# Synthesis of Data: Assessment of Transparency of the Qualifications Concerned and Identification of the Most Suitable Methodological Approach

**ICARE PROJECT**

*Improving Mobility and Career Paths for Personal Care and Social Workers*

Lifelong Learning

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## EXECUTIVE SUMMARY

The paper describes how the particular features of the I CARE project affect the ECVET framework.

The analysis of existing methodological approaches brought to light many important suggestions to develop an ECVET project satisfactorily, nevertheless the I CARE project must reshape some ECVET tools in order to achieve its main tasks.

The paper is composed of four sections:

1)    Final list of professional profiles included in the I CARE project.
      The I CARE project was supposed to include seven professional profiles, but further analysis revealed that two of them were not suitable for the I CARE tasks. Including care operator and housekeeper would not be a real benefit for the project because recognition and validation of competences in those professions does not facilitate in entering into the labour market.

2)    Description of the I CARE methodological approach.
      The I CARE project has three main features that makes it different from ECVET projects developed up to now:
      - It takes into account a large field of professional profiles (five instead of one or two)
      - It focuses on migrant workers and does not organise short training periods abroad for foreign learners
      - It takes in great account the role of non-formal and informal learning in vocational profession.

      Those features affect the main tools of ECVET framework
      - MATRIX OF COMPETENCES → It will be created using accurate descriptions and complete sentences enriched by examples; it will describe competences distinguishing knowledge and skills; it will avoid uncoupling work tasks and global competences; it will elaborate different competence steps whenever they help in describing a professional profile.
        Being the I CARE project focused on migrant workers, the matrix will be a core point of the whole project. Recognition and assessment of competences, in fact, are based on the matrix.
      - ALLOCATION OF ECVET POINTS → The I CARE project will allocate 120 points to a one-year training qualification. The points will be allocated mostly according to the importance of each learning unit in a professional profile. Dealing with migrant workers, it is extremely important for the I CARE project to assess every single competence in each profile in order to compensate the lack of uniformity between different educational/training contexts. Therefore ECVET sub-points will be allocated to each competence.
      - ASSESSMENT OF LEARNING OUTCOMES → A good strategy for assessment is essential for a project which aims at integrating migrant workers basing on the recognition of those competences that the workers already own. Therefore the I CARE project will elaborate written and practical tests in order to assess knowledge and skills for each competence included in the matrix.

- MEMORANDUM OF UNDERSTANDINGS → In ECVET projects developed up to now, the MoU is centred around the organisation of training periods abroad, specifying responsibilities for sending and hosting countries. Since the I CARE project will not immediately deal with this problem, the I CARE MoU will try to describe as precisely as possible the agreement between partner countries. It will then include the grids of common competence areas shared by partners and also the grids for assessment of learning units.

3) Description of I CARE main phases.
   The particular nature of I CARE project requests to reshape its main phases distinguishing it from the existent ECVET projects.

4) Temporary grids of common competence areas shared by partner countries.

A deep study of existing methodological approaches for the application of ECVET brought to light many questions and gave many suggestions for a better development of the I CARE project. Projects realised up to now provide many information about the application of ECVET framework, but the I CARE project has many new features which request some modifications of ECVET's tools. In this paper we try to summarise the main results of this study and to describe how those results influenced the I CARE framework.

The present document includes:
- Final list of professional profiles included in the I CARE project
- Explanation of the methodological approach chosen by the I CARE project and the description of how this approach affects ECVET's main tools (matrix of competences, allocation of ECVET points, assessment of competences, MoU)
- Description of I CARE main phases
- Temporary grids of competence areas shared by partners' professional profiles.

# 1. Professional profiles included in the I CARE project

The I CARE project was supposed to include seven professional profiles in personal care and social work sector. Further analysis led to the conclusion that two of these profiles are not suitable for the I CARE aims because validation and recognition of competences would not facilitate the workers' integration into the labour market.

The five profiles which will be considered are the followings:

**Family assistant/caregiver**
He/she takes care of individuals with different levels of psychological and physical self-sufficiency (elderly, disabled, sick people), also by supporting the family and helping the assisted person in maintaining his/her independence and well-being, in relation with their needs and living context.

**Dental assistant**
He/she works in private or public dental surgeries. His/her main tasks are those of welcoming patients, accompanying them to the chair and managing them during the dental procedures, offering practical assistance and psychological support until they leave the surgery, taking care of dental instruments.

**Socio-assistance assistant**
He/she is a health care social worker who deals with individuals who need to maintain or recover their well-being and to reduce the risks of isolation and alienation, assisting them in each aspect of their daily life.

**Care operator**
He/she obtains the professional qualification at the end of a specific training programme. He/she carries out activities aiming at satisfying the needs of an individual in a social or sanitary context and to favour his/her well-being and independence. These activities are carried out both in social and healthcare field (at home or in hospital).

**Baby sitter**
He/she takes care of one or more children aged from 0 to 3 years at his/her home, at the family's home or in a purposely equipped place, in order to promote the growing, socialising, and development of the child/children by respecting individual needs and in agreement with the family

The ICARE project **WILL NOT** consider the followings profiles:

**Housekeeper**
He/she helps the family in managing daily activities and his/her services are usually set on hourly basis. He/she operates for the ordinary maintenance of house in which he/she works (cleaning, hygiene, tidying up)

**Cleaner**
He/she is in charge of cleaning operations of offices and working places (including rooms, furniture and working equipments). The cleaner grants the tidiness, neatness and hygiene of the work environment and can operate individually or in a team

These two professional profiles had been excluded for three main reasons:
a.  For a housekeeper and a cleaner the validation of competences is not essential for a better integration in the labour market. These professions have often an on-the-job training and in few weeks a person can acquire the main competences required to work in a satisfactory way

b.  For the reasons explained in point a, the recognition of competences in these professions would not help in contrasting black market

c.  The five professions included in the project require a basic knowledge of medicine and personal care; for this reason a person whose competences had been certified can assure a good care of patients and children and will therefore be facilitate in entering into the labour market. Housekeeper and cleaner do not carry so much responsibility.

Arguments explained in point a, b and c clearly show that Lombardy Region and partner countries would not really benefit by validating cleaner and housekeeper competences.


## 2. The I CARE project and the ECVET framework

The I CARE project answers very well to the main tasks of an ECVET project. In fact we can summarise ECVET aims in followings three points:

- To foster mobility of workers, particularly of vocational education learners, across Europe
- To provide a valid credit and evaluation system for recognising worker's professional expertise. This task is particularly relevant having learning experience in informal and non-formal contexts a significant role in workers' professional experience
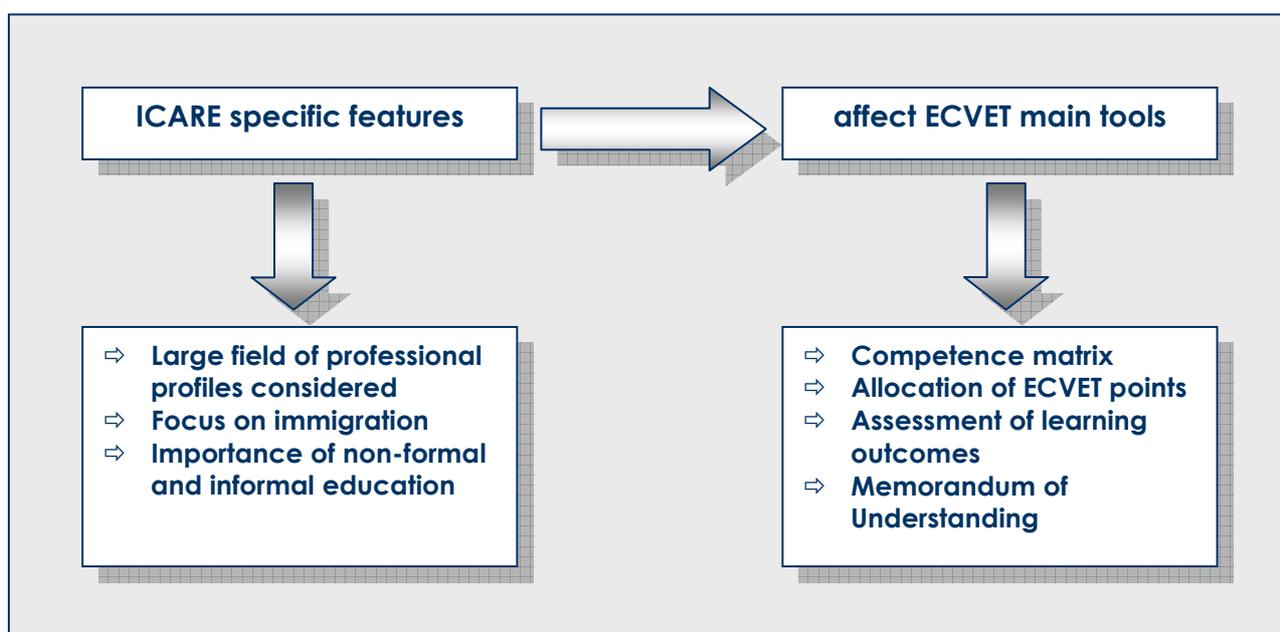- To facilitate lifelong learning paths development.


The I CARE project involves five vocational profiles (family assistant, dental assistant, socio-assistance assistant, care operator, and baby sitter) and its main task is to facilitate labour market integration for foreign people willing to work in the personal care and social work sector in coherence with the ECVET framework. The evaluation of the professional competences of these workers is extremely difficult because of the variety of educational contexts (formal/non-formal/informal) and also because of the lack of uniformity in training and evaluation frameworks and methodologies among Europe. For this reason the ECVET method, based on the assessment of Learning Outcomes, is an adequate tool to reach I CARE aims.

At the same time the I CARE project presents some important new features that make it different from many ECVET projects realised up to now.

- The I CARE project involves a **large professional field** compared with other ECVET projects. As the analysis of existing methodologies stressed out, the ECVET projects usually chose one or two, at least three vocational profiles. Differently, I CARE will consider the five professional profiles for which a high number of professional care and social workers are moving across Europe with very heterogeneous qualifications and similar professional experiences. In Italy, and particularly in Lombardy Region, there is a growing request of this kind of workers, due to the raising request of personal care services. For this reason the I CARE project suits very well Italian reality, but requests some modifications in the ECVET framework

- The I CARE project does not mean to plan short training periods abroad for vocational training learners. The project will take into account **worker's immigration** instead of worker's mobility. Mobility and training periods abroad will become crucial in the long run in order to give workers the possibility of lifelong learning

- In the professional field considered by the I CARE project **non-formal and informal education** plays an essential role. A personal care worker or a social worker often has competences acquired in a non-formal context. For instance a woman who worked

for many years in a family looking after the children and helping managing daily activities owns many competences included in the 'babysitter' profile, even if she has no formal recognition for this profession.

The I CARE project will also try to develop permeability between formal and informal education in order to enhance the recognition of competences. Let's take the case of a Polish care operator who lives in Italy. Considering that his certificate is not valid in the Italian qualification framework, through a new system for recognising competences he will not have to attend a full training course to gain the qualification of care operator in Lombardy Region, but only a selected number of training modules relevant to acquire those learning outcomes he lacks. It is important to remind that I CARE cannot be reduced to a mere translation of formal qualification between two European educational/training systems. Permeability between formal and informal learning context must be developed in a **output-based model**. For this reason a professional profile must be defined by its main learning outcomes aside from any formal qualification. It follows that the core and the main question to be worked out for the I CARE project is the competences' assessment.

| ICARE specific features | affect ECVET main tools |
|---|---|
| ⇨ **Large field of professional profiles considered**<br>⇨ **Focus on immigration**<br>⇨ **Importance of non-formal and informal education** | ⇨ **Competence matrix**<br>⇨ **Allocation of ECVET points**<br>⇨ **Assessment of learning outcomes**<br>⇨ **Memorandum of Understanding** |

The next sections will be devoted to the description of how the I CARE perspective affects ECVET tools.

## 2.1. The matrix development

The competence matrix is the core of every ECVET programme. It describes a profession or a professional domain according to a list of competences and its task is to make a competence recognisable by different countries and contexts. By defining learning units and learning outcomes for each professional profile, the matrix is also the basis for competences assessment. Since the matrix identifies the essential competences for a specific profession, the testing system will be suitable insofar as it is founded on the matrix's structure. As the analysis of existing methodologies clearly showed, the creation of a competence matrix is not an easy task.

A good matrix must have three features:

- It must be based on empirically derived work tasks; therefore the matrix should be derived consulting experts from each occupational field. To avoid abstract definitions, the use of examples can contribute to the description of competences
- It must be open to changes. The labour market develops so fast that a competence that today we regard as essential could become outdated or useless in the next few years. Therefore the competence matrix should be constantly restructured
- It must be developed with a good balance between general and detailed formulations, avoiding to specify the competences in a too general or too narrow way.

### 2.1.1 Different matrix models resulting from the analysis of existing methodologies

According to these main features, many different models of matrix had been derived by ECVET projects developed up to now. In general, it has to be firstly noticed that the number of learning outcomes included in a singular profession is variable: they are generally between five and fifteen. Too many learning outcomes could compromise a holistic vision of the professional profile described by the matrix.

The analysis of existing methodologies has provided three main models for developing a competence matrix.

### 1. VQTS II

VQTS II project collects the results of the eleven ECVET pilot projects developed from 2008 to 2011. VQTS II proposes to develop the competence area of the matrix with very accurate descriptions, using examples and clear formulations like: «*he/she is able to ...*». This structure should facilitate an easy comprehension of the competence described referring to the professional action itself. Each description implicitly include the distinction between competence, skills and knowledge, but the three fields are not specified in the matrix.

A very important feature of VQTS II matrix is the description of the progress of competence development through different steps. They illustrate the process of progression from the lower to the higher steps (the number of steps is variable for each competence, from two to six).

### 2. MAP

The main feature of MAP project is the distinction between global competences and work process. Global competences are general descriptions of cross-dispositions which are shared by many professional activities, like: «*follow instructions and procedures*», «*show passion and ambition*».

Then each work process is described through different steps and the steps are evaluated according to their relevance in the work process and also according to the development of the most relevant global competence connected to each step. This matrix model means to avoid one-sidedness by the assessor and also to highlight that, for example, a care giver must be able to provide information to the patients, but should also do it giving attention and showing understanding. So the learning outcome evaluation is composed by the connection between work steps and global competences.

### 3. CREDCHEM

CREDCHEM matrix is composed by learning units corresponding to different fields of action. Each unit is composed by work tasks and a work task is described through skills and knowledge. This model is very interesting because it identifies different steps for each
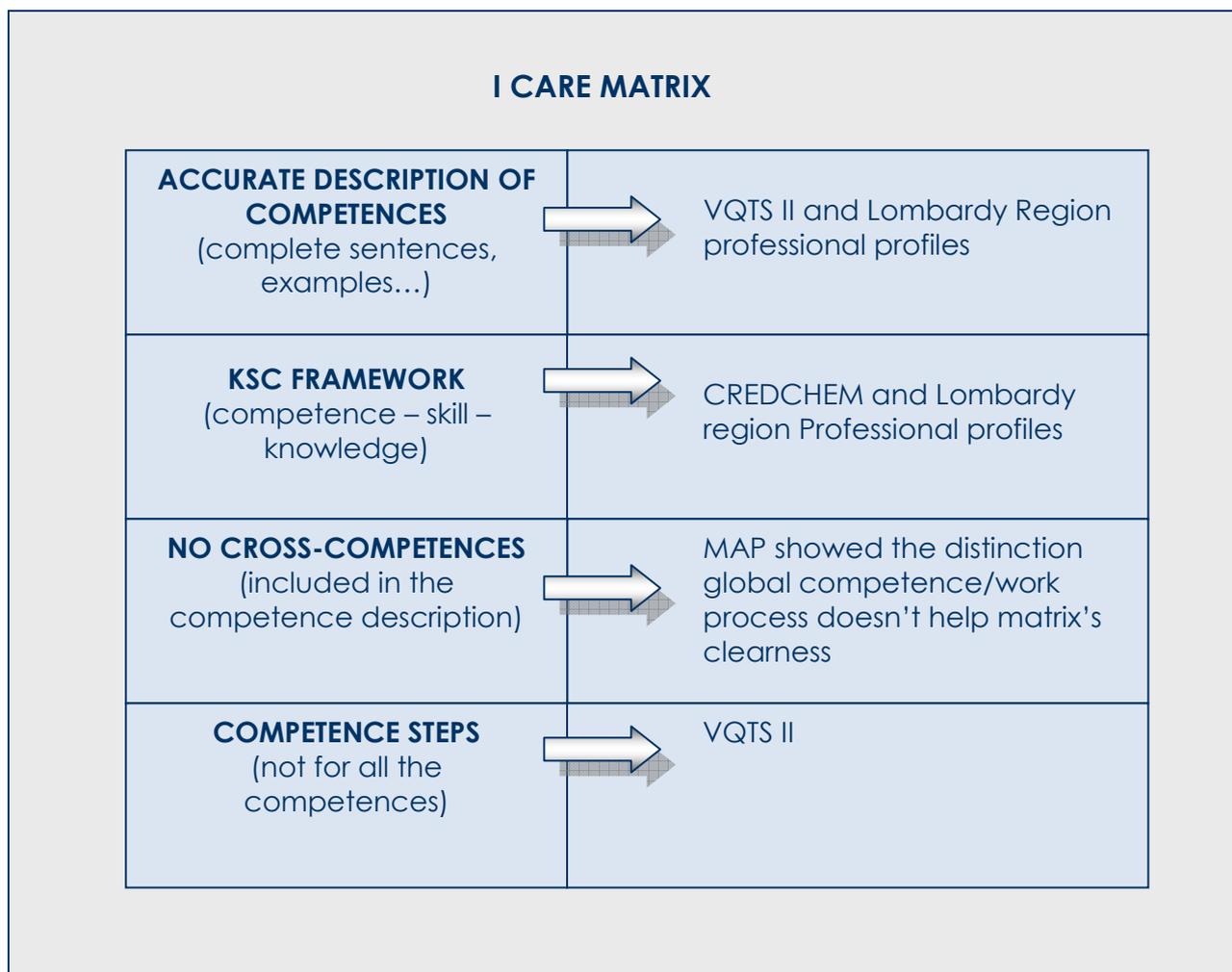
learning unit, like in VQTS II model, but it also introduces the KSC (knowledge/skill/competence) framework, which was omitted in the VQTS II matrix.

### 2.1.2 The I CARE model

The I CARE project means to take advantage of past projects' experimentations building on the most useful features of the projects analysed in order to achieve its specific objective.

1. The I CARE matrix will describe professional profiles through learning outcomes using **accurate descriptions**, as suggested by the VQTS II model. Descriptions composed by complete sentences and enriched with examples are the best way to define a work process avoiding abstractions. In I CARE project such descriptions will not be rewritten from new, but will be based on job descriptions provided in the QRSP (Quadro Regionale degli Standard Professionali – *Regional Qualification Framework for Vocational Standards*) of the Lombardy Region. The job descriptions will be further analysed during the development of the matrix in order to check their consistency to the ECVET framework and will be integrated, updated and enriched with examples and details resulting from on the field observations and interviews with practitioners. At the present moment they look suitable with ECVET principles.

2. The I CARE matrix will be developed according to the **KSC framework**, hence it will describe competences distinguishing knowledge and skills. This choice has two main reasons:
   a. Lombardy Region's profiles are already formulated in terms of competences, each one composed by a number of skills and knowledge
   b. Apart from already existing profiles, it is very useful for vocational professions to keep a distinction between practical ability and knowledge
   A dental assistant, for instance, who repeated many times a dental procedure could be able to do it without knowing at all the reasons of his actions; such a behaviour can be dangerous for the patient. At the same time practical ability is a key factor in vocational professions, hence a competence cannot be defined without a description of precise concrete actions it implies.

3. The I CARE matrix will **avoid uncoupling work tasks and global competences** departing from MAP project. Cross-dispositions, like *'showing passion'* or *'being creative'*, are actually important in vocational professions, but when they are uncoupled from the work descriptions the matrix results more confused and quite redundant. The essential cross-disposition should be included in the competence's description itself.

4. The I CARE matrix will elaborate different **competence steps** whenever they help in describing a professional profile. The steps will be particularly important for the competences shared by different profiles in different degrees. For instance, the competence «*patient direct assistance*» is shared both by socio-assistance assistant and care operator, but the care operator's skills are much more complex than the ones required to the  socio assistance assistant. A care operator must have a basic knowledge of diagnostics, therapy and rehabilitation; he/she must be able to observe signs and symptoms which indicate a changing of the patient's physical conditions and risks arising while the care operator takes care of the patient in his/her daily living activities, personal hygiene and ambulation problems. Therefore «*patient direct assistance*» competence will be divided in different steps: the lower ones will be related to socio-assistance assistant's profile and the higher ones will be required in the care operator's profile.

Some competence should not require a multiple steps description.

## I CARE MATRIX

| | |
|---|---|
| **ACCURATE DESCRIPTION OF COMPETENCES** (complete sentences, examples…) ➡ | VQTS II and Lombardy Region professional profiles |
| **KSC FRAMEWORK** (competence – skill – knowledge) ➡ | CREDCHEM and Lombardy region Professional profiles |
| **NO CROSS-COMPETENCES** (included in the competence description) ➡ | MAP showed the distinction global competence/work process doesn't help matrix's clearness |
| **COMPETENCE STEPS** (not for all the competences) ➡ | VQTS II |

## 2.2. Allocation of ECVET points

### 2.2.1 European Commission suggestions

«*ECVET points are a numerical representation of the overall weight of learning outcomes in a qualification and of the relative weight of units in relation to the qualification*»[1]

This definition suggests that ECVET points are allocated:
1. To a qualification
2. To a learning outcome

1. Allocation of point to a qualification
   According to European Union, ECVET points are allocated to a qualification basing on the following convention: 60 points are allocated to the learning outcomes expected to be achieved in a year of formal training (obviously this definition gives a parameter that should be used also to value non-formal trainings). This means that in a two-years training a maximum of 120 ECVET points can be issued, 180 for a three-years training, etc.

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[1] Recommendation of the European Parliament and of the Council of 18 June 2009, Official Journal of the European Union 8.7.2009, C 155/14.

2. Allocation of points to a learning unit
   In order to determine the weight of a learning unit, its relevance for the qualification is taken into account. The relevance is then expressed in terms of percentage (the full qualification being 100%) and the percentage is rewritten according to the overall number of ECVET points for the qualification. For instance, a unit which is evaluated as quite important (30%) in a qualification of one-year training (60 ECVET points) will be provided with 18 ECVET points.

### 2.2.2 Critical aspects in the allocation of ECVET points

1. The allocation of 60 points to a one-year training does not facilitate in calculating each unit points.

2. The same competence usually has a different weight in relation to different qualifications, this means that the same competence should have different ECVET points in different contexts. On the one hand, a detailed elaboration of all the different weights that a competence can have in all the different qualifications could be very useful in order to foster worker's mobility from one job to another one which requires analogous competences, but on the other hand it would be a huge undertaking, for which an assessment of the real value of this task has to be done

3. It is quite a complex task to find a common and standardised criterion to evaluate unit's weight in a qualification in order to allocate points. Possible criteria suggested by ECVET projects developed up to now are:
   a. Importance of the competences which compose the unit in relation to the whole qualification
   b. Time required to acquire the learning outcomes of the unit.

Which criterion fits better the ICARE project tasks?

### 2.2.3 The I CARE method for allocating ECVET points

The European Commission itself stated that different approaches can be used for establishing ECVET points, therefore the I CARE project will develop its own method regarding critical aspects stressed by ECVET projects realised up to now.

1. Allocation of points to a qualification

   It is important to bear in mind that ECVET points are a relative and not an absolute measure, hence they cannot be used to compare different qualifications. If we allocate 120 ECVET points to the 'care operator' qualification, it means one should attend a one-year training in order to become a care operator and only people who will gain 120 ECVET points during the training can work as a care operator. It is not reasonable to compare a care operator with another vocational worker whose qualification has 120 ECVET points.

2. Allocation of points to a learning unit

   a. The I CARE project will allocate points to a learning unit according to the **importance** of competences which compose the unit in relation to the whole qualification. Time required to acquire learning outcomes will be considered but not as the main criterion. In any case the evaluation of the importance of each unit must be done in cooperation with experts and/or practitioners

   b. As I CARE focus is on migrant workers, the project will have to assess not only learning units but also single competences. Learning units can be quite general, therefore **it will be necessary to allocate ECVET 'sub-points'** to the single

competence to facilitate each partner in recognising which competence the learner already owns and which one he lacks. Sub-points could also simplify the organisation of specific trainings for each worker in relation to his/her competence gap.

c. The I CARE project does not mean to calculate the different weight of units and competences in relation to different qualifications because:
- It would be an extraordinarily time-consuming effort
- It could never be an absolute complete comparison of competences. It would be possible to compare a dental assistant's competence with some skills included in a care operator's profile, but it would be meaningless the comparison of the communicating skills needed to a care operator with the hairdresser's ability in communication: same competence has radically different values in the two contexts.

The allocation of points to learning unit must be negotiated among project partners (as suggested by the AEROVET project) and will be included in the Memorandum of Understanding. A sort of comparison between competences included in the project's profiles will be done through the competence steps. As explained before, one professional profile may request certain competences in their lower steps, while the same competence is requested in a different profile in its highest steps. The competence is the same but it can be achieved at different degrees and at each degree relates a different number of points (i.e. a learner who reaches step 1 and 2 in the 'patient direct assistance' competence will get 2 ECVET points, the learner who reaches step 5 will get 5 ECVET points).

| *Critical aspects and questions* | *The ICARE project model* |
|---|---|
| Points to a **qualification** <br> → Is it possible to compare different qualifications using ECVET points? | NO. **ECVET points are a relative measure**. At least they can make a comparison between training period requested for each vocational profession |
| Points to a **learning unit** <br> → Which criterion? | ECVET points will be allocated regarding the **importance of the competence** and partially regarding time requested to acquire the competences |
| Points to a **learning unit** <br> → Is it possible to compare different units in different professional profiles? | NO. Unit **points** are relative to the profession and must be **negotiated by the partners of the project**. <br> A partial comparison can be done using **competence steps**. |
| Points to a **learning unit** <br> → Would it be enough to allocate point to Units in order to evaluate a leaner's competence? | NO. For this reason ICARE will allocate **ECVET sub-points also to competences**. |

## 2.3. Assessment of learner's competences

Past ECVET projects realise the assessment of the learner's competences in the project's final phase. This is due to the fact that they focus on vocational education learner's mobility, thus they generally have an implementation phase centred around the training period abroad during which the learner will reach new competences. For this reason the competences' assessment is due in the final part of the project, when the training period is concluded.

The I CARE project focuses, in its turn, on the validation and qualification of competences for migrant workers. In this case, the assessment and recognition concern first and foremost a competence already achieved.

This determines the chronological order of phase realisation. The I CARE project must develop a complete assessment methodology in the preparation phase of the project. After a first approval by all partners, the assessment methodology will be checked and improved during the testing phase in order to reach a sound methodology for evaluating migrant worker's competences.

The analysis of existing methodologies showed many different approaches to the assessment process. Building on previous experimentations, the approach adopted in I CARE project  will have the following features:

1.  The assessment methodology is necessarily related to the matrix's structure. If the matrix describes competence in a strictly practical way, the assessment should be done also using practical tests. The I CARE matrix will be divided in knowledge and skills, hence the assessment process will be composed of a **written test** (multiple-choice or other forms) to assess knowledge and of a **practical test** to assess the skills involved in the competence

2.  In the **written test** the questions could regard a single competence or a whole unit. Multiple-choice questions should be preferred in order to facilitate people with linguistic problems. The I CARE project deals with migrant workers and the use of a complex Italian language can prevent an effective assessment of the competence. For this reason, the written test has to be very precise about the knowledge it refers to, but should also be formulated in a easy way in order to be comprehensible to a foreign person. A scale will be arranged in order to fix the minimum score for a successful assessment

3.  The **practical test** should offer an objective assessment of learner's skills. Competences related to a learning unit are validated in a real situation and in order to avoid one-sidedness, the examiner will be provided with grids to guide the assessment and in the grids will be specified the objectives, the materials and the context of the assessment.

Each learning unit will correspond to a grid where different competences will be evaluated with a scale from 1 to 4.

Example: this could be the grid for evaluation of socio-assistance assistant competences.

| PROFILE: socio-assistance assistant | ASSESSMENT OF UNIT 1 Direct assistance, helping in domestic activities, hygiene and comfort |
|---|---|
| **COMPETENCE 1** He/she can accurately tide the living space using the right products and applying health and safety rules | **MARK**: (1-4) |
| **COMPETENCE 2** ... | |

A competence could request more than one test to be assessed:

| COMPETENCE 5: He/she is able to take care of the non-self sufficient person recognizing needs and conditions **Test 1.** He/ she can apply techniques to give medications properly | **MARK**: … |
|---|---|
| **Test 2.** He/ she is able to help the person eat | **MARK**: … |
| **Test 3.** He/ she is able to facilitate the person's dressing up | **MARK**: … |

Assessment's grids should be formulated and then tested in Lombardy Region and in all the partner countries in order to verify their efficacy. Testing phase will be extremely important because of the deep non-homogeneity between partners' profiles. The matrix will be the basis on which the grids of common competence areas between partner countries will be built, but it will be possible to verify if a competence is really shared by workers from different countries only through the assessment of that competence. Therefore the assessment phase will be the final verification of the comparison process.

## 2.4. Memorandum of Understanding

The Memorandum of Understanding (MoU) is an agreement among partner institutions where general conditions for the mutual validation and recognition of Learning Outcomes among different institutions are specified. MoU's task is to overcome the lack of a global standard for vocational education/training.

In ECVET pilot projects the MoU is generally composed of:
- Information about the partners concluding the MoU
- General objectives of the MoU
- Period of eligibility of the MoU (usually several years)
- Information about the training programme(s) or qualification(s) concerned (including the template presenting the qualification in units of learning outcomes)
- Agreement on responsibilities (financial aspects, responsibility for preparatory activities, responsibility for hosting students)
- Quality assurance (information about quality assurance of the training programmes)
- Assessment (how and when the hosting institution will assess the learner)
- Signatures

- Annexes

The agreement concerns two main topics:

a) Information about the learning outcomes that each profile included in the project should acquire during the training periods, and information about assessment criteria

b) Information about the organisation of training periods abroad, defining responsibilities for hosting and sending institutions (who will help students in finding an accommodation, who will provide them work clothes, who will pay travel and subsistence, etc.).

## 2. 4.1 The I CARE Memorandum of Understanding

The I CARE project, with its particular features, requires a modification of the content of the MoU.

I CARE deals with migrant workers, hence the main topics to be considered in the consortium in order to establish a sustainable agreement with partners are the followings:

1. Defining Learning Units which are shared by professional profiles in partner countries
The I CARE matrix will not be object of the agreement itself because it is shaped on Lombardy Region professional profiles, thus it reflects Italian vocational professions. It is used as a term of comparison for the other vocational profiles. A comparative analysis of partner's professional profiles showed a deep non-homogeneity between profiles' structures; nevertheless the same analysis brought to light many common *competence areas* shared by different profiles. The MoU will define an agreement including learning units corresponding to this common competence areas in order to facilitate the validation of workers' competences between countries.
For instance, according to the I CARE matrix, the care operator's profile is composed of 6 Learning Units. Comparative analysis with Polish system revealed that Polish care operator's profile has 3 Learning Units in common with I CARE matrix, thus the MoU will define that a Polish care operator which has been assessed with the I CARE methodology has not to attend the whole Italian training programme. He only has to attend a training period in order to acquire the three Learning Units he/she lacks.

2. Defining assessment criteria
It is important to remember that in a ECVET project the agreement does not determine the contents of the different training programmes. The different educational/training organisations can develop different approaches to learning and training. They just need to agree on the expected **learning outcomes** of their education programmes. Therefore methodology for assessment becomes extremely important because through it a worker is evaluated in his/her competences and then enter the labour market.
For the I CARE project, the assessment is even more relevant than for other projects because it focuses on qualification of migrant workers and does not immediately imply the organisation of training periods.

For this reasons **the I CARE MoU will include**:
- Information about the partners
- General objectives of the MoU
- Period of eligibility of the Mou
- Description of the main common competence areas between different professional profiles of each partner
- Agreement on the recognition of Learning Units for migrant workers through different partners
- Agreement on assessment methodology

- Signatures
- Annexes

The **Annexes** will include:
- The grids of common Learning Units
- The grids for written and practical test evaluation
- Competence profile

The **I CARE MoU will NOT include**:
- Information about the training programme
- Agreement on responsibilities
- Quality assurance

because these points concern training programmes' organisation and the I CARE programme will not deal with this problem in its initial phase. For the same reason the I CARE project will not create a Learning Agreement, where are exposed the competences that the learner is expected to acquire during the abroad training.

On the contrary, the **Competence Profile** can be a very useful tool for the I CARE project. The Competence Profile, described in the VQTS II report, aims at describing which competences, and at what degree, a person has already gained. It is based on the competence matrix and the competences already gained by the person are highlighted with different colours.

# 3. Reorganisation of project's phases

The I CARE project's particular features would <u>necessitate to reorganise many phases of the project</u> departing from the order followed by ECVET pilot projects.

The existing projects generally include MoU in the preliminary phase. The I CARE partners are making arrangements from the very beginning of the project and, in order to complete the MoU, the assessment's grids and the elaboration of written and practical tests must be completed.

ECVET projects are generally divided into four phases; in the ICARE project phase 1 (preliminary phase), phase 2 (preparation phase) and phase 3 (implementation phase) must be re-organised for a better achievement of project's tasks.

**I CARE Project's Phases**

| |
|---|
| **PHASE 1: PRELIMINARY PHASE** → Selecting professions to be tested, individuating national or international partners, creating competence matrix and individuating common competence areas shared by partners |
| **PHASE 2: PREPARATION PHASE** → Creating the written and practical test for assessment of competences and testing assessment methodology in Lombardy region. Creating a competence profile based on competence units shared with partners; elaborating the MoU |
| **PHASE 3: IMPLEMENTATION PHASE** → Testing assessment methodology in partner countries |
| **PHASE 4: FINAL PHASE** → Gathering results from the implementation phase and eventually improving assessment methodology |

# 4. Temporary grids of common competence areas

The last part of this document includes the grids of common competence areas developed by comparing professional profiles of the partner countries.

Those grids are not the ones which will be included in the MoU. The final grids will be based on the matrix and will be created with partners' help, comparing knowledge and skills included in the matrix with competences that each professional profile should own in the partner countries. The creation of such grids is not an easy task, hence it has been decided to create some temporary grids as a first step in the comparison process.

The temporary grids are the result of comparing professional profiles provided in the QRSP (Quadro Regionale degli Standard Professionali – *Regional Qualification Framework for Vocational Standards*) with profiles provided by each partner country.

Many problems arose during the comparison:

1. There is not a complete correspondence between professional profiles in partner countries. For instance, the socio-assistance assistant profile in Germany has many socio-economic competences which are not included in the Italian profile

2. The five professional profiles chosen by I CARE are not present in all the partner countries. For instance, in Poland the care operator profile does not exist, whereas in Romania there are no professional profiles for dental assistant and socio-assistance assistant

3. Not all the partner countries have professional descriptions based on an output-based model, hence divided in competences, skills, knowledge. Romania provided professional profiles analogous to Italian ones. German profiles are described with different criteria, dividing the description in categories like '*competence*', '*task*' and '*training*'. The '*training*' part generally correspond to the knowledge required, '*competence*' and '*task*' correspond to the skills. Poland did not provide any professional profile but the training programmes for each vocational profession. Therefore competences, skills and knowledge included in the grid had been obtained consulting each training descriptions.

For all those reasons, the grids here presented are the starting point for a complete comparison that will be done between the I CARE matrix and professional profiles provided by each partner in order to create a grid where which learning unit is shared with partners will be specified.

| | ASSISTENTE FAMILIARE (EQF 2 – 160 hours course) REGIONE LOMBARDIA (ITALY) | | FAMILIENPFLEGER (EQF 2 – 1800 class hours in theory and 1200 hours in practise) GERMANY | | OPIEKUNKA SRODOWISKOWA (EQF 3 – educational process in %) POLLAND | | INGRIJITOR BATRANI SI COPII LA DOMICILIU (EQF 2) ROMANIA | |
|---|---|---|---|---|---|---|---|---|
| **COMPETENCES** | **SKILLS** | **KNOWLEDGE** | **SKILLS** | **KNOWLEDGE** | **SKILLS** | **KNOWLEDGE** | **SKILLS** | **KNOWLEDGE** |
| Placing oneself in organizational, social and institutional contexts | . Running errands and making purchases . Exercising workers' rights and duties . Organizing work . Relating with territorial services | . Workers' rights and duties . Main bureaucratic, social and sanitary procedures . Main local socio-sanitary services and ways of access . Responsibilities of the family assistant | Shopping; | Basis socio-legal in the home and family care; | Keeping client's documentation; Negotiating in client' cases, contacting all sort of institutions to solve client's problems; Applying labour code according to rights and duties; Access all different source of information and formal advice; Explaining basic vocabulary related to legal matters and pointed at any available legal institutions; Establishing connections with social institutions; Matching the methods of work with sources of local society; Organizing and analysing results of own work. | Elements of Law; Social politics ; Social problems and issues; Elements of management and organization; Labour Code related to employers and employees rights and duties; Health and safety policy. | | |
| Helping with meal preaparation and housekeeping | . Applying safety procedures in the home . Applying methods of cooking and food conservation, respecting the person's habits . Applying house cleaning techniques . Applying laundry hygienization techniques . Organizing work . Handling clothes and wardrobe . Making home spaces functional, respecting the person's needs | . Elements of dietetics and cooking . Elements of environmental hygiene . Typical Italian dishes . Cleaning products, tools and techniques . Safety and prevention at home . Food cooking techniques | Household supplies, e.g. cleaning up, washing clothes and ironing; Home care Laundry and clothes care Complete housekeeping; Prepare and serve meals | Dietetics (ingredients); | Keeping the client and his/her surrounding clean; Matching client's diet with health condition; Preparing meals and help single client in maintaing household; Obeying heath and safety policies; Organizing work place in accordance with ergonomics; Applying heath and safety rules; Work place management . | Rules of personal sanitary and surrounding hygiene. | Periodically clean room using specific materials; Changing bed linen ensures comfort person Establish menu respecting food principles of the age Food is prepared correctly according to recipe | Rules of hygiene. Disinfection and sterilization techniques; Technique of adult nutrition Menu composition techniques; Technical change of bed clothes |
| Taking care of the non-self sufficient person, recognizing needs and conditions | .Applying techniques to give medications properly . Applying first aid techniques, waiting for professional people . Applying techniques to facilitate the person's moving . Applying techniques to facilitate the person's dressing up . Applying techniques to help the person eat . Applying techniques to help the person with bathing and grooming . Applying techniques to help the person with personal hygiene | . Physical and psychological characteristics of individuals with different levels of self- sufficiency . Dietology and diet therapy . Handling and stimulating of residual capabilities . Personal hygiene . Local cultural/leisure services and ways of access . Techniques and equipment to transfer the patient on mobility chairs and possible risks in case of wrong procedures . Techniques for right postures and positioning of the patient. | Reliving the households leading person with temporally disability; Provide for the basic care of patients, administer medications; Patient care Basic care Family care Residential ambulant care; Nursing Elderly care; Bed sores care. | Recognise and treat common diseases | Monitoring and recognizing dysfunction in human development; Recognizing client's problems; Taking care of client heath and safety; Taking decisions in particular problematic situations; First aid provision; Pointing at equipment and techniques improvements to assist in support mobility of people; Shape and fulfill needs of the client; Rules of personal sanitary hygiene. | Rules of caring service; First aid rules; Hygiene care; Methodology of care procedures implementation. | Apply personal hygiene measures; Body care given to prevent infection; Assisting / helping to meet the physiological needs of the assisted person Quickly identify any changes in behavior of assisted person and noted in the text of care file Food Administration is carried out conscientiously in hours fixed daily schedule of care Fluid administration is carried out correctly as specific techniques Mobilizing elders using specific accessories; Help medical staff to carry out therapeutic courses. Evaluate the behavior of assisted persons; Quick apply first aid measures | Adult care techniques Bath technique of partial /total; Dressing technique Lifting techniques Mobilization and transport techniques; First aid techniques |
| Relating and communicating with the person, his household and the caring staff | . Applying techniques to facilitate social integration . Understanding the person's and the family's requests . Handling relations with the family . Being discreet, respecting the rights and needs of people in fragile conditions . Handling emotions . Handling stress . Communicating correctly with health operators in case of emergency . Using different communication modalities | . Ethical aspects of care and assistance . Elements of sanitary organization . Elements of psychology . Strategies to manage the relation with a patient . Communication techniques (specific for ALS patient) . Communication techniques (verbal and non-verbal) | Guide family members in the adoption of domestic and nursing duties; Socio-educational family assistance Leisure, vacation care | | Introducing and maintaining communication with different people; Cooperating with the client and his/her relatives; Stimulating the client and people from his surrounding; Stimulating a client to increase his/her independency; Acting according to ethics; Cooperating in therapeutic plan designing for the client; Diagnosing social needs of the client; Stimulating the client to start and maintain relations with other people; Giving psychological support. | Psychology elements; Social skills; Communication rules; Ethics code. | Make available to family day care of the person file; Ensuring the psychological comfort of the old assisted Notifies the family or medical team about the status of the person | |
| Taking care of a person affected by Alzheimer's disease and senile dementia | . Applying correct ways of managing daily life . Applying simple techniques of cognitive stimulation . Applying techniques to assist with food and fluid intaking . Applying techniques to manage serious behaviour problems . Applying techniques to better the home space and safety . Applying communication and relation techniques with an Alzheimer' patient and an elderly person affected by senile dementia . Identifying needs, physical and psychological problems, assistance and health problems . Recognizing signs and symptoms of the illnesses at different stages | . Legislative and ethical aspects of the work with Alzheimer's patients . Socio-educational assistance . Communication . Dietology and diet therapy . Alimentary education . Basic knowledge of the illness and its evolution . Handling of residual capabilities . Personal hygiene . Safety norms . Techniques to manage Alzheimer's disease | | | | | | |
| Taking care of a person affected by ALS disease | . Operating respecting the profile's duties and responsibilities . Applying personal hygiene techniques .Applying mobility techniques and right positioning in bed . Applying techniques to take care of the patient in his physical needs . Applying techniques to help the person eat . Applying techniques to help the person communicate . Managing emergencies waiting for professional healthcare operators . Watching over the patient . Using technological devices to manage the patient at home . Valuating useful and necessary aids | . Legislative and ethical aspects of the work with ALS patients . Taking and recording parameters (temperature, pressure, oximetry) . Basic knowledge of the illness and its evolution . Personal hygiene . Assistance with mobility chair and bed positioning . Prevention and care of skin lesions . Regulations about sanitary and ordinary assistance and responsibilities of the assistant . Specific communication techniques with ALS patients . Aids | | | | | | |

| AUSILIARIO SOCIO-ASSISTENZIALE (EQF 3 – 800 hours course) REGIONE LOMBARDIA (ITALY) | | | OPIEKUN W DOMU POMOCY SPOLECZNEJ (EQF 3 – educational process in %) POLLAND | |
|---|---|---|---|---|
| **COMPETENCES** | **SKILLS** | **KNOWLEDGE** | **SKILLS** | **KNOWLEDGE** |
| Carrying out the assistance operator role within the organization structure and service co-operating with the caring staff | . Carrying out the role in different working contexts<br>. Working in team<br>. Handling files, charts and forms to record the information noticed during the working activities<br>. Cooperating in assessing the individual assistance plan<br>. Cooperating in assessing the service quality level<br>. Using information technology devices<br>. Respecting privacy regulations<br>. Applying safety at work regulations<br>. Asking for a refreshment course, when needed, in relation to the professional profile duties and tasks | . The assistance operator role and interpersonal relationship implications<br>. Structure of different working contexts and relevant formal relations<br>. Team-working: dynamics, roles, functions<br>. Main instruments and communication tools in different operative contexts and their use<br>. Main quality monitoring and evaluation tools<br>. Information technology literacy: basic soft-ware applications (spreadsheet, word-processing), electronic mail, the Internet<br>. Elements of professional ethics | Cooperating with specialists;<br>Doing systematic evaluation of work done with a client (cooperate);<br>Acting according to ethics code;<br>Increasing level of delivered caring services (cooperate);<br>Managing and evaluate own work;<br>Obeying health policies;<br>Applying labour code;<br>Access all different source of information and formal advice;<br>Working in a team;<br>Taking responsability for the actions;<br>Applying legal rules related to vocational activity;<br>Describing clients' problems;<br>Using software;<br>Solving problems related to vocational activities. | Elements of sociology with attention to structures and processes of small groups;<br>Elements of work management in care institutions;<br>Elements of information technology;<br>Ethics code. |
| Carrying out the assistance operator role within the welfare network | . Knowing organizational, institutional, informal contexts of socio-sanitary network<br>. Inform the assisted person about available services in the territory<br>. Supporting the patient, the family and other people who work as assistants to get access to services | . Welfare network<br>. Main procedures for sanitary and social bureaucratic practices | Identifying organizations and institutions that work in health field;<br>Involving the family and local community in nursing activities. | Legal rules;<br>Social work management, rule and tasks of institutions ;<br>Health and safety policy. |
| Direct assistance (helping in domestic activities, hygiene and comfort) | . Using techniques of domestic intervention<br>. Managing emergencies<br>. Applying techniques of environment sanification and sanitization<br>. Using techniques of hotel intervention<br>. Using techniques for tidying the living space and preparing beds<br>. Applying techniques to organize, use and eliminate material | . Elements of food and environmental hygiene and preventive treatments<br>. Using of hygiene and sanification products<br>. Protection of living areas<br>. Types of bed<br>. Procedures for elimination of material | First aid provision;<br>Applying health and safety rules. | |
| Patient direct assistance | . Applying direct assistance techniques: with daily living activities and needs according to the patient, with personal hygiene and physiological functions, with ambulating , mobilization, right positioning, with a correct use of aids, medical prescriptions and equipment, with the activities aiming at maintaining the residual psychological and physical capabilities, rehabilitation and functional recovery<br>. Taking care of the corpse, in the absence of professional operators | . Elements of health care and assistance<br>. Anatomy, physiology, physical, psychic and sensory applied pathology<br>. Basic elements of diagnostics, therapy and rehabilitation<br>. Functioning of aids, equipment, replacement devices | Recognising client's needs and problems and analyse obsacles;<br>Applying all sort of therapeutic methods and ways of stimulating client (cooperate);<br>Helping in adaptation to life condition while remaining in an institutional setting ;<br>Helping the client in daily routine needs;<br>Nursing service, health caring and personal sanitation;<br>Stimulating a client to increase his/her life independency;<br>Participating in a rehabilitation process and client's stimulation under supervision ;<br>Motivating the client and undertaking initiatives that help the clients active participation in society. | Health in different life stages;<br>Elements of rehabilitation. |
| Communicating and relating with the patient, the household and the caring staff | . Strategies in managing the relationship with the patient<br>. Respecting of individual's self-determination<br>. Applying techniques of welcoming and giving information about services and roles<br>. Applying different communication techniques<br>. Applying techniques to involve the care-receiver and the family in handling the assistance in daily life context | . Communication theories and techniques (verbal and non-verbal)<br>. Strategies in the relation with the patient | Cooperating with the client and his/her relatives;<br>Recognising and naming social problems;<br>Analyzing social way of acting/behaviours;<br>Preparing the client for managing stress condition;<br>Providing psychological support. | Elements of psychology;<br>Stress management;<br>Rules and methods of communication. |

| | OPERATORE SOCIO-SANITARIO (EQF 4 – 1000 hours course) REGIONE LOMBARDIA (ITALY) | | GESUNDHEIT-UND KRANKENPFLEGERHELFER (EQF 3 – 500 hours of theoretical training e 1200 hours of practical training) GERMANY | | INFIRMIERA (EQF 3 – 720 hours) ROMANIA | |
|---|---|---|---|---|---|---|
| COMPETENCES | SKILLS | KNOWLEDGE | SKILLS | KNOWLEDGE | SKILLS | KNOWLEDGE |
| Carrying out the assistance operator role within the organization structure and service co-operating with the caring staff | . Working in team . Knowing and respecting different roles . Knowing the services organization context . Handling files, charts and forms to record the information noticed during the working activities . Using information technology devices . Cooperating in assessing the service quality level . Respecting privacy regulations . Cooperating in realizing and evaluating training courses for operators | . Structure and dynamics of the organization system . Communication tools and operating modalities in different working contexts . Regulations about communication and information . Basic elements of monitoring tools and quality evaluation | Assisting with documentation and organization; Hospital Information Systems; | Organizational system of hospitals and care institutions | Continuously exchange of information with team members in order to improve the work related to person's condition. | Provisions internal regulation of the workplace; Professional Ethics; |
| Carrying out the assistance operator role within the welfare network | . Knowing local services and functions . Informing the assisted person about available services . Supporting the patient and the family to get access to services | . Welfare network . Main procedures for sanitary and social bureaucratic practices | | | Informing the assisted person and the family about available services and the rights due to; Supporting the neat person and the family to get access to services, with respecting for confidentiality. | Health and care legislation( basic); Main procedures for sanitary and social bureaucratic practices; Knowing local services and functions |
| Indirect assistance (helping in domestic activities, hygiene and comfort) | . Using techniques of domestic intervention (carrying out) . Using safety techniques to reduce the risks for the care-receiver (carrying out) . Using sanification techniques . Using techniques of hotel intervention . Using techniques to prepare beds (carrying out) . Applying techniques to organize, use and eliminate material (carrying out) | . Elements of food and environmental hygiene and preventive treatments . Using of hygiene and sanification products . Protection of living areas . Types of bed . Procedures for elimination of material | Taking hygienic measures; Practicing hygiene, Disinfection; | | Room cleaning is done regularly by using specific cleaning materials, in strict compliance with sanitary regulations; Household waste and debris removal is carried out conscientiously, whenever it needs and stored in special places; Disinfection of objects /tableware is made permanent /whenever it is necessary, for epidemiological chain termination, cleaned after each use with specific cleaning materials; Apply specific techniques in maintaining hygiene linen cared person and change underwear bed as necessary. Collects properly soiled linen and laundry in special bags / containers and stored in specially designed spaces, according to internal regulations; Provide transport and sorting dirty laundry according sanitary standards; Distributed laundry and clean linen according to needs and internal regulation; Kept laundry and clean linen in special places that comply with sanitary regulation | Procedures for elimination of residues. Rules applicable health and safety at work; Elements of environmental hygiene and preventive treatments; Techniques of disinfection and sterilization of the area in which the person cared for lives; Techniques to prepare beds (carrying out); Change of linen and laundry regulation; Laundry storage sanitary regulation; Linen sorting technique; Sanitary standards; |

| | | | | | | |
|---|---|---|---|---|---|---|
| Patient direct assistance | . Applying patient assistance techniques with daily living activities and needs according to the patient (co-operating ) <br> . Taking care of the patient (carrying out): assistance with physiological needs, help with mobility, use of aids, tools, equipment, assistance with activities for maintaining residual psycho-physical capabilities, for rehabilitation, for functional recovery <br> . Using techniques to handle simple activities for diagnostic and therapeutic support (co-operating) <br> . Applying techniques to observe signs and symptoms which indicate changing of the patient's physical conditions and risks arising <br> . Monitoring of vital parameters and using of reflectometer to measure glycemia levels (carrying out) <br> . Taking care of the corpse (co-operating) <br> . Using of BLSD equipment (co-operating) | . Elements of health care and assistance <br> . Anatomy, physiology, physical, psychic and sensory applied pathology <br> . Basic elements of diagnostics, therapy and rehabilitation <br> . Functioning of aids, equipment, replacement devices | Care assistance (elderly, sick, disabled care); Performing care procedures Participating in physical therapy measures Helping with the medical treatment Assisting with patient care; Monitoring patients and how to pass on observation results Checking pulse, blood pressure and temperature Assisting with treatment of wounds and associated with bandage and splints Taking preventive measures Dealing with medical devices and how to maintain them Helping patients with activities of daily living like dressing and undressing, body care, shopping, food preparation and medical or administrative procedures; Rescue, first aid; | Patients' physical needs; Anatomy; Cause of illness and diseases; | Preparing the cared person for medical investigations and for transportation to the hospital (if necessary). <br> Identifies correctly the health of the person cared, to be submitted in time to supervisor/medical assistent. <br> Changes in the health of the person cared for is discussed, where appropriate, multidisciplinary team to be properly assessed; <br> Evaluates the person's autonomy in feeding or hydration; <br> Placing the person cared for, in a comfortable position to be fed and hydrated, according advice and guidance appropriate specialists; <br> Arrange table taking into account of aesthetic criteria and of the person cared particularities; <br> Skillfully gives the person support throughout the operation of feeding and hydration, according to prescribed diet, as well as person's preferences, habits and traditions. <br> Provides personal hygiene care in order to prevent infections and pressure sores; <br> Help the person cared for the physiological needs according to specific techniques. <br> Meets the type of mobilization according to medical team directions and features of person cared; <br> Mobilize people cared properly, tailored to the needs, using specific accessories; <br> Help transport person cared, according to specific techniques; <br> Gives the person the appropriate type of transportation accessories; <br> Join person cared, to carry out investigations on time and place; | mobilization and transport techniques. <br> basics of somatic symptoms; <br> care techniques; <br> food and water needs of the person (prescribed diet); <br> Establishing needs food assistance; <br> Feeding techniques; <br> Placing techniques; <br> Criteria for hygiene and management of solid and liquid food; <br> Emergency response during accidents occurred during feeding. <br> Technical care of different types of people cared; <br> Specific hygienic rules <br> Partial / total bath technique; <br> Change linen technique; <br> Dressing / undressing technique; <br> Technique adult /elder care; <br> Lifting and handling techniques neat person <br> Provisions specific rules of. |
| Communicating and relating with the patient, the household and the caring staff | . Managing strategies in the relationship with the patient (co-operating) <br> . Respecting of individual's self-determination (co-operating) <br> . Applying techniques of welcoming and giving information about services and roles <br> . Applying different communication techniques (co-operating) <br> . Applying techniques to involve the care-receiver and the family in handling the assistance in daily life context | . Communication theories and techniques (verbal and non-verbal) <br> . Strategies and techinques in the relationship with patients | Dealing with sick, very old, dying people, family members and visitors | Patients' psycho-social needs | Use specific language adequate physical, social and educational characteristics of its, according with the communication skills identified to the person cared; | Specific communication techniques and relationship. <br> Applied concepts of verbal and non-verbal communication; <br> Basic psychology; |

| ASSISTENTE ODONTOIATRICO (EQF 5 – 1000 hours course) REGIONE LOMBARDIA (ITALY) | | | ZAHNMEDIZINISCHE FACHANGESTELLTE (EQF 4 – 480 class hours in theory each year – 3 years) GERMANY | | ASYSTENTKA STOMATOLOGICZNA (EQF 2/3 – educational process in %) POLLAND | |
|---|---|---|---|---|---|---|
| COMPETENCES | SKILLS | KNOWLEDGE | SKILLS | KNOWLEDGE | SKILLS | KNOWLEDGE |
| Welcoming patients | . Welcoming patients<br>. Adjusting the chair for maximum patient comfort | . Active listening<br>. Different ways of approaching according to patients<br>. Chair positioning | Patient care | | Preparing the patient;<br>Communication with patients. | Different approach with the patients; |
| Handling appointment booking | . Reading patients charts<br>. Find right times for the procedure required<br>. Using computers | . Softwares | Terminology (medical)<br>Medical Documentation<br>Patient admission, management | | Use different sources of information in order to enhance vocational skills;<br>Use computer; | Software packages. |
| Controlling and updating patients files | . Operating carefully (also as far as administrative matters are concerned) | . Organizing archives (also using computers) | Billing<br>Office and administrative work<br>Practice organization, practice management;<br>Comply with Privacy Policy | Privacy Policy | Keeping a documentation related to the dental office's running and performing administrative actions; | Documentation and accounting. |
| Keeping contacts with suppliers and external co-operators | . Relating with people<br>. Handling an order<br>. Organizing the planning for co-operations<br>. Picking out technical problems of | . Knowing and handling materials<br>. Storage and functioning of tools and equipment | | | Filling buying orders. | Dental materials. |
| Handling daily administrative activities (also using information technology) | . Using genaral office equipment | . Types of instruments<br>. Administrative techniques, filing, main documents used in a dental surgery | Office and administrative work;<br>Creating schedules and monitors; | Documentation related to procedures. | Keeping documentation related to dental procedures and materials. | Documentation. |
| Preparing the area of dental operations | . Preparing the right tools according to dental treatments<br>. Keeping the rooms under safety and hygiene conditions according to the relevant regulations | . Types of instruments and materials<br>. Types of dental procedures<br>. Patient medical situation<br>. Type of assistance<br>. Elements of hygiene and safety | Preparing instruments and materials; | Possibilities of caries and periodontal prophylaxis;<br>Quality assurance measures; | Preparing dentist's office and organization of the workplace;<br>Preparation of dental material;<br>Comply with the codes of health and safety. | Safety elements;<br>The influence of physical and chemical factors (hygiene);<br>Dental instruments and materials;<br>Guidelines and methods of attending to dental procedures. |
| Assisting the dentist during the dental procedures | . Using working tools properly<br>. Managing relations with patients<br>. Following the dentist's indications correctly | . Type of procedure<br>. Ways of relating with patients during the procedure<br>. Equipment | Carrying out measures for prevention;<br>Orthodontics (nursing, assistant)<br>Dentistry assistance | | Cooperating with the dentist while carrying out dental procedures;<br>Using dental instruments;<br>Tidying up the workplace. | Instruments. |
| Handling, preparing and storing dental materials | .Preparing the right materials according to dental treatments<br>. Using instruments properly | . Dental materials<br>. Tools | X-ray assistant | | Preparing dental materials;<br>Using, storing and mantaining dental devices, aplliances and instruments. | Devices;<br>Materials. |
| Tidying, cleaning, disinfecting, preparing tools and equipment | . Operating under safety and hygiene conditions<br>. Verifying health and hygiene conditions (in conformity with regulations) | . Main health and hygiene conditions required according to used instruments<br>. Disinfection and sterilization techniques<br>. Using sterilization supplies<br>. Tools disinfection techniques<br>. Correct use of disinfection products<br>. Elements of hygiene | Prophylactic treatment (Dentistry)<br>Radiation Protection<br>Hospital, practice hygiene<br>Rescue, first aid | Hygiene measures; | Discerning and using disinfectants;<br>Sterilizing dental devices and materials;<br>Tidying up the workplace after a dental procedure. | Disinfecting and sterilizing. |

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| | TATA FAMILIARE (EQF 2) REGIONE LOMBARDIA (ITALY) | | SOZIALPADAGOGISCHE ASSISTENTIN – KINDERPFLEGERIN (EQF 2 – 2/3 years) GERMANY | OPIEKUNKA DZIECIECA (EQF 2/3 – educational process in %) POLLAND | | BONA (EQF 2 – 360 hours) ROMANIA | |
|---|---|---|---|---|---|---|---|
| COMPETENCES | SKILLS | KNOWLEDGE | SKILLS | SKILLS | KNOWLEDGE | SKILLS | KNOWLEDGE |
| Keeping the house tidy and cosy and equipping the rooms considering children's needs. | . Applying modalities of organizing places for children . Applying safety procedures in places for children . Applying rooms cleaning techniques . Applying techniques to take care of toys | . Elements of environmental hygiene . Safety and prevention at home | | ensuring the safety of children; organising the workplace according to ergonomics' requirements; comply with the codes of health and safety, fire and environmental protection | health and safety directions of prophylactic procedures; | Provides environmental hygiene conditions Choose the space according the norms bodily safety of the child; | Elements of environmental hygiene; Safety and prevention at home. Sanitary norms; Environmental hygiene conditions; Modalities of organizing places for children; |
| Taking care of the children aged 0-3 years and promoting their socializing. | . Applying welcoming techniques with children aged 0-3 years . Applying techniques for playing activities with children aged 0-3 years . Applying techniques to prepare food . Applying first aid techniques . Applying supporting techniques to serve meals to children aged 0-3 years . Applying techniques for hygiene and care of children aged 0-3 years | . Elements of social and educational assistance, with reference to private services standards . Elements of personal hygiene . Elements of pediatric first aid . Elements of child psychology . Elements of pediatric nursing | Observation of the behaviour of individual children and small groups Recognising needs Applying adequate methods of education Supporting social learning processes; Playful and educational activities to perception and movement experiences Creating and supporting game situation Providing material Measures of hygiene and personal care Helping children with personal hygiene, getting dressed; Preventive measures for maintaining health Measures for accident prevention and first aid Planning and preparing meals for children in various ages - if possible with the involvement of children Helping and supporting with eating; Stimulating and inspiring children for independent learning and discovery Giving support and initiative | preparing aids for play activities; designing pedagogical interactions, taking the account of the emotional and social spheres of the child; teaching children how to use ho-hum products and toys; catering for biological needs of the child; conducing educational activity catering for psychosocial needs of the child; administer first aid; watching on the compatibility of child's nutrition with the nutrition standards; preparing meals for infants and the children at the post-infant age; planning and organising play activities for particular developmental stages of the child; creating conditions advantagous to versatile and harmonious development of the child; | preparation and selection of aids for play activities child's upbringing in the first four years of life; basis of developmental psychology; first aid | Grant first aid if is necessary Prepare the child and items necessary for the child's toilet, in accordance with its needs and sanitary norms Prepare food according to the child development or set menu by responsible person; Respect meals, hygiene and child preferences; Ensure necessary objects and dining environment; Feeds the child, according to nutritional needs and peculiarities of development; Respect medical prescription and /or diet; Ensure hydration according the needs and child preferences Carrying out with child entertaining activities, according to professionals / parents recommendations, preferences and the level of child development; | Specialized procedures for first aid; Risk situations; Elements of paediatric first aid. Techniques for hygiene and care of children Hydration techniques for children; Techniques to prepare food and serve the meal; Child psychology and pedagogy; Social and educational regulation, with reference to private services standards; |

As the grid shows, Lombardy Region profiles are extremely detailed whereas partner profiles have quite general descriptions. Some skills ('*basic care*' or '*practicing hygiene*') and also some knowledge ('*dietetics*' or '*ethics code*') are too generic to be included in a good competence matrix.

Therefore it will be necessary to come to an agreement with partners in order to develop the final grids of competence areas with more detailed descriptions based on each country training programme.

## Annex 1 - Glossary[2]

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| **Assessment** | It refers to the check of the competences declared by the candidate |
| **Assessor** | Is an expert, that is a professional with adequate training and experience regarding specific professional areas for which the learner is demanding the certification |
| **Certification of the results of learning** | The process of attesting officially learning outcomes achieved through the awarding of units or qualifications |
| **Competence** | The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy |
| **Credits for learning outcomes** | A set of learning outcomes achieved by a person who has been assessed and which can be accumulated towards a qualification or transferred to other learning programs or other qualifications |
| **ECVET** | A method that describe a qualification in terms of units of transferable learning outcomes (knowledge, skills, competence) linked to credit points |
| **ECVET points** | Numerical representation of the total weight of learning outcomes in a qualification and the relative weight of units in relation to the qualification |
| **ECVET transfer process of learning outcomes** | The process of learning outcomes transfer is a transaction among qualified auditor agencies issuing the qualification and / or learning credits |
| **EQF European Qualification Framework** | The EQF is a common European reference frame work linking countries' qualifications systems together, acting as a translation device to make qualifications more readable and understandable across different countries and systems in Europe. It has two principal aims: to promote citizens' mobility between countries and to facilitate their lifelong learning. In the EQF a learning outcome is defined as a statement of what a learner knows, understands and is able to do on completion of a |

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[2] **Sources of Definitions Adopted**

- *Recommendation of the European Parliament and the Council of 18/06/2009 on the establishment of a European Credit System for Vocational Education and Training (ECVET)*
- *Recommendation of the European Parliament and of the Council on the establishment of the European Qualifications Framework for lifelong learning (April 2008)*
- *European Credit System for Vocational Education and Training (ECVET) - working document Commission Staff - Brussels 31.10.2006 sec (2006) 1431*

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| | learning process. The EQF emphasises the results of learning rather than focusing on inputs such as length of study. Learning outcomes are specified in three categories: knowledge, skills and competence. This signals that qualifications – in different combinations – capture a broad scope of learning outcomes, including theoretical knowledge, practical and technical skills, and social competences where the ability to work with others will be crucial |
| **Evaluation of learning outcomes** | Methods and processes used to establish the extent (credits) in which a person has in fact attained particular knowledge, skills and expertise |
| **Formal learning** | It refers to the institutional and formalized learning of skills (formal learning) specifically structured and organized (in terms of objectives, time and supports) and aimed at learning, in which the individual is involved in order to develop specific competences. This context is made up of the education system and of the vocational training system, that is the training courses provided by institutions |
| **Informal learning** | It refers to a structured, organized learning but it doesn't belong to the education system and the vocational training system (non-formal learning) |
| **Knowledge** | The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of the European Qualifications Framework, knowledge is describe as theoretical and/or factual |
| **Learning outcomes** | Statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence |
| **National Qualifications Framework** | An instrument for the classification of qualifications according to a set of criteria for specified levels of learning achieved, which aims to integrate and coordinate national qualifications subsystems and improve the transparency, access, progression and quality of qualifications in relation to the labour market and civil society |
| **National Qualifications System** | All aspects of a Member State's activity related to the recognition of learning and other mechanisms that link education and training to the labour market and civil society. This includes the development and implementation of institutional arrangements and processes relating to quality assurance, assessment and the award of qualifications. A national qualifications system may be composed of several subsystems and may include a national qualifications frame work |

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| **Non - formal learning** | It refers to the learning of competences not designed for this purpose, but it trains the person; so, this development isn't an intentional operation of the individual (so it is non - formal learning). (life experiences, work ...) |
| **Profile** | Professional qualification |
| **Qualification** | A formal outcome of an assessment and validation process which is obtained when a competent body determines that an individual has achieved learning outcomes to given standards |
| **Skills** | Means the ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of the European Qualifications Framework, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) or practical (involving manual dexterity and the use of methods, materials, tools and instruments) |
| **Units of learning outcomes** | An element of the qualification, consisting of a series coherent of knowledge, skills, that can be assessed and validated. The unit can be the smallest part of a qualification and be the subject of the evaluation, validation and eventually being certified. A unit can belong to a single qualification or common to several qualifications.<br><br>The Unit for ECVET is composed of: title, list of knowledge, skills, skills that compose it, criteria for evaluating the learning outcomes match |
| **Validation of learning outcomes** | The process of confirming that certain learning outcomes assessment, obtained by a person, correspond to specific outcomes that may be required for a unit or a qualification |