani e Non Solo** is a cooperative society working since 2004 in the field of social innovation, with a specific focus on management of project and promotion of products and services in the field of welfare and social inclusion. Their areas of competences are: Social project management, Social research, Pilot projects in the social field, Training and e-learning, Validation of informally acquired skills, Services for information, counseling and matching between job offer and demand in the care field, Development of web sites and software packages for workers of social offices and employment services. Within its activities, ANS has promoted several project at local, National and European level and, among its clients, there are: local and regional administrations, foundations, NGOs, trade unions, job centers, social cooperatives.

**U.P.I.P.A. - Unione Provinciale Istituzioni Per l'Assistenza** represents the meeting place of I.P.A.B. of the province of Trento and the other (public and private) not-profit organizations that operate mainly in the field of social welfare and health care. Established in 1970 and transformed in 1999 in Co-operative Society, it aims to coordinate the activities of its members and it proposes appropriate solutions to the emerging problems, to implement forms of connection and solidarity among its members, to represent and protect the interests of members in bargaining. The Union shall also cooperate in any initiative in the field of social care and to prepare programs for research, training and retraining of personnel associated bodies.

**ARET-ASP** is the regional association of public companies of care services. The purpose of the association is to represent the associated in all those places that require or relevant regional representation. The association then summarizes all the experience and expertise of its associates. Public Companies of care services are subject to legal public working in the field of care. In relation to the project, it is clear that the professional who is identified and targeted by the training model is central to all organizations which are associated by ARET-ASP.

**SWZ/BPC** is a research and consultancy company specialized in health service research, innovation management and internationalization of the health care sector. BPC has about 20 years of experience in research dedicated to provide practical solutions on a scientific basis. Major methodological competences

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are comparative empirical research and benchmarking. BPC is one of the founding members of Sozial- und Seniorenwirtschaftszentrum (SWZ) located in the Science Park of Gelsenkirchen, Germany.

**HABILITAS** is a non for profit organization that is working with social professional staff. The people involved in HABILITAS have a vast experience in social programs and projects, professional training delivery and working with elderly and young people. HABILITAS bring out the experience of working with elderly - Day centre activities with art-therapy and craft activities, various workshops, health and nutritional information and counseling, meetings and group discussions, socialization and time spending, involvement in various projects.

**Fondazione Giuseppe Corazzin Onlus** was established in 1979 on the initiative of a group of union leaders of the ICFTU Venetian intellectuals and researchers, with the aim of developing an autonomous cultural work and investigation on the problems of employment and training, employee relations and on issues political institutions, with particular reference to the Veneto region. Areas of specialization for whom it has gained more scientific expertise are: the labor market, industrial relations and work cultures, processes, training, health and safety in the workplace, social history, social conditions and lifestyles, politics and local institutions, associations and cooperation, immigration, public policy and social services, the Venetian society.

**Tandem Plus Network** draws on the experiences of different European countries which are faced with serious problems of social exclusion and poverty. It consists of partner structures from multiple disciplines which work together towards finding solutions to these problems by pooling their human, technical and financial resources. The network's partner structures have chosen to coordinate their actions in view of designing, developing and implementing new scenarios and new pathways to trans-national co-operation, while still respecting one another's specific missions.

### 4.3 Context and main objectives of the project

Department coordinators are professionals involved the management of facilities and in the coordination of technical staff. They should be considered of primarily importance in change management process but, in many qualification systems, "department coordinator" is a qualification not precisely outlined. For this reason, vocational pathways to become department coordinator are not easily identifiable. As an effect, the acknowledgment and the exploitation of experiences and know-how learn in other Countries or other sectors is problematic. This affect in particular non-formal and informal training as for instance voluntary work which should be considered perfectly focused for the profession.

Moreover, the changes in quality management approach in long term care institutes make the definition of "department coordinator" more difficult. In Germany, department coordinator professional profile is clearly defined and the training pathways disciplined by law. The IDECO project aims at making the German training model transferable in other contexts thanks to the application of the ECVET system. Preparatory context studies will contribute to the adaptation of the model to target territories. The testing of the adapted model will bring to the validation of a fully transferable model which should be replicated also in other contexts. The incorporation of the model into regional policy is the goal of mainstreaming activities carried out with policy makers.

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The consortium is composed by training agencies with specific know how in long term care facilities and European projects management. Partnership involves also social partners as employer associations and a trade union. The dialogue between these different categories will help to obtain transparency and recognition of learning outcomes and qualifications for department coordinator profile. Department coordinators often have the same responsibility of a manager but the remuneration of a common employers. The project will demonstrate that an appropriate training for department coordinators guarantees better performances to the organization and contributes to the increase of services quality.

#### **4.4 Work plan and project activities**

##### **Management and coordination**

Coordination and integration of project activities and the establishment of strategic and technical decisions for the project. The specific objectives will therefore be the coordination criteria of effectiveness and efficiency, respect of deadlines as they are outlined in the GANTT and achieve the results described in the WBS looking for the best possible balance between quality and price. The breakdown of the activities of the WP will therefore be the following: monitoring, management and financial reporting, coordination and management activities.

##### **Dissemination and Mainstreaming**

Promotion of the project, not only with the aim of disseminating and publicizing the results, but to enable, on the topic, policy makers who can affect the regulatory level for recognition of target figure for the project and a better definition of the training provided to departmental coordinators.

##### **Transferability of the German model through the implementation of the ECVET system**

The main objective of this action is to make German methodology transferable with particular reference to the territories in which the model will be tested in practice.

The specific objectives are therefore as follows: To reach agreement on the definition of a professional project target and its designation; Knowledge of training methods that affect the training of a professional target; highlight what are the professionals that are related to professional target the project; Knowing the limitations and shortcomings from a regulatory standpoint; Test the model; Get a comprehensive training model declined in learning units; Create a system for recognition of credits transferable to the European level.

##### **Transfer of the model**

The specific objectives are therefore: Select the direct beneficiaries among the most interesting institutions for the experimentation of the German model in Italy, Study training courses adapted to overcome the shortcomings of the educational department coordinators with respect to the training model; Get professional skills acquired comparable regardless from the point of departure and from different socio cultural; identifying of the difficulties arising from the German model to the Italian context; identify the solutions to adopt it based on experience transferable to contexts very different from each other. 4.4 La sperimentazione del modello nelle due regioni target

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#### 4.4 IDECO testing results

##### Il gruppo di riferimento

28 Coordinators – 2 groups (Tuscany and Trentino)

Nurse coordinators (with and without specific training) e social assistants (OSS)/coordinators (with and without specific training) in Tuscany – social assistants (OSS)/coordinators in Trentino

Different organizational models (coordination of the entire health and social-service hospitality or coordination of parts of it / Work shift or exclusive function of coordination).

##### Main aim of the assessment

- Validating IDECO model: check which technical and transversal skills are actually acted in the work of HoU
- Ensure the training needs of HoU

##### Self-assessment methodology

Proposal for a list of technical and transversal skills necessary to carry out the role (based on the interviews conducted in the field)

Participants requested (all Hou experts but with different educational backgrounds and working in different organizational contexts) to give a score from 1 to 6

Compared to what this competence is important for the performance of the role

Ability to indicate skills as "not relevant" and to suggest other missing skills

##### Assessment results

The different organizational settings weigh on the set of skills, especially with regard to the technical skills

Formal descriptions of the profiles do not reveal many important activities. The vertical integration and the integration of the process address / implementation / monitoring in Trentino facilitates the modeling of (management / relational) skills converging

The areas perceived as critical are the leadership and management of the relationship with family members: people-centered model.

The Tuscan Group has, overall, reported skill gaps more than Trentino, both in the soft skills that - above all - as far as the technical skills.

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Overall, the areas that are more "critical" are those that have to do with aspects of:

- *Leadership*
- *Coordination Group*
- *Communication (including relatives of guests)*
- *Conflict management*

This is also confirmed by the analysis of critical cases and successful in the classroom brought by the participants.

What emerged from self-assessment of training needs, has been analyzed taking into account aspects of personality, assessed by in-depth interviews and standardized tests, and a careful study of the organizational models of frames of reference.

## 5. IDECO Model – Improving transparency for Department Coordinators in long term care facilities

### 5.1 Major differences in terms of skill, training, legislative and contractual framework in the target regions and territories studied within the project

To define the organizational role of the “intermediate” management of whom operates in the long term care facilities for elderly people. This professional profile is generally defined as “department coordinator” “coordinatore di nucleo”;

To analyze the contest, in particular in the target regions, analyzing possible critical issues deriving from model application and outlining possible inconsistencies.

Following the implemented analyses, partners individuated different elements of risks related to the real possibility to implement the model in the target regions as for example contracting rules, professional profile tasks, titles to have in order to do the profession and different level in the organisation chart:

- ✦ In Italy the **DURATION** of training pathways to reach the qualification are very different: from a minimum of 40 to a maximum of 400 hours;
- ✦ The **REQUIREMENTS** for the participation in the courses are also inconsistent: in many cases having a previous qualification in the welfare field is explicitly required (ADB or OSS) but the majority of the courses require just a professional experience in the sector;
- ✦ The only case in which a vocational qualification recognized is issued is **EMILIA ROMAGNA REGION**, which has regulated the role and the accreditation process. In the other cases a certificates of attendance is issued;
- ✦ In **TRENTINO** the target professional profile is present in almost all institutes. It is also officially recognized and regulated with a specific contract;
- ✦ In **TOSCANY** the situation is very different. In general the professional profile is not present in the structures. Nay, it is not officially recognized with a specific contract or organization chart but its functions are developed directly by structures management or by some operators without a specific recognition;

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- In **ROMANIA** professional profile is an high profile with a specific degree. Otherwise, the specific competences seem not so different from those of coordinators department in Italy;
- In **FRANCE** and in **GERMANY**, the qualification of nurse is necessary to be a coordinator but to become a nurse, there is not a specific degree as in Italy;

In the target areas, the differences related to the contractual and legislative frameworks are the most **WEAKNESSES** for a transferability of the model because they could make it complex, making longer the transferability process and difficult the signature of the ECVET agreements.

As far as the **STRENGTHS** is concerned, the elements that make the model interesting and potentially applicable are certainly the awareness and recognition at all level that the system needs a specific regularization in terms of contracts and responsibilities assigned to this fundamental professional profile.

In 80s and 90s, the conception of the role of residential institutions for the elderly was related to the administration of health-care and rehabilitation. Today, the emphasis is instead on a less institutional setting service forcing residential structures to respond to the growing expectations of the users in terms of a greater management capacity and services more flexible, able to respond effectively to individual needs. To face the changes, the training of human resources entrusted with the management is certainly the most effective way but for key workers such as department coordinators programming educational plans consistent with their duties is extremely difficult.

Another **STRENGTH** is certainly the representativeness of involved partners. As previously indicated, the structures associated with ARET are 54 (36 RSA, 9 Residenze Sociali Assistite, 7 Centri Residenziali, 2 Comunità Alloggio) and those associated to UPIPA are 64 (52 RSA, 1 RSAO, 11 structures with protected flats), equal to the 60% of the territory. Another important element is the experience of the partners in the sector: Lead Partner of IDECO project has a great experience in consultants and trainings activities in the social health sector in Italy obtained elaborating a specific certification for life quality of the residents in long term care facilities and helping many organisations to achieve the regional accreditations finding in all regions in which it has operated similar problems related to the professional profile. Anziani e Non Solo developed its own methodology for the training called ASPASIA and it has already coordinating a Leonardo

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project called “Talenti di Cura”. That project aims at developing a tool for the validation of informal competences achieved by workers in the health sector.

The **OPPORTUNITIES** to implement and make workable and sustainable the model are related to the necessities to improve the whole system. Project idea does not come from previous experiences but since a juridical recognition of department coordinator professional profile and so from a consequent training pathway recognized by German legislation. The transfer will not be based on studies and/or manuals, but on the example of a training programme and mandatory legal documents that will provide a useful example to Italy and Romania and other countries on how to evolve their blocked judicial situation. The transfer of the German good practice is interesting from two points of view: the first is the regulatory framework, with the official recognition of the profession profile and the second is related to the methodological approach, the declination of the training in units for the attainment of professional qualification.

The aging population in Europe necessarily requires an improvement of the services for elderly people. In this prospective, improving the quality of the management of the institutes is a crucial aspect. This need is equally necessary in the countries with a high level of wellness and in those that are rapidly developing as for example Rumania. In the countries with a high level of industrialization and services more developed, the percentage of elderly people is increasing and so it is necessary to enhance structures efficiency in order to answer the rising demands. Another added value will be the purpose to build the model starting from the actual knowledge of department coordinators translating their experience in ECVET units.

## 5.2 Learning outcomes and competence indicators

### INTRODUCTION

This document describes the learning outcomes for the profile of HoU and their indicators.

It then gather the learning outcomes in a proposal of training units for the professional profile.

It should be underlined that – according to the organizational differences in the countries / regions involved, two kinds of hypothetical EQF levels have been taken in account and the learning outcomes developed accordingly.

### LEARNING OUTCOMES AND INDICATORS

LEARNING OUTCOME	KNOWLEDGE	CAPACITY	SOFT SKILLS	EQF
Plan and coordinate the care activities in his/her unit	Knows the social service system, from a legal and organizational point of view	Is able to plan activities respecting priorities and deadlines	Planning	3
			Ability to delegate	4
Coordinate the work of the care staff and organize work shifts	Knows the labour regulations in the care field	Is able to make a working shift  Is able to make a work programme	Leadership  Persuasion	3
Use the information and ICT tools	Knows basic ICT and the information tools in use in the care sector	Is able to collect and register relevant information	Collection and analysis of information	3
Manage work groups and meetings	Knows the technique to manage meetings and working groups	Is able to evaluate staff members  Is able to detect strengths and weaknesses of staff members	Persuasion  Leadership	3

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Improves the quality of the service provided to users	Knows methods and practices of care and nursing <sup>1</sup>	Is able to apply problem solving techniques	Analytical thinking	3
Customizes the care plans according to the needs of the care recipient and the evolution of his/her needs	Knows the main care models of the ageing society	Is able to adapt the service procedures to the specific needs of the users	Analysis of customer voice Flexibility	3
Interacts with health professionals in order to assure integration between health and social care	Knows the main illnesses related with ageing and the most common therapeutical approaches	Is able to intervene on the operational processes in order to assure the maximum efficacy of health care procedures	Initiative	3
Listens carefully and communicate effectively with the persons he/she is talking to	Knows the basic principles of effective communication	Is able to listen and to make him/herself heard by the different interlocutors	Influence	3
Assesses the work performed by the care staff and selects new staff members	Knows the protocols and the quality standards	Is able to assess a performance against a given standard  Is able to evaluate the skills and competences of a worker	Collection and analysis of information	4
Supports the insertion of new staff members and supervises the trainees doing internships (student tutelage)	Knows the protocols and the quality standards	Is able to assess a performance against a given standard  Is able to provide explanations and	Leadership Developing others	4

<sup>1</sup> Might be considered a pre-requirement when a previous qualification in the care field is requested to hold the position

		clarifications		
Assure the implementation of service procedures and processes (including catering and hospitality)	Knows the most common methods and techniques of social work and the most common tools of assessment of needs	Is able to assess the services to be provided according to the quality standards, regulations and needs of the facility	Problem solving	4
Contribute to budgeting and management control	Knows the principle of budgeting and service management	Is able to collect and analyze figures  Is able to assess the need of human and material resources	Collection and analysis of information	4
Work to satisfy the needs of users and their relatives	Knows the needs of the users, from a physical, psychological and social point of view	Is able to interpret the needs and "translate" them in actions to be taken	He/she creates positive relations with colleagues and clients  Interpersonal communication	4
Coordinates the external service providers and evaluate their performances according to contracts	Knows the basic principle of contracting	Is able to apply negotiation capacities	Conflict resolution  Orientation towards aims	4

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## LEARNING UNITS

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On the basis of the identified learning outcomes, a list of learning unit has been developed, in coherence with the training curriculum used in Germany but adapted to the different contexts and needs of the other countries / region involved.

According to the different organizational models, two modules have been developed. A “basic” one, targeting lower positions in the organizational chart and an advanced one.

### BASIC MODULE (EQF 3)

---

#### ✦ ORGANIZATION AND MANAGEMENT

- The different kind of care facilities / services
- National and regional regulations in the care field (basic)
- Working time regulations, working time models and duty roster design
- The development of a work plan for a team of care workers, according to different organizational models
- Techniques for the management of working groups
- Techniques to assess a work performance against a given standard (basic)

#### ✦ INFORMATION AND COMMUNICATION

- Basic ICT skills (Word and Spreadsheets)
- Researching information on the Internet
- The main forms used in the social care field: how to use them
- The principles of communication
- Techniques to communicate effectively
- How to adapt the communication according to the different interlocutors

#### ✦ CARE PLANNING

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- The main social care protocols according to the different pathologies
- The integration between social and health care protocols according to the different pathologies: roles of the different professionals
- The multi-dimensional assessment and the development of individual care plans (nursing planning and documentation)
- Case management

## ADVANCED MODULE (EQF 4)

---

### ☛ HUMAN RESOURCES MANAGEMENT & GUIDANCE

- Techniques to recruit new staff
- Assessment tools and techniques
- Student tutelage
- Conflict management
- Practice counselling
- Stress and burn out prevention

### ☛ QUALITY ASSURANCE

[Please note: in this context “Quality” means high level of performance, it does not refer to quality certifications like ISO and similar]

- Standard of quality in the care field
- Methodology and tools to assess the quality of services provided
- Principles of customer care
- Complaint management
- Risk management
- Project management

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#### ➤ PROCESS COORDINATION AND INSTRUMENTS OF ECONOMICAL ACTION

- Fundamentals accounting & budgeting
  - Introduction double entry book-keeping
  - Balance sheet
  - Budgeting
  - Management control
- Principles of contracting
- Negotiation techniques
- Local and national regulations on externalization of services in care facilities (basic)

#### ➤ LEADERSHIP

- Fundamentals leadership
- Leadership role und tasks
- Leadership styles
- Leadership and goals
- Development and buildup organization
- Motivation
- Delegation

### 5.3 IDECO model and ECVET system

## INTRODUCTION

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This document develops a proposal of allocation of ECVET points to the training curriculum developed for Italy against the German training model and vice-versa.

**Caution:** It is not possible to develop a similar calculation as far as Romania is concerned, as – officially – in this country no standard training curriculum has been adopted. Should the Italian curriculum be adopted totally or partially in Romania, the recognition of ECVET points could be done accordingly.

## CALCULATION OF ECVET POINTS FROM ITALIAN TO GERMAN PROFILE

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To the German qualification, lasting 460 hours, hypothetically, a total of 28 ECVET points could be allocated.

The following chart – starting from the German profile – illustrates the overlapping in learning units with the Italian one and develops an hypothesis of allocation of ECVET credits from the Italian profile to the German one. The calculation is based on duration of the training.

GERMANY	ITALY
<b>Nursing Science and Nursing research</b>	
<ul style="list-style-type: none"> <li>▪ Nursing science on a national and international scale</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Theory development in nursing sciences</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Nursing research</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Nursing science concepts in practice and implementation</li> </ul>	

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▪ Case Management	▪ Case Management (EQF 3)
▪ Expert standards	
▪ Nursing planning and documentation	▪ Nursing planning and documentation (EQF 3)
<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 1</b>
<b>Communication, guidance and counseling</b>	
▪ Communication models	▪ Communication models (EQF 3)
▪ Professional setting and role reflection	
▪ Conflict management	▪ Conflict management (EQF 4)
▪ Student tutelage	▪ Student tutelage (EQF 4)
▪ Presentation and moderation	
▪ Practice Counseling	▪ Practice Counseling (EQF 4)
<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 2,5</b>
<b>Health Science, Prevention and Rehabilitation</b>	
▪ Basic principles of national and international health science	
▪ Health promotion	
▪ Concepts of health science	
▪ Prevention	
▪ Rehabilitation	

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<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 0</b>
<b>Economical and legal principles</b>	
▪ Introduction to health economics	
▪ Principles of business studies	
▪ Financial foundation of the healthcare system	
▪ Legal requirements of nursing	
▪ General introduction	
▪ Liability law	
▪ Criminal law	
▪ Geriatric care/nursing laws	
▪ Introduction employment law	
▪ Introduction social law	▪ National and regional regulations in the care field (basic) (EQF 3)
<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 0,4</b>
<b>Leadership role and leadership tasks</b>	
▪ Fundamentals leadership	▪ Fundamentals leadership (EQF4)
▪ Leadership role und tasks	▪ Leadership role und tasks (EQF4)
▪ Leadership styles	▪ Leadership styles (EQF4)
▪ Leadership and goals	▪ Leadership and goals (EQF4)
▪ Development and buildup organization	

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▪ Motivation	▪ Motivation (EQF4)
▪ Delegation	▪ Delegation (EQF4)
▪ Nursing systems	▪ Nursing systems (EQF3)
▪ Admittance and release management	
▪ Working time regulations, working time models and duty roster design	▪ Working time regulations, working time models and duty roster design (EQF3)
▪ Nursing handover	
▪ Nursing ward around	
<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 2,5</b>
<b>Process coordination, quality and instruments of economical action</b>	
▪ Introduction quality management	
▪ Process management	
▪ ISO 9001:2008	
▪ Tools for quality management	
▪ Structures of external quality control	
▪ Medical service of insurance companies/federal nursing home control	
▪ Certificates of excellence	
▪ Complaint management	▪ Complaint management (EQF4)
▪ Risk management	▪ Risk management (EQF4)
▪ Project management	▪ Project management (EQF4)

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▪ Fundamentals accounting	▪ Fundamentals accounting (EQF4)
▪ Introduction double entry bookkeeping	▪ Introduction double entry bookkeeping (EQF4)
▪ Balance sheet	▪ Balance sheet (EQF4)
<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 1,8</b>
<b>Legal and organizational framework for human resource management</b>	
▪ Employment law	
▪ Collective bargaining law	▪ Collective bargaining law (EQF4)
▪ Employment protection legislation	
▪ Law of guardianship	
▪ Employee assessment	▪ Employee assessment (EQF4)
▪ Team meetings	▪ Team meetings (EQF3)
▪ Job characteristics	
▪ Stress	▪ Stress (EQF4)
▪ Burn-out	▪ Burn-out (EQF4)
▪ Harassment at work	
<b>TOTAL POINTS MODULE: 4</b>	<b>ALLOCATED POINTS: 2</b>
<b>TOTAL POINTS TRAINING PROFILE: 30</b>	<b>ALLOCATED POINTS:</b>  <b>EQF4 – COURSE: 10,2</b>  <b>EQF3 – COURSE: 3</b>

Obviously, the EQF3 modules would only allow a minimum number of credits towards a much higher qualification, as it is the German one. On the other hand, the EQF 4 course would cover about 1/3 of the German profile. Further study on quality management and regulations would be needed to complete the

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path. Italians interested in mobility with a bachelor in Nursing could be acknowledged with further credits on module 1.

## CALCULATION OF ECVET POINTS FROM GERMAN TO ITALIAN PROFILE

The training foreseen in the IDECO curriculum for Head of Unit in Italy do not have an established duration. Nevertheless, an average of 150 hours of study (50 for EQF3 and 100 for EQF4) could be considered reasonable and in average with the other similar courses provided in Italy.

Given that, an estimation of a total of **10,5 ECVET points** could be calculated for this profile.

We will now calculate the incidence of the German profile on the Italian one:

ITALY	GERMANY
<b>Organization and management</b>	
<ul style="list-style-type: none"> <li>▪ The different kind of care facilities / services (nursing systems)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nursing systems</li> </ul>
<ul style="list-style-type: none"> <li>▪ National and regional regulations in the care field (basic)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Introduction social law</li> </ul>
<ul style="list-style-type: none"> <li>▪ Working time regulations, working time models and duty roster design</li> </ul>	<ul style="list-style-type: none"> <li>▪ Working time regulations, working time models and duty roster design</li> </ul>
<ul style="list-style-type: none"> <li>▪ The development of a work plan for a team of care workers, according to different organizational models</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Techniques for the management of working groups / team meetings</li> </ul>	<ul style="list-style-type: none"> <li>▪ Team meetings</li> </ul>

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<ul style="list-style-type: none"> <li>Techniques to assess a work performance against a given standard (basic)</li> </ul>	
<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 1</b>
<b>Information and communication</b>	
<ul style="list-style-type: none"> <li>Basic ICT skills (Word and Spreadsheets)</li> </ul>	
<ul style="list-style-type: none"> <li>Researching information on the Internet</li> </ul>	
<ul style="list-style-type: none"> <li>The main forms used in the social care field: how to use them</li> </ul>	
<ul style="list-style-type: none"> <li>Communication models</li> </ul>	<ul style="list-style-type: none"> <li>Communication models</li> </ul>
<ul style="list-style-type: none"> <li>Techniques to communicate effectively</li> </ul>	
<ul style="list-style-type: none"> <li>How to adapt the communication according to the different interlocutors</li> </ul>	
<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 0,25 [but ICT skills might be validated getting to 0,75 points]</b>
<b>Care planning</b>	
<ul style="list-style-type: none"> <li>The main social care protocols according to the different pathologies</li> </ul>	
<ul style="list-style-type: none"> <li>The integration between social and health care protocols according to the different pathologies: roles of the different professionals</li> </ul>	

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<ul style="list-style-type: none"> <li>▪ The multi-dimensional assessment and the development of individual care plans (nursing planning and documentation)</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Case management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Case management</li> </ul>
<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 0,35</b>
<b>Human resources management &amp; guidance</b>	
<ul style="list-style-type: none"> <li>▪ Techniques to recruit new staff</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Employee assessment tools and techniques</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee assessment tools and techniques</li> </ul>
<ul style="list-style-type: none"> <li>▪ Student tutelage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Student tutelage</li> </ul>
<ul style="list-style-type: none"> <li>▪ Conflict management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conflict management</li> </ul>
<ul style="list-style-type: none"> <li>▪ Practice counselling</li> </ul>	<ul style="list-style-type: none"> <li>▪ Practice counselling</li> </ul>
<ul style="list-style-type: none"> <li>▪ Stress and burn out prevention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stress and burn out prevention</li> </ul>
<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 1,25</b>
<b>Quality assurance</b>	
<ul style="list-style-type: none"> <li>▪ Standard of quality in the care field</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Methodology and tools to assess the quality of services provided</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Principles of customer care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Principles of customer care</li> </ul>
<ul style="list-style-type: none"> <li>▪ Complaint management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complaint management</li> </ul>

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▪ Risk management	▪ Risk management
▪ Project management	▪ Project management
<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 1</b>
<b>Process coordination and instruments of economical action</b>	
▪ Introduction double entry bookkeeping	▪ Introduction double entry bookkeeping
▪ Balance sheet	▪ Balance sheet
▪ Budgeting	▪ Budgeting
▪ Management control	
▪ Principles of contracting	
▪ Negotiation techniques	
▪ Collective bargaining regulation (basic)	▪ Collective bargaining regulation (basic)
<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 0,8</b>
<b>Leadership</b>	
▪ Fundamentals leadership	▪ Fundamentals leadership
▪ Leadership role und tasks	▪ Leadership role und tasks
▪ Leadership styles	▪ Leadership styles
▪ Leadership and goals	▪ Leadership and goals
▪ Motivation	▪ Motivation
▪ Delegation	▪ Delegation

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<b>TOTAL POINTS MODULE: 1,5</b>	<b>ALLOCATED POINTS: 1,5</b>
<b>TOTAL POINTS TRAINING PROFILE: 10,5</b>	<b>TOTAL ALLOCATED POINTS: 6,75</b>

German profiles cover a wide area of subjects of the Italian curriculum (6,75 over a total of 10,5). On the other hand, there are still gaps due – most probably – to the different role of the professional profile in the organizational chart. Indeed, the Italian skills, seems to give more importance to communication, negotiation, empathy and caring skills compared to the German one. These are therefore the area that should be covered in order to have a full overlapping of the two CVs.

## 5.4 Assessment tools

### Self-assessment of technical skills and soft skills specified by the Model IDECO

Here are the sheets that we have administered for the self-assessment with regard to the technical skills and soft skills.

#### TECHNICAL SKILLS



Participant's name: \_\_\_\_\_

Company: \_\_\_\_\_

Role in the organization: \_\_\_\_\_

Consider the following skills and estimate how much each of the operational skills belong to you (1 to 6), where:

1. This competence does not belong to me (I've never used this resource)
  6. This competence belongs to me in all respects (very often / always I refer to this resource, in every situation and context)
- NA Not applicable (this resource is not relevant to my job description)

AREA OF COMPETENCE	Behaviour	Weight	Self-assessment	NA
1. Quality management	Ongoing quality improvement in collaboration with the manager of Quality			
	Monitoring the quality of work processes by identifying the criticality of the service			
	Monitoring of standards related to clinical nursing activities			

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	Monitoring of standards related to care activities			
	Supporting in the development of quality management tools such as, for example, quality groups, case discussions, improvement groups			
	Monitoring the implementation of nursing procedures			
	Monitoring the implementation of care procedures			
	Propose solutions and viable alternatives for organizational or procedural issues			
	Supervision of the correctness of the work of health professionals			
	Knowledge about the latest changes in the quality manual (news and updates)			
	Be a reference point for visits of quality control, knowing the procedures and the results of application			
	Collection of suggestions / complaints and desires of residents and their relatives.			
<b>2. Management and coordination of activities related to the resident</b>	Collecting incoming of information related to person and his/her personal clinical history			
	Carrying out pre-ammissive visits by residents			
	Reception in the room on the day of the entrance			
	Identifying the needs of the person			
	Listen to the resident			
	Coordination Team for the individual care plan			

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Preparation of the care plan for his/her expertise			
Coordinating the collection of information for the preparation of the Care Plan			
Collaboration with other professionals for the collection of information prior to the Care Plan			
Implementation of Care Plan indication of giving operational guidance to colleagues / Provide operational guidance for the realization of the objectives of the Care Plan			
Transmission of all information relevant to the nursing staff and management			
Coordination of social and health care services			
Coordination of the nursing department			
Ensuring the quality of care through the use of appropriate nursing documentation and the application of care assessments			
Implementation and development of a philosophy of care with the nursing team / care			
Development of working methods and techniques for treating uniforms			
Apply methods of evaluation of care processes (internal audits)			
Apply methods of analysis of training needs in relation to what emerges from the audits			
Supervision and control of healthcare aids that limit the independence of the person (eg restraint, aids for incontinence)			
Guarantee of provision of necessary aids for the			

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	resident and their proper functioning			
	Periodic review of the need for care of the person. If necessary, modification of the assistance measures, in accordance with the person and his relatives.			
	Ensure levels of care explained in the Charter of services			
	Warranty of specialized care for seriously ill and dying. Guarantee of a dignified death.			
<b>3. Management and coordination of caregivers</b>	Reporting of staff absences to the administrative office			
	Coordination of nurses based on skills			
	Monitoring of the activities of nurses and their substitutes			
	Thorough examination of the care activities carried out			
	Planning of activities according to the resources allocated			
	Distribution of workloads based on the resources allocated			
	Implementation and documentation of meetings with nurses / minuting meetings			
	Planning and management of shift workers according to the indications shared			
	Advice and support of the nursing staff in difficult situations			
	Management talks for call on non-compliance			

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	Assistance in hiring and training of new nurses			
	Assistance in hiring and training of new caregivers			
	Support and mentoring of trainees nurses			
	Encourage harmonious relations between employees and between employees and residents			
	Management of conflicts and dissatisfaction of employees			
	Management and minutes of meetings with reference staff			
	Taking charge and management of the problems with other services			
<b>4. Staff training management</b>	Collaboration with schools for traineeships / apprenticeships			
	Planning, organization and implementation of internal training, in coordination with the Head of Training			
	Collection and sharing of literature for nurses			
	Reception and processing of the training requirements			
	Submission of proposals for the updating of workers			
	Selection and purchase of literature (books and journals)			
<b>5. Management of administrative activities</b>	Inform the management and the administration about the important events such as deaths, hospitalizations, etc.			

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	Coordinating schedules for the consultation of specialists			
	Registering the of performance measurement			
	Updating changes in health status to stakeholders for medical diagnosis			
	Check correct supply and storage of the material nurses.			
	Verification of compliance of the garrisons / materials delivered			
	Proper management of resources allocated through the reformulation of the plan assets			
	Creating and updating the lists of extraordinary			

## SOFT SKILLS



Participant's name: \_\_\_\_\_

Company: \_\_\_\_\_

Role in the organization: \_\_\_\_\_

Consider the following skills and estimate how much each of the operational skills belong to you (1 to 6), where:

1. This competence does not belong to me (I've never used this resource)
6. This competence belongs to me in all respects (very often / always I refer to this resource, in every situation and context)

NA: Not applicable (this resource is not relevant to my job description)

AREA OF COMPETENCE	Behaviour	Weight	Self-assessment	NA
<b>1. Leadership and management of the working team</b>	1 a. Identify relevant people, defining and discussing ways of collaboration and the objectives of the collaboration			
	1 b. Develop effective collaboration, assuming their responsibilities, recognizing the roles of others, proposing solutions and accepting compromises and decisions of the group			
	1 c. Assess the quality of collaboration, enhancing outcomes and recognizing the critical points of the system, and the result of the process			

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	1 d. Being able to coach team members toward the goal			
	1 e. Give constructive feedback, recognize functional behaviors and emphasize those non-functional to achieve the objective			
<b>2. Communication and conflict management</b>	2 a. Expressing oneself with ease and clarity, knowingly using verbal, para-verbal and non-verbal language, adapting it to stakeholders			
	2 b. Establish a climate of confidence through the practice of active listening, clarifying requests, reformulating and summarizing the actions of the interlocutors, capitalizing feedback			
	2 c. Empathy (recognize the moods of the people with whom we relate and react accordingly)			
	2 d. Create conditions that do not generate the perception of differences			
	2 e. Ability to persuade its employees			
	2 f. Look for a solution assuming a role of mediator			
<b>3. Planning and Organization</b>	3 a. Ability to activity planning by establishing an order of priority			
	3 b. Autonomy in the management of work results-oriented			
	3 c. Organize and manage time			

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	3 d. Ensure that the necessary conditions for the optimal performance of the service within the department are adequate			
	3 e. Plan and manage internal meetings			
<b>4. Responsibility and delegation</b>	4 a. Implement the guidelines issued by the Directorate sharing management strategies and organizational			
	4 b. Designate the people most appropriate for carry out the activities			
	4 c. Determine the tasks to be undertaken to employees			
	4 d. Ensure the completion of the tasks assigned			
	4 e. Make sure that employees perform tasks properly			
	4 f. Be responsible for the activities delegated to employees			
	4 g. Locate and highlight the critical issues			
<b>5. Flexibility</b>	5 a. He / she is able to adapt the services and procedures to the specific needs of users			
	5 b. Acknowledges the need for change in their context, interacting with others and compare their ideas to identify functional behaviors to the changing needs			
	5 c. He / she acts functional behaviors to change in different contexts, sharing and taking seriously the demands required by the various situations in which he / she is			

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	operating			
<b>6. Analytical thinking</b>	6 a. He / she defines a problem collecting data for further analysis, organizing them according to the identification of variables and cases on which to intervene			
	6 b. He / she assesses the completeness and comparability of the data collected, recognizes the deficit of information sources & acts to fill it			
	6 c. He / she compares the various approaches considered in terms of advantages and disadvantages; assesses the different hypotheses, and select those most consistent with the objectives and context			

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## The self-cases

After administration of the self-assessment questionnaires, we asked participants to illustrate some self-cases related to both "weak" and "strong" skills according to the results of the self-assessment (both technical and soft skills).

The method of self-case is a tool that allows the reflexivity on the complex relationship between the individual and its organizational context. It is a type of intervention described as "active" as it tries to encourage the creation of new languages, shared by the group, as well as the stimulation of thought, or better than new ways of thinking.

This method consists in placing in a situation of group dynamics (training, organizational development, analysis and organizational diagnosis) the self-cases such as working material. People, individually or in small groups, identify critical situations which require the advice of the group and the conductor and which need to be analyzed in order to clarify the dynamics, strategies and conflicts.

Exploring the working practices of the coordinators actually means reflexively illuminate the opportunity to accompany the experience of work and broaden the concept of vocational training to the staff of the subjects involved in it. The work experience is configured as a place full of knowledge and always generative of new knowledge (Tacconi, 2012).

Look at the work as the wellspring of that specific know-how which is the practical knowledge actually entails the need to satisfy a whole range of other activities.

The operating instructions provided for the description of the cases indicating:

- Competence of reference;
- Background;
- Period;
- Resources activated (knowledge, skills, attitudes);

Participants were also asked to speak in the first person, of one's personal life, telling the real practice, avoiding generalizations, explaining WHAT, HOW and WHY the activity was carried out in a certain way, in what context, describing the stages and through zooms above all the stages that identify the key competencies to argue.

## Role-plays

Participants were asked to "play," to act in the classroom cases brought by the teachers. They were asked to divide into pairs to read and evaluate (first individually and then comparing with the partner) how to take action to resolve the problems presented, and finally to "act" in front of colleagues in the case presented. They were also asked to interpret the situation as close as possible to the way usually used to handle similar situations. The "performances" were filmed, with the consent of the participants, and subsequently discussed and analyzed with all participants.

Some examples of the reported cases are listed below:

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- You carry out a work in direct contact with users. Some of the tasks that you must perform are not under your full control, in fact they must be accompanied by your collaborator Charles. This colleague is unmotivated and he has a vision of the quality of work and the sense of urgency very personal. Among other things, he does not respect the deadlines and therefore he gets angry very easily. You undergone for a long time and yesterday witnessed the user's complaints, in particular, a family member has threatened to write a letter to your manager for a delay of about 20 days to a solicitation issued. You have decided to deal with your co-worker. How would you set, in the exposed situation, the communication?
- You are the HOU that handles both caregivers nurses. Your basic training is as caregiver, and probably for this reason, a fellow nurse often puts into question your directives in front of the group, thus diminishing your role. Recently, your colleague had the same attitude even when faced with some relatives, thus putting a bad light not only you but the entire organization. You have decided to deal with and resolve the issue once and for all.
- You are the Hou in a residential facility for the elderly. A colleague of yours in recent months proves to be very lazy, unmotivated, he never misses an opportunity to criticize colleagues, the structure, the residents. The state of intense demotivation also affects the quality of his work he is often distracted, inattentive. You have decided to address the issue directly with him.

## 5.5 The evaluation of learning outcomes

### Guidelines for the construction of tests for the evaluation of learning outcomes of the training paths for Head of Unit professionals in nursing homes

These guidelines are targeted at those involved in the evaluation process within the framework of training courses for “Head of Unit” professionals in nursing homes, from professional evaluators to trainers to teachers. Evaluation, in our theoretical and practical approach, is a systematic process to assess competences, abilities, efficiency and effectiveness of professionals, not just their knowledge. This is the reason why we decided not to produce a “simple” multiple choice test, but some suggestions about the items to be proposed within the evaluation processes, to be used ex-ante, ongoing or ex-post, to be used to define open or closed questions or practical tests.

Competence areas	Learning Outcome	Tasks	Questions/items
<b>Case Management</b>	Knows how to support the individual patients according to their needs	Differentiate between standard and individual care and needs	Describe how do you (or would you) evaluate patients' individual preferences and specify which dimensions do you (would you) take care of.
<b>Nursing planning and documentation</b>	Knows how to plan appropriate activities and ensure their documentation	Assessment of needs and transfer into appropriate activities	What are objective and subjective needs of patients; which measures will address these needs properly; how can they be ensured and documented?
<b>Communication models</b>	Know about differences between articulation, hearing, understanding and evaluation	Communicate with patients and employees efficiently	<p>Explain how would you understand the patients' needs when they are not able to communicate.</p> <p>Explain how would you involve relatives in patients' life inside of the nursing home.</p> <p>What does it mean to</p>

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			communicate effectively with co-workers?
<b>Conflict management</b>	Is able to use tools of conflict management to identify and resolve conflicts	Resolve conflicts within team as well as with patients or relatives	Explain how are different attitudes, values and experience of professionals, patients, relatives and other stakeholders evaluated (is there a system of resolving contradictory positions? Are there common visions and goals? How is the acceptance of differences supported?)
<b>Student tutelage</b>	Is able to set up learning outcomes for students, develop didactical instruments to teach them and to counsel students in the learning process	Teach students and supervise team members in the cooperation with students	How do you evaluate trainees' learning outcomes?; how would you plan the achievement of learning outcomes?
<b>Practice counseling</b>	Being able to apply different models of leadership and counseling	support and communicate with team and stakeholders care plans and performance	How are individual flaws detected and what are reactions? How can the team support the development?
<b>National and regional regulations in the care field</b>	Is able to reflect regulations with respect to performed tasks	Ensures planning and implementation of care according to national and regional regulations	Which are the major regulations/laws that you need to know for your job? How do you apply them in your work?

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<b>Fundamentals leadership</b>	Knows about different leadership models	Is able to decide and reflect the use of a specific leadership model	What are fundamental requirements of leadership? How can employees be guided and motivated?
<b>Leadership role and tasks</b>	Is able to differentiate between operative and leadership tasks	Is able to decide about and implement the own leadership role	How do you (would you) assign tasks to your colleagues?
<b>Leadership styles</b>	Knowledge about advantages and disadvantages of different leadership styles	Implement leadership style and explain expectations to employees	
<b>Leadership and goals</b>	Knowledge of concepts of leadership by goals	Definition and operationalization of realistic goals	How do you (would you) assign tasks to your colleagues? What are requirements of communication of goals? What are the conditions for the acceptance of goals?
<b>Motivation</b>	Knows different kind of incentives and their advantages and disadvantages	Provides and evaluates incentives for employees	What are different kinds of incentives; how do they motivate; is their impact lasting; how do they fit with leadership style?
<b>Delegation</b>	Being able to differentiate between responsibility and delegation	Define the division of labor and the degree of autonomy of employees	Which tasks can be delegated; who is caring responsibility; which are requirements for cooperation?
<b>Nursing systems</b>	Knowledge of different nursing models	Supervision of nursing assessment, planning and documentation	

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<b>Working time regulations, working time models and duty roster design</b>	Knowledge of legal and capacity based shift and working time systems	Planning and implementation of duty roster	How do you evaluate your colleagues' skills and capabilities? How can employees be supported by team work?
<b>Complaint management</b>	Understanding customer orientation	Implementation of a complaint management	What are differences of complaint management between industrial and personal service industries? How would you collect and take care of customer expectations/satisfaction? How can employees be made sensitive for complaints? How will complaints be evaluated?
<b>Risk management</b>	Understanding different kinds of risks	Prevention of different kind of risks	How can measures be designed to reduce different kind of risks? How to react appropriately in case of risk realization?
<b>Project management</b>	Being able to plan and lead projects	Define goals, instruments, capacities for projects	What are critical success factors for projects; which degree of planning vs. creativity is expected; how are goals balanced with instruments?
<b>Fundamentals accounting</b>	Understanding of accounting principles	Explaining financial criteria to employees	What are differences between costs and investments?
<b>Introduction to double entry book-keeping</b>	Understanding of book-keeping principles	Explaining the need for documentation	
<b>Balance sheet</b>	Understanding of economic profitability	Explaining economic success or failure	
<b>Collective bargaining law</b>	Understanding labour relations	agreements with labour representatives	

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<b>Employee assessment</b>	Knowing assessment tools	Implementing assesment tools	How do assessment criteria support corporate goals? How can employees influence achievements? What are inter-subjective requirements?
<b>Team meetings</b>	Competence for efficient organisation	Invitation, topics and scheduling, protocol, moderation	How are results of meetings ensured? How's efficiency of meetings ensured? How is consensus reached?
<b>Stress</b>	Recognising and dealing with stress symptoms	Prevention of unnecessary stress	How can stress symptoms be recognised? Which are major causes of stress? Which methodologies may reduce stress?
<b>Burn-out</b>	Recognizing and dealing with burn-out symptoms	Prevention of burnout	How is burn-out differentiated from stress; which are causes and symptoms for burn-out; when is professional support required?
<b>Different kind of care facilities/ services (nursing system)</b>	Knowledge of facilities, advantages and preferences	Consulting of patients and relatives	What are the different interests of patients and relatives?
<b>The development of a work plan for a team of care workers, according to different organizational models</b>	Ability to organize work efficiently	Organization of the unit	Explain how would you develop a work plan for your unit
<b>Basic ICT skills (Word and spreadsheets)</b>	Efficient use of tools	Protocols, schedules	Use Word or Excel to build a work plan / protocol

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<b>Researching information on the internet</b>	Knowledge of search engines	Analyzing non standard problems and solutions	Using a search engine to solve a practical problem
<b>The main forms used in the social care field</b>	Knowledge of standard procedures	Application of standard procedures	
<b>The main social care protocols according to different pathologies</b>	knowledge of influence of pathologies on social behavior/needs	Support of social well being of patients	Describe the main social care protocols according to different pathologies
<b>The integration between social and health care protocols according to the different pathologies: roles of the different professionals</b>	Knowledge of physical and mental support systems according to ICF	Coordination of measures according to ICF	What are priorities of patient needs? How can needs be met? Which tools can be used How are they coordinated within interdisciplinary team?

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## 5.6 Training activity satisfaction questionnaire

Training venue:

Date:

TRAINER's name:

Please, express your opinion on the various training aspect listed below, by checking the case corresponding to the score you wish to attribute, based on the following scale: 1 = not satisfying at all; 2 = poor; 3 =so and so; 4 =enough; 5 =very.

<b>CONTENTS DEALT WITH AND TRAINING TEAM</b>					
<b>1</b>	Was the class activity's duration adequate for the range of topics tackled?	1	2	3	4 5
<b>2</b>	Were the theoretical contents to operational information ratio balanced?	1	2	3	4 5
<b>3</b>	Did class training widen your knowledge?	1	2	3	4 5
<b>4</b>	Will the topics dealt with be transferable to/useful in your working environment?	1	2	3	4 5
<b>5</b>	Was the material provided useful?	1	2	3	4 5
<b>6</b>	Did the trainer show good knowledge of the contest and contents/topics?	1	2	3	4 5
<b>7</b>	Did the trainer deliver clear lectures/presentations?	1	2	3	4 5
<b>8</b>	Was the trainer able to manage the class in such a way as to make learning easier?	1	2	3	4 5
<b>9</b>	Did the trainer give clear and exhaustive answers to each question?	1	2	3	4 5
<b>10</b>	Was the trainer willing and available to provide clarifications and additional thorough information?	1	2	3	4 5
<b>11</b>	Did the tutor manage logistic and organisational aspects?	1	2	3	4 5
<b>CLASS ATMOSPHERE AND TOOLS</b>					
<b>12</b>	Was the classroom suitable?	1	2	3	4 5

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<b>13</b>	Were the teaching tools available adequate?	1	2	3	4	5
<b>14</b>	Was interacting with other participants useful?	1	2	3	4	5
<b>METHODOLOGY</b>						
<b>15</b>	Is the methodology useful for your job?	1	2	3	4	5
<b>16</b>	Do you think you'll use the tools presented?	1	2	3	4	5

***Suggestions to possibly improve the methodology:***

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