



GUIDELINES FOR THE ELABORATION OF ASSESSMENT TOOLS

Author: ANS

1. Each partner has the responsibility for the elaboration of exercises for one or more of the IQEA units. As follows:

Domain areas/learning fields	Indicators	Responsible partner
Hygiene	8	ANS/ P4
Nutrition	5	Asociatia Habilitas /P2
Mobilisation	4	Transfer/P5
Environment	5	DRK/P3
First Aid	3	DRK/P3
Communication	3	Asociatia Habilitas /P2
Ethic	4	Transfer/P5

2. Each partner should elaborate **three exercises for each indicator**. You can find the indicators in the annex to this document, for your convenience.
3. The exercises must be developed in a way to make them **self-correctable by the e-learning tool**.

What does it mean? That the answer must be chosen from a limited number of pre-indicated options. For example:

Matching question type: Matching questions have a content area and a list of names or statements which must be correctly matched against another list of names or statements. For example "Match the Capital with the Country" with the two lists "Canada, Italy, Japan" and "Ottawa, Rome, Tokyo". In the Quiz Module, each match is equally weighted to contribute towards the grade for the total question.

Multiple Choice question type: You can create single-answer questions, include pictures, sound or other media in the question and/or answer options. These questions allow one and only one answer to be chosen by providing radio buttons next to the answers.

Fill the gaps: you can create sentences that must be filled choosing from a list of options. Only one option should be the right one. The question would look like this:

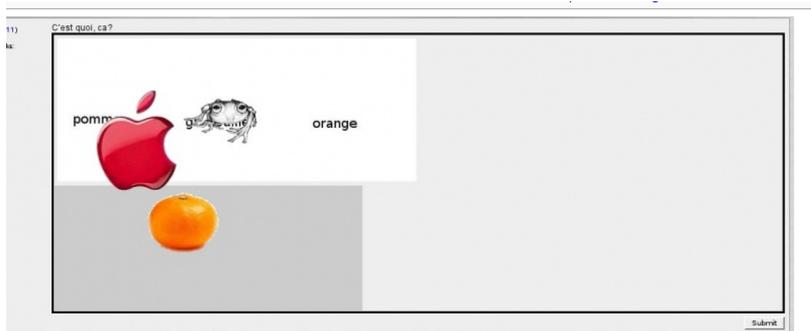
Question 1

Marks: --/13.00

This question consists of some text with an answer embedded right here

True/False question type: A student is given only two choices for an answer in this kind of question: True or False. The question content can include an image or html code.

Drag and drop: you can create a list of images that, using the mouse, the user can drag and drop in the correct order or to match them with other items. For instance:



4. Concerning the **level of complexity** of the questions: please do not forget that:
 - (a) In most countries we are working on two profiles (one upper and one lower) and also with different focuses (one most on health care and the other on personal care provision).
 - (b) This is a self-assessment tool, so questions must be understandable without the support of a trainer / tutor.

Please take this in account when formulating your questions. My suggestions would be:

- (1) Make it simple – especially in the wording you use and in the way you formulate the question
- (2) If you wish, you can make different questions for lower and upper profiles. In this case, just clarify it in your document.
- (3) Use the IQEA questions as a reference: they are being tested and, at the moment, the difficulty level seems to be adequate

In case of doubts please do not hesitate to contact Licia Boccaletti – progetti@anzianienonsolo.it

Deadline for the definition of questions (draft) is **beginning of March 2013**.

ANNEX – LEARNING OUTCOMES AND INDICATORS

PERSONAL HYGENE

Learning outcome: He/she is able to assists the person in personal hygiene

Indicators:

1. Capability to arrange suitable materials to give hygienic practices
2. Capability to correctly change the incontinence pad
3. Capability to correctly apply the procedures of toileting and intimate hygiene
4. Capability to help patient in care of hair and nails
5. Capability to help the patient for the physiological functions
6. Capability to realize the bath of a dependent person
7. Capability to apply partially and/or totally personal hygiene for bedridden patients
8. Capability to support the dependent care recipient in dressing/undressing process

NUTRITION AND FEEDING

Learning outcome: He/she is able to assists the person in nutrition and feeding

Indicators:

1. Capability to apply techniques for feeding solid food and liquids to the dependent beneficiary
2. Capability to apply the basic principles of dietetics according to the different pathologies (i.e. diabetic, cardiac diet etc.)
3. Capability to apply the basic principles of food hygiene
4. Capability to cook according to local traditions **[note: in IQEA this indicator is going to be removed, therefore I suggest we DO NOT use it in AMiCO]**
5. Capability to ensure the comfort / well-being of the patient during meals

MOBILIZATION

Learning outcome: He/she is able to support the user in the mobility according to the different degree of disability, adopting the most suitable measures, if dependent or bed-bound repositions, walking inside and outside, transportation.

Indicators:

1. Capability to apply operational techniques to mobilize and to manipulate the bed-bound beneficiary (how to lift up the bed-bound beneficiary, how to change the position of the bed-bound patient, how to use specific accessories for the patients' mobilization such as walking stick, wheel-chair)
2. Capability to apply procedures to prevent bed-sores
3. Capability to support the patient walking
4. Capability to transport the patient, ensuring its security during the entire period of transportation

MANAGEMENT AND HYGENE OF LIVING ENVIRONMENTS

Learning outcomes: He/she is able to take care of cleaning and hygiene of the patient 's living environment bed hygiene, washing and ironing clothes, dish washing, respecting the sanitary and safety rules, with a particular focus on patient environment. He/she is able to support the patient to run the household and to manage domestic issues.

Indicators:

1. Capability to apply principles of environmental hygiene and care (hygiene, environmental sanification, the confinement room standards, the temperature, the lighting, etc.) and to use appropriate procedures and apply the cleaning products
2. Capability to apply disinfection techniques
3. Capability to make the bed in different moments and contexts (bed-bounded patient...)
4. Capability to prevent exposure accidents of biological products
5. Capability to support in shopping, paying bills etc.

FIRST AID

Learning outcomes: He/she is able to provide older people with emergency care/ first aid

Indicators:

1. Capacity to intervene in emergency and critics situations
2. Capacity to activate the emergency service
3. Capacity to apply first-aid technique and the procedures in case of emergency such as: hemorrhages; car accidents; techniques of artificial respiration and cardiac massage; traumatisms; fractures; burns; electrocution; loss of consciousness; volunteer/in volunteer intoxications; Heimlich technique.

COMMUNICATION

Learning outcome: He/ she is able to communicate with the care recipient and his/her family, using (if migrant) the language of working place, using ,if necessary, alternative methods of communication.

Indicators:

1. Knowledge of principles, systems, styles and methods of communication (verbal communication, visual communication, etc.)
2. Capability to communicate in an appropriate way with the beneficiary and his/her family adapting her/his voice tone and posture according to the sensory deficit of the patient
3. Capability to speak and understand the language of the country where she/he works (if migrant worker), at least level A2 (identified as a prerequisite but not part of the CV)

PROFESSIONAL ETHIC

Learning outcome: He/ she observes the principles of professional ethics.

Indicators:

1. Capability to be able to respect the confidentiality principle regarding the care recipients
2. Capability to identify correctly the violation of beneficiaries' rights
3. Capability to follow the procedures of the ethical code of the profession
4. Knowledge of the principles of the care activity legal liability and the laws regulating the profession