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| *Dissemination Level: | **Nature of Deliverables: |
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# 1 ABSTRACT:

This document includes the main results of the activities carried out by the Italian Pilot Coordinator during the period stretching from month 20 to month 28 of the project concerning the development of the Italian pilot. In particular, the document includes:
- a description of the Italian pilot and its basic structure with reference to national legislation and constraints;
- a detailed description of the OSS (Social and Health care) courses with reference to the Italian VET system and the Social and Health Care basic qualification;
- a description of the participants in the pilot, the recruitment procedures, and the assessment of the learning outcomes;
- the pilot course with its learning modules and materials, the activities carried out, the methods used and the evaluation stage;
- the Internal Quality Evaluation carried out by an external evaluator.

**2 KEYWORDS:** Italian pilot course, VET system, OSS (Social and Health Care) course, learning outcomes, assessment criteria, internal quality evaluation

# 3 LIST OF BENEFICIARIES (PP-RE)/PARTICIPANTS (PU-CO)***

| Ben. No. | Beneficiary Name | Short Name | Country |
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| 2 | Regione Liguria | Liguria Region | Italy |
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# 4 VERSION HISTORY and AUTHORS

| VERSION | PRIMARY AUTHOR | VERSION DESCRIPTION | DATE COMPLETED |
|---|---|---|---|
| 1 | Maria Rosaria Troiani | Draft 1 | 30.1.2018 |
| 2 | Barbara Mazzarino | Draft 2 | 1.03.2018 |
| 3. | Maria Rosaria Troiani | Candidate final | 29.03.2018 |
| 4 | Jenni Nurmisto | Review | 29.3.2018 |
| 5 | Maria Rosaria Troiani | Final version | 30.03.2018 |

| SECTION | AUTHORS | PARTNER TYPE | NAME OF PARTNER |
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# 5 Table of Contents

# 6 INTRODUCTION TO ITALIAN PILOT

## 6.1 Italian pilot aims and basic structure

Aim of Task 4.4 was Italian pilot course implemetation. After developing the CARESS EU Framework for VET in the field of homecare identifying HHCP key competences, and the "Web-based environment for collaborative design of joint curricula" aimed at supporting partners in designing VET compensative modules for the HHCP professional figures in each country, VE-II devised its specific homecare-related *Compensative Learning Modules (CLMs)* with the help of ALISA, the Liguria Region Health Association. These CLMs aimed at filling the specific competence gaps for the Italian HHCP professional figure called OSS, which is provided professional training at VE-II.

The Compensative Learning Modules were then put to the test on the pilot class specifically identified for the purpose. In fact, during the first year of the project, the VE-II project coordinator and the hygiene teacher of the VE-II OSS course had made an in-depth analysis of the students that might have been involved in the Caress project and had identified a then 3rd -year OSS class made of motivated students that became the pilot group.

The course schedule was intended to be implemented between the end of the 4th and the course of the 5th year and included:

- presence learning activities and study = 50 hours of classroom learning with theoretical and practical activities, group tutorials, evaluation, seminars + 50 hours of autonomous work (period: 3rd June 2017–15th February 2018*)*
- traineeship and work-based learning = 100 hours of OSS work-based learning devoted to homecare (period: 12th June 2017–25th January 2018)
- e-learning activities = 30 hours that students have spent on e-learning activities and individual study (period: 18th December 2017 – 28 February 2018)
- informal learning = based on access to the Virtual Community of Practice to be measured in terms of "meaningful contributions" to the VCP throughout the duration of the activity

## 6.2 Collected material/data

The pilot has required the development, redevelopment and collection of a considerable quantity of material.

The greatest part of the materials for the Italian pilot has been created from scratch, which has proved quite challenging and has involved intense research and team work. In fact, our school's Health and Social Care Services courses were excessively traditional, lacking e-learning tools to meet "net generation" students' requirements. The Caress project has enabled the acquisition and use of a learning platform with case studies, critical incidents and other e-learning activities to be performed asynchronously and collaboratively that have helped students acquire new learning methods.

The presence learning classes have provided a significant contribution to the topics, and the experts have worked along with VE-II teachers in order to identify the areas to be tackled and to customize the activities to the specific learning environment of secondary-school VET students.

VE-II is firmy determined to assure that herceforth most of the materials produced by Caress partners will be constantly used in students' learning strategies.

## 6.3 National rules and constraints

Since 2001, a decisive transition has taken place in Italy from decentralisation to true federalism, according to the principle of subsidiarity. In 2001 the national health fund was abolished and substituted by taxation yield directly attributed to Regions and autonomous Provinces. The

establishment of a system that monitors and assesses the delivery of health care according to appropriate qualitative and quantitative indicators by means of systematic data collection was also decided and considered extremely important. [1]
Therefore, the Regions contribute directly to and acquired a direct responsibility for the achievement of public finance objectives, including the reduction of health care expenditure fixed on a yearly basis by the finance bill (internal stability pact in accordance with the stability and growth pact signed by our country in the European Union).
OSS courses in Italy are provided in compliance with February 21, 2001 agreement[2] between the Ministry of Health, the Ministry for Social Solidarity and regional authorities, aimed at identifying the professional figure of the social health operator and defining the learning outcomes of these vocational courses. The organisation of the courses and the teaching activities is in charge of each Regional Authority.
In 2013 the Liguria Regional Educational Authority (Regione Liguria), the Local Health Unit (ARS then renamed ALISA) and 6 vocational schools of the Liguria Region signed an agreement designing a Social Health Operator (OSS) pathway integrated into the 5-year Health and Social Care Services course, thus overcoming a skill mismatch. Henceforth, the Health and Social Care Services professional figure has beoame more effective on the job market since it has integrated the curriculum with more practical and training activities, and made up for the dysfunction of the Italian VET courses whose skills and competencies were previously insufficient for the labour market. School-to-work pathways were streamlined by passing legislation that paved the way to an agreement enabling 3rd, 4th and 5th-year students of the "Health and Social Services Technician" upper-secondary school course to be granted straightforward access to the regional OSS qualification exam, since OSS competences are acquired along the educational path provided by the school.

# 7 OSS (Social and Health Care) EDUCATION

## 7.1 VET in Italy (an overview)[3]

- **Description of method**

All young people have the 'right/duty' (Law 53/2003) to pursue their education and training for at least 12 years before reaching age 18. The aim is that young people should not leave education and training without a qualification. However, compulsory education lasts 10 years, up to 16, and includes the first two years of upper secondary general education or VET.
Young people finish lower secondary education at age 14. At this stage, learners sit a state exam to acquire a certificate (EQF level 1) which grants admission to the upper secondary level where young people have the opportunity to choose between general education or VET.
At upper secondary level, young people may opt for:
(a) five-year programmes which include the two last years of compulsory education and three years (under the right/duty of education and training) in:

(i) high schools (licei) that provide general education programmes at upper secondary level in artistic, classical, linguistic, scientific, human sciences, music and dance strands;[4]

(ii) technical schools;

(iii) vocational schools

1 Facts and policies of the Italian National Health System (INHS), http://www.salute.gov.it/resources/static/primopiano/unione/03.pdf

2 Ibidem

3 CEDEFOP, Vocational Education and Training in Italy, Luxembourg: Publications Office of the European Union, 2014

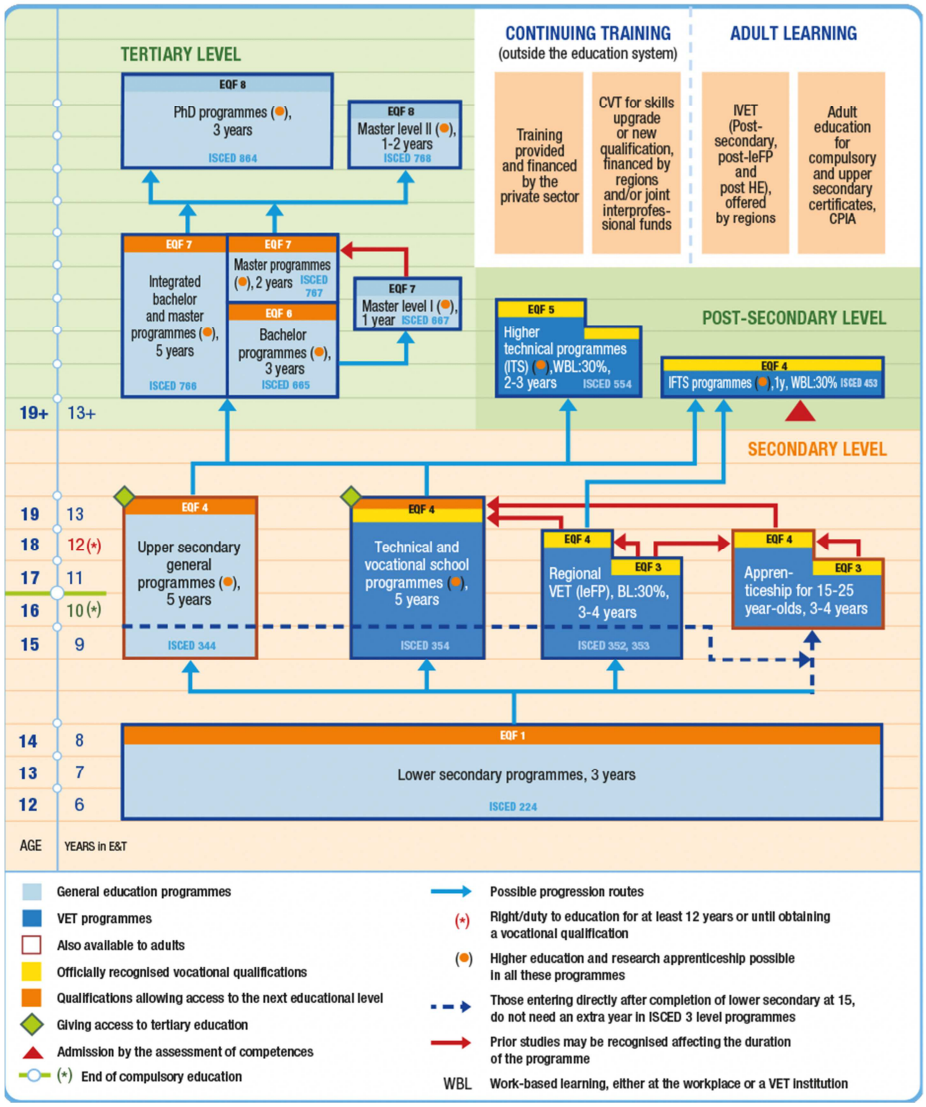
4 For more information on general education programmes see Eurydice: Eurypedia: Italy. https://webgate•ec.europa.eu/fpfis/mwikis/eurydice/index.php/Italy:Overview

The qualifications awarded after successful completion of high school, technical and vocational school are at EQF level 4 and a state leaving exam at the end of them gives access to higher education;

(b) vocational education and training programmes organised by Regional Authorities (leFP).

(c) an apprenticeship-type scheme.

At post-secondary level, the Italian system features higher technical training (IFTS, ITS) and short programmes or courses (post-IeFP and others). VET courses also exist at post-higher education level. Italian VET provision also offers opportunities in adult education and Continuing Vocational Training (CVT).

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## VET governance

Responsibilities are shared among the different actors involved in planning and organising VET as follows:

- the Ministry of Education, University and Research (MIUR) sets the framework for VET in national school programmes (technical and vocational schools) for ITS and IFTS;
- the Ministry of Labour and Social Policies (MLPS) sets the framework for IeFP, while the regions and autonomous provinces are in charge of planning, organisation and provision;

- regions and autonomous provinces are also in charge of planning, organisation and provision of ITS, IFTS, post IeFP, post-higher education, and most of the apprenticeship-type scheme;
- goals of CVT under the public system are set by the Ministry of Labour, while CVT activities are managed by either regions and autonomous provinces or social partners;
- social partners play an important role in promoting company-level training plans (single or group of companies) to be financed by the regions or by the joint interprofessional funds;
- the social partners have a general advisory role in VET policy, from which VET provision is then defined; the social partners contribute to designing and organising active labour market policies.

The certificate awarded mentions the branch and length of the studies, the final marks, the points assigned through 'school credit', the points assigned through training credits and the additional points given by the examination board (if applicable), the subjects included in the curriculum and the total number of teaching hours dedicated to each subject.
The certification models are drawn up by the Ministry of Education (MIUR). Diplomas and certificates are written in four Community languages so that they can be understood in the different Member States.

## 7.2 Social and health care basic qualification

**Curricula**
The OSS (social and health care operator = operatore socio-sanitario) professional figure was introduced by the State-Regions Conference of February 22nd, 2001. An agreement was signed upon that occasion between the Ministry of Health, the Ministry for Social Solidarity and regional authorities aimed at identifying the professional figure of the social health operator and defining the learning outcomes of these vocational courses. The organisation of the courses and the teaching activities in charge of Regional Authorities.
It replaced a number of figures that had been historically involved in home nursing: ASA - Social-Assistance Auxiliary (ausiliario socio assistenziale), OTA Assistance Technical Operator (operatore tecnico addetto all'assistenza), OSA Social Assistance Operator (operatore socio-assitenziale) and ADEST Homecare and Tutelary Services Assistant (assistente domiciliare e dei servizi tutelari) are some examples of figures that had been trained and employed in the homecare sector over the years. After that conference, each region was meant to ratify this recommendation in local laws, specifying how to manage the necessary integrative training for people who already got ASA, OTA, OSA and ADEST qualifications in order to convert them into OSS qualification. This issue has been managed at local level in different ways, and consequently at national level there's no uniformity about the training paths followed by social and health care operators.
Social and health care operators work within the framework of social services or healthcare services (in residential, or semi-residential facilities, in hospitals or in the users' own houses). Regions are in charge of providing their training in accordance with the existing rules and regulations. The regional and independent province authorities entrust local healthcare agencies, hospitals and public or private organisations to carry out the training courses, provided that they meet the requirements laid down by the Ministry of Heath and the Department of Social Affairs.

**Educational level and paths**
Before 2013, OSS vocational training required attendance of a 1,000-hour vocational course both for adults and 17-year-olds who had completed compulsory schooling.

In 2013 the Liguria Regional Educational Authority (Regione Liguria), the Local Health Unit (ARS than renamed ALISA) and 6 vocational schools of the Liguria Region signed an agreement[5] designing a Social Health Operator (OSS) pathway integrated into the 5-year Health and Social Care Services course, thus overcoming a skill mismatch. The Social Care Services professional figure became more effective on the job market since it integrated the curriculum with more practical and training activities, and made up for the dysfunction of the Italian VET courses, whose skills and competencies were previously insufficient for the labour market. Pathways from school to work were streamlined by passing legislation that paved the way to an agreement enabling 3rd, 4th and 5th-year students of the "Health and Social Services Technician" upper-secondary school course to be granted straightforward access to the regional OSS qualification exam, since OSS competences are acquired along the educational path provided by the school.
The implementation of OSS courses has required bending the traditional teaching contents of a number of subjects: general and applied psychology, hygiene and medical health culture, law and legislation, working procedures.
The effective development of the teaching and training activities involves the active collaboration of qualified professionals and experts with VE-II teachers, namely a psychologist or a professional educator with at least 5-year professional experience (19 hours) (General Psychology), a nurse with 5-year experience and a physiotherapist with 5-year experience (Hygiene and Health Culture).
The vocational training activities are distributed throughout the three course years as follows: 120 hours of educational and vocational guidance and motivation, especially during the course third year, with testimonials coming from healthcare companies, etc., 430 hours of traineeship in-between the fourth and the fifth year.
At the end of this pathway, each student chooses a specific topic resulting in a final dissertation (200h). In agreement with the school, the Liguria Regional Authorities prepare the final exam aimed at assessing the students' achievements of professional learning outcomes and granting the OSS qualification certificate.
After OSS vocational education and training, VE-II students can either choose to start working in the social service sector immediately after taking their "upper secondary school OSS certificates" with immediate job opportunities, or keep on studying to earn a professional education or nursing science university degree.
OSS perform a subsidiary role in nursing care (EQF4) and are employed in a wide range of job settings: hospitals, rest houses, adult day care centres and patients' homes. The role can vary according to the healthcare setting
In conclusion, VE-II students' OSS qualification has significant strengths in comparison with privately acquired OSS qualification: teaching and internship activities are scattered over a period of 3 years rather than 1, students are provided more structured educational tools, and the courses are free-of-charge. The big effort made to redevelop curricula and create new lesarning pathways has proved worth it.

[5] Regional Decree 289 dated March 27th, 2013

# 8 PARTICIPANTS

## 8.1 Recruitment

**Who were the participants**
The Italian pilot has targeted an existing VET course, not specifically or totally focused on homecare but targeting many of the identified skills, namely the OSS course whose students play a subsidiary role in nursing care (EQF4). Participation in the pilot has involved 13 students aged 17-19, who had already acquired previous knowledge in clinical nursing care, anatomy and physiology, basics of pharmacotherapy, chronic diseases, general and applied psychology, health and social care legislation, hygiene and health culture, operating methodologies,.

**How they were recruited**
The students chosen for the pilot belong to the best performing class of the Social and Health Care Services course. Two years ago, at the onset the Caress project, that class included 15 female students that had been identified as the best group to implement the 3 compensative learning modules as the pilot class, since they were curious, motivated and willing to experiment new learning paths. Two students did not pass the tests to continue their OSS course and, consequently, the number of pilot sudents set at 13.

**Where and when they were recruited**
They were chosen by their teachers involved in the Caress project and by the headmaster on the basis of their school attitudes and capacities.

## 8.2 Assessment

### 8.2.1 Students learning outcomes assessment

The overall assessment of the students has been based on the following assessment steps:

- a final oral exam assessing both formal and informal learning, a discussion on the VCP diary and the students tracking (20+20/100). As far as the formal learning is concerned, the assessment has focused on presence learning units concerning the holistic and rehabilitation approach, frailty, multi-morbidity and multi-professional approach to older adults' needs, and the promotion of the elderly's quality of life. It has also assessed Caress e-learning transversal modules 1 (Unit 1,2 and 3), 2 (Unit 2 and 6) and 3 (Unit 4,5 and 6).
- a final written exam assessing formal learning (20/100) with reference to presence modules (Holistic and rehabilitation approach, Frailty, multi-morbidity, multi-professional approach to older adults' needs, Promotion of the elderly's quality of life) and e-learning Caress transversal modules (Module 2 - Units 1, 2, 5, 6 , Module 3 – Unit 4, 5, 6, 7)
- the results of the traineeship/work-based learning (30/100)
- the collaborative activities on the e-learning platform (10/100)

The maximum final grade has been 100/100.
Assessment criteria depended on the specific features of the activities. In written activities, the following elements were assessed: accuracy; in-depth analysis; original approach; synthesis; relevance.
As far as group activities are concerned, collaboration with others, positive attitude or interest shown by the students was taken into account as assessment criteria.

### 8.2.2 Students' participation assessement

Students' participation in VCP was assessed through two main tools:
- a Tracking Report providing a list of the actions/activities carried out by the student in the VCP
- an Experience Diary Report including all of the "entries" published by the student in the diary.

Students printed out both documents and taken them to the final oral exam in order to use them as a base for the discussion.
Students filled in a "new entry" in the Experience Diary without specific deadlines on the base of the provided template.

### 8.2.3 Results of traineeship/work-based learning

Work-based activities were assessed through skills evaluation sheets filled in by the traineeship person-in-charge.

# 9 PILOT COURSE

## 9.1 Learning Modules and materials

**Developed national e-learning materials**

The transversal e-learning materials developed by Caress partners can be divided into 3 modules as follows:
*Module 1 - Welfare technology and ICTs for remote health monitoring and rehabilitation* including 4 units meant to introduce HHCPs to the concept of Welfare Technology and the underling concepts and ethical issues related to the use of ICTs for health monitoring. Moreover, it aimed at providing basic knowledge and skills about the main ICT/mobile solutions for home-monitoring and prevention and for treatment, assistance and rehabilitation. The learning materials included interactive slides and videos.
*Module 2 - Team working: multi-sectoral and multi-professional approach to older adults' need* providing HHCPs with basic competencies concerning communication with patients, team working and professional group dynamics, a multi-professional approach to older adults' needs assessment, local and territorial networks for older adults, multicultural issues in homecare. The Module has been developed in 4 Units on Leadership and management, Team-working and networking abilities, Communication and multicultural interaction, by using slides, role plays, teaching material, texts and animations.
*Module 3 - Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults' needs* has focus on specific skills concerning the proactive approach to ageing, such as skills for frailty detection and treatment, active and healthy ageing and falls prevention, skills for enhancing quality care, namely skills about ethical issues management and older adult abuse detection or skills about basic counselling techniques, specific geriatric nursing skills, both at general/theoretic level (chronic diseases epidemiology, multimorbidity, impact of lifestyles, older adults empowerment) and at practical level (pressure ulcers management). The Units have focused on the definition of the holistic approach to rehabilitation, frailty and a proactive approach, the quality of treatment (ethical principles and quality advice, basic counseling techniques), chronic diseases and multimorbidity, pressure lesions. Also this module has witnessed the use of slides, role plays, teaching material, texts and animations.

**Description of used modules and materials in the pilot**
The pilot students have systematically used the material uploaded on the platform. As for each unit, they were first asked to individually read the texts, animations and teaching materials concerning the topic, if present. Then they had to cooperatively work on case-studies or critical incidents within the groups previously formed.

**Expected learning outcomes**
The learning outcomes of classroom learning activities have been the students' capacity of recognising the elderly's frailty by using the assessment tools, guiding and supporting the elderly in daily activities with a rehabilitative approach, understanding the factors influencing health, identifying the behaviours to be modified, improving the elderly's lifestyles through empowerment.
The learning outcomes of e-learning activities have been basic knowledge and skills about welfare technology, the underling concepts and ethical issues of the use of ICTs for health monitoring, the main ICT/mobile solutions for home-monitoring and prevention, the main ICT/mobile solutions for treatment, assistance, rehabilitation, communication with patients, team working and professional group dynamics, a multi-professional approach to older adults' needs assessment, local and territorial networks which older adults can rely on, multicultural issues in homecare, specific skills concerning the proactive approach to ageing, such as skills for frailty detection and treatment , active and healthy ageing and falls prevention, skills for enhancing quality care, such as skills about ethical issues management and older adults abuse detection or skills about basic counseling techniques, specific geriatric nursing skills, both at general/theoretic level (chronic diseases epidemiology, multimorbidity, impact of lifestyles, older adults empowerment) and at practical level (pressure ulcers management).
The learning outcomes of VCP activities have been communication, improvement of social interaction, involvement and participation, development of team working and professional group dynamics, development of local and territorial networks which older adults can rely on.

## 9.2 Activities and methods

The development of the CLMs has required the use of relevant learning strategies. Activities have been perfomed at different levels with different methods and activities, namely classroom learning, e-learning, the Virtual Community of Practice and informal, non-formal and practical training.

### 9.2.1 Classroom learning

Presence learning developed from 3rd June 2017 to 15th February 2018 and involved 50 hours of presence theoretical lessons held by teachers and experts who used Power Point presentations, articles, videos and other materials. A block of 4 hours was devoted to the presentation of a specific topic involving collaborative or individual activities to be performed over a the period of time assigned, at the end of which they presented and discussed their problem-solving activity with students of other classes. These peer-to-peer activities proved particularly effective, since pilot students presented their works to students attending lower classes and the interest and involvement they raised were generally high. After each block of presence classes, students had a block of non-presence activities to work out autonomously.

Presence learning also involved visits to the DITEN ICT research centre of the University of Genova committed to the development of ICT-based remote monitoring and biomedical devices, where pilot students had the opportunity to see and test some rehabilitation tools that are being developed at the moment by university researchers. They also visited an association promoting homecare where they followed a conferene about homecare, elderly people's frailty and the holistic and multidimensional assessment of health and wellness in old people. They also assisted at a role-play focused on a professional team play-acting their taking charge of an elderly patient (and produced a detailed report thereon). Moreover, students attended a conference on telemedicine and a meeting with nurses that are carrying out a home care project called Co.N.S.E.N.So. (COmmunity Nurse Supporting Elderly iN a changing Society) aiming at supporting a healthy and active aging of the population by enabling the elderly people of Stura Valley (in the Genoa hinterland) to live as long as possible at their homes thanks to the work of the professional figure of the Family and Community Nurse.
As far as the classroom activities learning assessment are concerned, in the final test pilot students have proved to have acquired:
- capacity of recognising the elderly's frailty by using the relevant tools
- capacity of improving the elderly's lifestyles through empowerment
- capacity of understanding the factors influencing health and identifying the behaviours to be modified.

### 9.2.2 E-learning

E-learning materials were made available to learners to integrate and deepen the knowledge gained during classroom courses. Specific learning activities were set up in order to foster learning with different methodologies (case study, critical incidents, role playing, etc.).
E-learning modules were developed during 30 hours in the period stretching from 18th December 2017 to 28 February 2018, which students spent in e-learning activities (individual study + activities) that involved the use of different kinds of materials on the e-learning platform, the assignment of tasks and tests and relevant feedback.
The activities were particularly effective and successful, since pilot students experimented involving working processes and had the opportunity of comparing and discussing their different views by using the platform.
Most of pilot students have proved to have acquired the following e-learnig outcomes:
- a deeper understanding of the broad sector of ICT/mobile solutions for treatment, assistance and rehabilitation and of the ethical issues related to the use of ICTs for health monitoring
- capacity of better managing communication with patients and team working and professional group dynamics
- capacity of interfacing with local and territorial networks
- capacity of tackling multicultural issues in homecare

### 9.2.3 VCP

The Virtual Community of Practice has proved to be the real new informal learning tool experimented by pilot students, who until that very moment had used social networks for entertainment, never for professional reasons. They enjoyed it and appreciated the opportunities that it presented, but lamented the absence, at that stage, of real health care professionals to interact and exchange views with. They were motivated to participating in the discussions as they realized the community represents an opportunity of learning new skills and working practices, a means of social and professional connection to colleagues, and a mechanism to reduce the isolation that was inherent in the job function.
Pilot students have acquired the following VCP-related learnig outcomes:
- capacity of developing team working and professional group dynamics on social media

### 9.2.4 Informal, non-formal, practical training

Practical learning included 100 hours of OSS traineeship devoted to home care between 12th June 2017 and 25th January 2018.
Traineeship was divided into two different chunks, one from 17.07.2017 to 28.07.2017 (70 hours) in home care and one from 25.09.2017 to 29.09.2017 (30 hours) with a social guardian. Traineeship hours devoted to home care were highly appreciated by pilot students who had the opportunity to acquire competences in assisting elderly people with a variety of daily tasks, including personal grooming, meal preparation, feeding, light housework and administering of simple medication.
All pilot students have acquired the following traineeship-related learnig outcomes:
- capacity of collaborating in a professional team
- capacituy of observing and performing activities always rspecting the older person's environment and showig the necessary empathy

## 9.3 Evaluation

The evaluation witnessed a number of steps involving both teachers and students.

**Evaluation of activities and methods**
Evaluation was systematically conducted to measure the process and the content, results and progress of the activities.
Both teachers and students were administered a number of questionnaires provided by UVA Evaluation to assess the various Caress pilot stages.

**Evaluation of learning outcomes, flexibility, working life needs**
The learning outcomes have been evaluated through a series of questionnaires submitted both to students and to teachers. Students were asked to answer:
- a questionnaire concerning the e-learning training materials, about instructional design, technical design, considerations about inclusion, and educational and management aspects of the e-learning materials
- a mid-term TAM (Technology Acceptance Model) questionnaire including 19 Likert-type questions and 4 open questions about the VCP usage, answered by only five pilot students selected by the VCP person-in-charge
- a questionnaire concerning the classroom training materials developed by pilot teachers
- a final questionnaire assessing the content and structure of the pilot course, the support provided by teachers-tutors, the experience acquired during the pilot development and the impact it has had on their professional training.

Pilot students were also given self-assessment tests which were highly significant as formative steps aimed at becoming aware of the changes in learning strategies to improve learning processes.
Moreover, pilot students were assessed at each stage of the classroom, e-learning, and VCP activities. Pilot teachers aimed at evaluating students' attitudes, collaboration, communication, observation and decision-making capacities. The VCP was measured not in terms of "time", but in terms of "meaningful contributions" provided throughout the duration of the activity.

Teachers were required to answer an initial questionnaire about previous experiences, motivation, expectations. A questionnaire followed evaluating teachers' pilot designs and training materials. At the end of the pilot teachers filled in a final questionnaire.

**Course fits for whom and why, recommendations, suggestions for modification…**
The pilot course has proved to be well targeted on the OSS class students. Indeed, they had the basic competences to significantly implement the CLMs and the critical attitude and curiosity to absorb new inputs.

The Caress pilot hasn't been free from critical issues, being rather huge and ambitious, sometimes hard to understand in its entirety. Both teachers and students at some point during the development of the training modules didn't feel at ease with the real scope of the project. Teachers in particular resented the lack of intermediary school staff adequately supporting them in the general management. Another weakness that emerged was the mismatch between the frontal lessons and the e-learning activities that were developed only months later due to Caress staff management difficulties, which resulted in the students not appreciating the different levels of approaching the same topic.
However, VE-II staff expressed their determination to make the project become standard training programme available for all social and health care students and to collaborate with Regione Liguria and ALISA in order to absorb the HHCP professional features streamlined by the Caress Project Compensative Learning Modules.

## 9.4 Internal Quality evaluation

The visit of the advisory board representative Francesca Carpenedo of the Udine-based SOLIMAI cooperative was an essential step of the Italian pilot. The visit took place on February 13th, 2018 and developed during the whole day, marked by different steps.
Ms Troiani, Pilot leader M.R. Troiani, OSS course developer E. Repetto and the teacher in charge of the VCP F. Bianchi were present along with B. Mazzarino of SI4Life.
Firstly, Ms Carpenedo wanted to visit the school and its main facilities in order to have an idea of the location of the pilot activities. Subsequently, she interviewed the VE-II Caress staff in order to get a precise idea of the strengths and weaknesses of the project. What clearly emerged was that the project has boosted the OSS course and has given new impulse both to teachers and students. Student have been motivated to self-assessment in order to improve their skills and have had the opportunity to interact with professionals and older people in different settings during the traineeship.
VE-II teachers and students highlighted some critical issues and weaknesses of the project requiring a rethinking of strategies and
The Welfare Technology module was praised as an opportunity for the students still relying on traditional techiques, as was the Virtual Platform, a fundamental device though still to be developed to its potential.
Ms Carpenedo also attended a presence lesson focussing on the discussion of the different groups' opinions about a case study developed within the project, and reported the capacity of students to define the problem and a final solution. Pilot students demonstrated interest and appreciation for the project although not sure that this experience will make any difference when it comes to their future working career.

# 10 ANNEX I Table of Pilot structure

| **N. of students** | **Period of time devoted to the pilot** | **Experts** | **Responsible teacher for each thematic unit** | **Type of activities performed** | **Chronogram of activities** | Type of assessment of the activities | **Response of the students** |
|---|---|---|---|---|---|---|---|
| 13 | 3rd June 2017-end of March 2018 | **Mod. 1**<br>DITEN – UNI Genova<br><br>**Mod. 2**<br>prof.ssa Repetto<br><br>**Mod.3**<br>dott.ssa De Astis<br>dott.ssa Roba<br>dr E. Palummeri<br>dr Rao<br>dr P. Mosca<br>dr F. Piu | prof.ssa Troiani<br><br>prof.ssa Repetto<br><br>prof.ssa Troiani<br><br>prof.ssa Bianchi | ***- nº 50h on-classroom (theoretical and practical activities, peer-to-peer activities, collaborative learning, problem-solving, case studies, seminars)***<br>***2 modules in June and October-November***<br><br>***- nº 50h non-presence activities devote to autonomous work***<br>***in January-February***<br>***e-learning activities***<br>***(dissertation on a specific topic assigned)***<br><br>***nº 100h***<br>***OSS work-based learning devoted to homecare***<br>***3 modules***<br><br>***nº 30h that students spent in e-learning (individual study + activities)***<br>***December-February***<br><br>***VCP activities*** | *3rd June 2017 – 15th February 2018*<br><br>*17th– 28th July 2017 (70h)*<br>*25th-29th September 2017 (30h)*<br>*8th-26th January 2018 (a further module of OSS curricular traineeship hours has been devoted to homecare)*<br><br>*1sth February 2017 – 15th March 2018*<br><br>*1sth February 2017 – 30th March 2018* | - self-assessment after each activity<br><br>- on-going assessment after each module<br><br>- final exam including an oral and a written part, the traineeship assessment and the VCP tracking report | Great involvement especially in traineeship sessions and in the ICT module |

# 11 ANNEX II Student training pact

# STUDENT TRAINING PACT


## GENERAL INFORMATION

| | |
|---|---|
| **COURSE TITLE** | OSS - Health and Social Operators who perform a subsidiary role in nursing care |
| **STARTING DATE-CLOSING DATE** | June 2017 – February 2018 |
| **LEVEL OF STUDIES** | Secondary school course (EQF4) |
| **RESPONSIBLE TEACHERS** | Maria Rosaria Troiani – Caress project and platform reference person<br>Enrica Repetto – Hygiene teacher (OSS courses reference person)<br>Federica Bianchi – Spanish teacher (VCP reference person) |
| **CONTACT INFORMATION (teachers e-mail)** | mariarosaria.troiani@libero.it<br>enrica.repetto@vitemruf.gov.it<br>fedibianchi@hotmail.com |
| **PLACE** | Genova |
| **DEPARTMENT/INSTITUTIONS INVOLVED** | IIS Vittorio Emanuele II – Ruffini |

## COURSE CONTEXT

The CARESS project aims at providing support at a European level for the definition of VET curricula for Home Health Care Practitioners (HHCPs) to get skilled in elderly homecare. Therefore, the CARESS EU Framework for VET in the field of homecare has been devised, which provides a thorough, yet evolving overview of the situation of HHCPs in Europe and identifies the key competences that should be fostered through their training. Moreover, a "Web-based environment for collaborative design of joint curricula" has been developed, aimed at supporting partners in moving from the information contained in the CARESS Framework to the design of VET compensative modules for the HHCP professional figures in each country.
VE-II, as Italian CARESS partner, has used this Web-based environment in order to design its *Compensative Learning Modules (CLMs)* in the field of Homecare in Italy by addressing specific competence gaps identified for the Italian HHCP professional figure.
The skill and competence needs in the homecare sector have been identified based on the findings of questionnaires on HHCP, structured interviews to older persons, as well as on specific literature, and 3 compensative learning modules have been designed targeting OSS competence gap in the field of elderly homecare.
Since the VE-II OSS course has been outlined and agreed upon with Regional Authorities, VE-II must strictly comply with the 2001 State-Regions Conference whereby the 1,000-hour "core" module shall remain unchanged. Therefore, Compensative Learning Modules shall be devised to involve up to a maximum of 200 hours, split into 100 work-based learning hours and 100 in-presence learning and e-learning with specific reference to proactive patient management, team work and ICT.

## PRE-REQUISITE

The Italian pilot will target OSS course students, namely Health and Social Operators with a subsidiary role in nursing care (EQF4).
A social-health operator is a qualified professional whose job focuses on the assisted and their environment and on meeting their needs in a social or health care setting, by promoting patients' autonomy and welfare. They include:
a) direct assistance and domestic help;
b) hygiene/health-related help and social support;
c) educational and management support
The CARESS pilot will further integrate and improve the current version of the Health and Social Care Services course by providing students with the professional skills and competences necessary to work in elderly homecare.
The main target of the pilot are upper-secondary vocational students aged 16-19 attending a 3-year pathway integrated into the Health and Social Care Services course. Before their enrolment in the CARESS pilot, these students have acquired previous knowledge in clinical nursing care, anatomy and physiology, basics of pharmacotherapy, chronic diseases, general and applied psychology, health and social care legislation, hygiene and health culture, operating methodologies. They have also had 2 traineeship periods.

## COMPETENCES AND OBJECTIVES/COURSE GOALS

The main goals students will have to attain are related to

- the main ICT devices, ethical issues related to the use of ICT devices and telecare, the main ICT/mobile solutions for home-monitoring and prevention, the usability and user-friendliness of technology, the main ICT solutions for treatment, assistance and rehabilitation
- guiding and supporting the elderly in daily activities with a rehabilitative approach, promoting the elderly's quality of life, abiding by ethical principles and quality recommendations in elderly care
- teamworking strategies, the elderly's requirements and the need for a multidisciplinary approach, the basics of the process of assessing needs and planning care-

The main elements that shall be taken into account for homecare in comparison with traineeship in a community care structure are:

- availability to movements
- adaptation to different situations
- compliance with the Code of Ethics (keeping confidential information not only as a legal requirement, but also as an expression of the trusty relationship with the patient, which normally creates at patients' homes)
- reliability
- responsibility

## COURSE SCHEDULE

| | NUMBER OF HOURS | STARTING DATE/ CLOSING DATE |
|---|---|---|
| PRESENCE LEARNING ACTIVITIES LESSONS AND STUDY | *- nº 50h on-classroom (theoretical/practical, group tutorials, evaluation, seminars)*<br>*- nº 50h non-presence activities that students will devote to autonomous work* | *3rd June 2017 – 15th February 2018* |
| TRAINEESHIP/ WORK-BASED LEARNING | *nº 100h OSS work-based learning that will be devoted to homecare* | *12th June 2017– 25th January 2018* |
| E-LEARNING | *nº 30h that students will spend in e-learning (individual study + activities)* | *18th December 2017 – 28 February 2018* |
| INFORMAL LEARNING (VCP) | **Participation in the Virtual Community of Practice cannot be measured in terms of "time", but in terms of "meaningful contributions". Students are supposed to provide meaningful contributions to the VCP throughout the duration of the activity** | *18th December 2017 – 31st March 2018* |

## TEACHING METHODOLOGY

The development of the CLMs will require the use of relevant learning strategies.
Presence learning will include 50h on-classroom theoretical lessons held by teachers and experts who will use Power Point presentations, articles, videos and other materials. A block of hours will be devoted to a specific topic (sub-module), at the end of which students will be assigned collaborative or individual activities to be performed over a certain period of time. In the end, their problem-solving results will be submitted to the other students and discussed. Peer-to-peer activities will also be included.
After a block of presence classes, students will have a block of non-presence activities to work autonomously.
Presence learning will also include visits to an ICT research centre, an association promoting homecare, a conference on telemedicine, meetings with experts, etc.
E-learning will involve the use of different kinds of material on the e-learning platform, the assignment of tasks and tests and the relevant feedbacks, role playing, solution of practical cases
Students will also be actively involved in VCP activities.

# LEARNING OUTCOMES AND CONTENTS

## PRESENCE LEARNING

| MODULE NAME/NUMBER | TARGETED COMPETENCES |
|---|---|
| **Holistic and rehabilitation approach**<br><br>**Frailty, multi-morbidity, multi-professional approach to older adults needs** | skills for recognising the elderly's frailty by using the assessment tools |
| **Guiding and supporting the elderly in daily activities with a rehabilitative approach** | skills for improving the elderly's lifestyles through empowerment |
| **Promotion of the elderly's quality of life** | skills for understanding the factors influencing health<br>skills for identifying the behaviours to be modified |

## E-LEARNING CARESS TRANSVERSAL MODULES

3 Modules have been set-up on CARESS e-learning Platform. These modules will be at your disposal until March 31st to deepen your competences about homecare.
All of them include Interactive Learning Materials, which can be studied individually in any time and any place, accessing the platform with your own account. Some of them also include specific learning activities to be carried out in forum discussions.
Check in the assessment section of this agreement which Units and which activities will be taken into account for final assessment.

| MODULE NAME/NUMBER | TARGETED LEARNING OUTCOMES |
|---|---|
| MODULE 1 - Welfare technology and ICTs for remote health monitoring and rehabilitation | Basic knowledge and skills about<br>• Welfare Technology<br>• underling concepts and ethical issues of the use of ICTs for health monitoring;<br>• the main ICT/mobile solutions for home-monitoring and prevention;<br>• about the main ICT/mobile solutions for treatment, assistance and rehabilitation |
| MODULE 2 - Team working, multi-sectoral and multi-professional approach to older adults' needs | Basic knowledge and skills about:<br>• communication with the patient;<br>• team working and professional group dynamics;<br>• a multi-professional approach to older adults' needs assessment;<br>• local and territorial networks which older adults can rely on;<br>• multicultural issues in homecare. |
| MODULE 3 - Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs | Specific skills concerning<br>• a proactive approach to ageing, such as skills for frailty detection and treatment, active and healthy ageing and falls prevention;<br>• enhancing quality care, such as skills about ethical issues management and older adults abuse detection (Unit 4) or skills about basic counseling techniques; |

| | |
|---|---|
| | • specific geriatric nursing skills, both at general/theoretic level (chronic diseases epidemiology, multimorbidity, impact of lifestyles, older adults empowerment) and at practical level (pressure ulcers management). |

## VIRTUAL COMMUNITY OF PRACTICE (VCP)

Participation in VCP will allow for the development of specific skill through an informal learning process.
A small set of pre-defined learning outcomes will be targeted and will be evaluated in the final assessment; they are listed in the table below; anyway, many other secondary and unexpected outcomes could be reached on the base of the discussion and the activities generated on the platform.

| TOPIC | TARGETED LEARNING OUTCOMES |
|---|---|
| **Welfare technology and ICTs for remote health monitoring and rehabilitation** | - make the older person understand the meaning of the monitoring activities and to accept the ICT device<br>- communicate/discuss with technician, professionals and local networks involved in the elderly's assistance about the usage of ICT in home care activity<br>- make the older person understand the meaning of the used device and how it works<br>- support the older person and their families in the usage of the devices and to accept them in supporting independent life, in maintaining and increasing safety, and in improving social interaction, involvement and participation |
| **Team working, multi-sectoral and multi-professional approach to older adults' needs** | - communicate with the patient<br>- develop team working and professional group dynamics<br>- provide a multi-professional approach to older adults' needs assessment<br>- develop local and territorial networks which older adults can rely on<br>- tackle multicultural issues in homecare |
| **Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs** | - identify and manage cases of elderly abuse<br>- integrate into everyday practice ethical principles for homecare for older adults<br>- promote the rights and diversity of individuals<br>- improve elderly people's lifestyles through empowerment, preventing difficulties and diseases, care and rehabilitation<br>- recognize mental disorders in ageing population, evaluate main risks factors of mental disorders in ageing population, recognize mental disorders in formal caregiver relationship |

# ASSESSMENT – GENERAL

Maximum final grade will be *100/100*
The overall assessment of the students will be based on the following assessment steps.

| STEP/TOOL | GRADING - |
|---|---|
| *Final oral exam – formal learning* | ***20/100*** |
| *Final written exam – formal learning* | ***20/100*** |
| *Final oral exam – informal learning – discussion on VCP diary and students tracking* | ***20/100*** |
| *Results of traineeship/work-based learning* | ***30/100*** |
| *Collaborative activities on e-learning platform* | ***10/100*** |
| *TOTAL GRADE* | ***100/100*** |

Here are provided details about the learning outcomes/modules each assessment step will focus on and the assessment criteria.

## FINAL ORAL EXAM – FORMAL LEARNING

**Assessment will focus on**

| PRESENCE /E-LEARNING | REFERENCE MODULE /UNIT |
|---|---|
| **PRESENCE** | **Holistic and rehabilitation approach** |
| | **Frailty, multi-morbidity, multi-professional approach to older adults' needs** |
| | **Promotion of the elderly's quality of life** |
| **E-LEARNING CARESS TRANSVERSAL MODULES** | **MODULE 1 – Unit 1** |
| | **MODULE 1 – Unit 2** |
| | **MODULE 1 – Unit 3** |
| | **MODULE 2 – Unit 2** |
| | **MODULE 2 – Unit 6** |
| | **MODULE 3 – Unit 4** |
| | **MODULE 3 – Unit 5** |
| | **MODULE 3 – Unit 6** |
| | **MODULE 3 – Unit 7** |

## FINAL WRITTEN EXAM – FORMAL LEARNING

**Assessment will focus on**

| PRESENCE /E-LEARNING | REFERENCE MODULE /UNIT |
|---|---|
| **PRESENCE** | **Holistic and rehabilitation approach** |
| | **Frailty, multi-morbidity, multi-professional approach to older adults' needs** |
| | **Promotion of the elderly's quality of life** |
| **E-LEARNING CARESS TRANSVERSAL MODULES** | **MODULE 2 – Unit 1** |
| | **MODULE 2 – Unit 2** |
| | **MODULE 2 – Unit 5** |
| | **MODULE 2 – Unit 6** |
| | **MODULE 3 – Unit 4** |
| | **MODULE 3 – Unit 5** |
| | **MODULE 3 – Unit 6** |
| | **MODULE 3 – Unit 7** |

Assessment criteria will depend on the specific features of the activities.
In written activities, the following elements will be assessed: accuracy; in-depth analysis; original approach; synthesis; relevance.
As far as group activities are concerned, collaboration with others, positive attitude or interest shown by the students will be taken into account as assessment criteria.
Multiple choice tests will be significant assessment tools at the end of the each CLM.

## FINAL ORAL EXAM – INFORMAL LEARNING – DISCUSSION ON VCP DIARY AND STUDENTS TRACKING

Students' participation in VCP will be assessed thanks to 2 main tools:

- **Tracking Report**: it provides a list of the actions/activities carried out by the student in the VCP
- **Experience Diary Report**: it includes all of the "entries" published by the student in the diary.

**Students are supposed to print out both documents and take them to the final oral exam in order to use them as a base for the discussion.**
**Students are expected to fill in a "new entry" in the Experience Diary <u>at least</u> every *15 days* on the base of the provided template.**
In the VCP, the development of the specific transversal competences will be targeted, mainly through groups discussion. These competences will be the following:

## RESULTS OF TRAINEESHIP/WORK-BASED LEARNING

Work-based activities will be assessed through skills evaluation sheets.

## COLLABORATIVE ACTIVITIES ON E-LEARNING PLATFORM

Students are supposed to engage in the following collaborative activities on CARESS e-learning platform.

| **E-LEARNING CARESS TRANSVERSAL MODULES** | **UNIT / ACTIVITY** |
|---|---|
| MODULE 2 - Team working, multi-sectoral and multi-professional approach to older adults' needs | ***Unit 1 - Communication and interaction – Case Study***<br>***Unit 2 - Who's going to dare put the bell on the cat? - Role Play***<br>***Unit 5 - Service system and networks – Case Study***<br>***Unit 6 - Multicultural communication and interaction - Case Study*** |
| MODULE 3 - Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs | ***Unit 4 - Quality care – Ethical principles and quality recommendations – Critical incident*** |
| | ***Unit 5 - Mental health in older adults – Case Study*** |
| | ***Unit 6 - Empowerment - Juan´s case – Case Study***<br>***Unit 7 - Pressure ulcers in frail elderly people – Case study*** |

Evaluation criteria will be the following

| **CRITERIA** | **% GRADE** |
|---|---|
| Participation in all of the proposed activities YES/NO | *20%* |
| At least 2 meaningful contributions to the activity of Unit1 – Module 2 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 2 – Module 2 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 5 – Module 2 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 6 – Module 2 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 4 – Module 3 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 5 – Module 3 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 6 – Module 3 | *10%* |
| At least 2 meaningful contributions to the activity of Unit 7 – Module 3 | *10%* |

"*Meaningful contributions*" means posts/contributions to documents/contributions to discussions that provide an added value to the discussion/work/document. Contributions such as "*I agree/disagree*" with no explanations, for instance, won't be considered as meaningful.