WHO-FIC NETWORK MEETING

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Report on ICF Workshop Thailand

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Recommendations for the Implementation and Education Committees:

- Continue to look for opportunities to offer ICF training where members of the Network hold meetings, if there is an interested local host who can help organize and provide support
- Design training with a mix of plenary presentations, case studies and small group sessions and consider alternative approaches for dealing with language issues
- Develop a suggested core curriculum for a one-day and a two-day general ICF educational session, drawing on this workshop and the experiences of countries that have delivered training on ICF, as identified in the Information Collection project
- Consider developing a "library" of modular PowerPoint presentations that can be used and adapted in ICF educational sessions according to the purpose of the session and the available time. Modules might include:
    - Introduction to WHO-FIC
    - Introduction to ICF
    - Coding exercises
    - Specific examples of applications in several areas and countries
    - Specific areas of application (e.g., census, surveys, policy, clinical)
    - Process for developing an implementation plan for a particular country and application area
- Develop a suggested core curriculum for advanced ICF training, with input from the Disability Italian Network
- Encourage experts to develop core curricula and a library of training materials for specific areas (e.g., clinical, statistical, administrative, policy applications)
- Consider developing a tool kit for organizing, conducting and evaluating ICF workshops

Abstract

In collaboration with the Sirindhorn National Medical Rehabilitation Centre, the WHO-FIC Network held a two-day "ICF Workshop Thailand" on May 2-3, 2005 in Bangkok, Thailand. Approximately 87 participants from throughout Thailand attended the workshop. The purposes of the workshop were to provide practical information on ICF tools and applications worldwide and to facilitate development of an action plan for implementation of ICF in Thailand. In addition to plenary sessions and presentations, break-out sessions identified directions and actions for ICF implementation in Thailand. Preliminary action plans were initiated around the four international priority areas: censuses and surveys, health outcomes at clinical and service level, administrative and clinical information and records, and social policy field. This workshop fulfilled the goal identified at the 2004 WHO-FIC Network meeting to focus on activities to raise ICF awareness and to explore holding an educational session in 2005 in one country not represented by a collaborating centre. Workshop participants expressed satisfaction with the content and format of the sessions and also offered suggestions for improvement. Lessons learned from this successful workshop can guide future ICF educational activities.

*The authors express sincere appreciation to Dr. Pattariya Jarutat, Director of Sirindhorn National Medical Rehabilitation Center, who made this workshop possible. The authors also thank Dr. Jarutat, Nenad Kostanjsek, Dr. Geoffrey Reed, Catherine Sykes and Dr. Bedirhan Ustun, the other workshop organizers and presenters, for their contributions and suggestions to the paper.

Content

Report on ICF Workshop Thailand 1
Recommendations 1
Abstract 2
Introduction 4
Workshop Planning..... 4
Conduct of Workshop 5
Workshop Evaluation and issues identified……..……..…7
Summary and lessons learned 8
Recommendations for the Implementation and Education Committees 9
Appendix 1:Participants 10
Appendix 2: ICF Workshop Final Agenda..... 11

Introduction

In collaboration with the Sirindhorn National Medical Rehabilitation Centre, the WHO-FIC Network held a two-day "ICF Workshop Thailand" on May 2-3, 2005 in Bangkok, Thailand. Approximately 87 participants from throughout Thailand attended the workshop. The purposes of the workshop were to provide practical information on ICF tools and applications worldwide and to facilitate development of an action plan for implementation of ICF in Thailand. This workshop fulfilled the goal identified at the 2004 WHO-FIC Network meeting to focus on activities to raise ICF awareness and to explore holding an educational session in 2005 in one country not represented by a collaborating centre. Workshop participants expressed satisfaction with the content and format of the sessions and also offered suggestions for improvement. Lessons learned from this successful workshop can guide future ICF educational activities.

Workshop Planning

The idea for an ICF Workshop in Thailand was first discussed at the 2004 WHO-FIC Network meeting in Reykjavik, Iceland. Dr. Pattariya Jarutat, Director of Sirindhorn National Medical Rehabilitation Center (NMRC), invited the WHO-FIC Planning Committee to hold its mid-year meeting in Thailand. This generous invitation offered the opportunity to organize a workshop on ICF following the meeting of the Planning Committee. Sirindhorn NMRC is a component of the Ministry of Public Health (MOPH) and serves as focal point in Thailand for health care of the disabled persons; it has been studying ICF with multidisciplinary academics in the disability field from relevant ministries since 2002. The team was responsible for translating ICF into the Thai language in 2005.

The Chair of the Implementation Committee communicated with Dr. Jarutat following the Reykjavik meeting to identify workshop objectives. The decision by the WHO-FIC Network Planning Committee to meet in Bangkok provided the impetus for the MOPH to formally designate a committee for ICF implementation development from the following relevant users:

- Ministry of Social Development and Social Security
- Ministry of Education, including all faculties of Medicine
- National Statistics Office.
- Ministry of Labour
- Bureau of Social Insurance
- Ministry of Public Health, including Office of National Health Security Scheme
- Disabled Persons organizations
- Medical professional academics

The group identified the following areas of interest for the workshop:

- ICF implementation in different countries
    - Clinical approaches, including Core Sets
    - Survey applications

  - Use for outcome measurement and reimbursement
  - Application for employment and social security
  - Examples in policy uses
- Relation with the emotion and intelligence assessment
- Disability certification in national standard
- Example for user guide and national minimum data set

Dr. Jarutat's team suggested as an overall theme for the workshop, "ICF, Holistic health management." They also expressed interest in one or more ICF demonstration projects emerging as a outcome of the meeting.

Based on this input, a program, speakers and content of the sessions were agreed collaboratively. WHO staff developed a draft agenda and convened a conference call of workshop presenters. During the call, Dr. Jarutat provided information on the professional interests of the anticipated participants and their knowledge of ICF. The MOPH had provided a briefing on ICF in February for the relevant agencies to assure a level of familiarity with the classification prior to the workshop. The Education Committee and Implementation Committee chairs agreed to work with Dr. Jarutat on an evaluation form to be completed by workshop participants; obtaining such feedback was important both for the Thai workshop sponsors and the WHO-FIC Network.

To the extent possible, all persons who had agreed to present at the workshop sent their presentations to Dr. Jarutat by e-mail so copies could be made for the workshop participants.

Conduct of Workshop

The ICF Workshop Thailand was held on May 2-3, 2005 at the Royal River Hotel in Bangkok. With the exception of the Thai presenters, all presentations were in English. The MOPH team provided translation on a limited basis where necessary. All arrangements for the facilities, audiovisual equipment, breaks and lunches were made by the Sirindhorn NMRC. The hospitality for which the Thai are justly famous was everywhere in evidence.

Participants
Approximately 87 persons registered for the workshop. About two-thirds attended both days of the workshop. Nearly half were clinicians (e.g., physicians, nurses, therapists, social workers); the other half represented government agencies, professional organizations, educators, researchers and organizations for people with disabilities. The full range of participants is detailed in appendix 1.

Agenda
The final agenda is contained in appendix 2. Persons wanting more detail on the program can contact Dr. Jarutat or the authors. On the first day, the group learned of a project conducted by a rehabilitation physician in Chiang Mai, Thailand to develop an ICF Checklist for Spinal Cord Lesion Patients; the developer of this tool was asked to make a short presentation before the small group sessions on the second day. This was extremely informative.

Small group sessions
The small group sessions lasted approximately 90 minutes. Participants divided into four groups generally around the international priority areas identified at the 2004 WHO-FIC Network meeting in Reykjavik:

1. Censuses and surveys
2. Health outcomes at clinical and service level (health gains)
3. Administrative and clinical information (records)
4. Social policy field (including disability certification, education, labor market and legislation)

Each group was asked to:

1. Identify the aim of ICF implementation
2. Identify stakeholders
3. Identify barriers and facilitators
4. Define steps towards implementation
5. Suggest resources (e.g., money, training) needed

Although the WHO-FIC Network presenters had been asked to facilitate the small group sessions, it quickly became apparent that the participants would be much more comfortable speaking in Thai. The organizers quickly re-grouped and agreed that the WHO-FIC team would facilitate jointly with a Thai participant. The flip charts, on which answers to the above questions were recorded, were completed in English. This allowed the members of the small groups to discuss issues in Thai, with some translation for the facilitators.

Following lunch, a rapporteur from each group summarized the results of the respective group's discussion on PowerPoint slides prepared by the Thai team from the flip charts.

Several common themes emerged from the small group sessions.

Aims of ICF implementation	Reflect full spectrum of ICF, holistic evaluation, make comparisons (for individual patients, within Thailand and with other countries), improve quality of care and quality of life
Stakeholders	Government ministries, insurance companies, social welfare, NGO's, health team, patients and their families, schools and educators,
Barriers	Lack of awareness and education about ICF, lack of budget, lack of consensus and resistance to change, lack of enforcement (reimbursement policy), workload
Facilitators	Government policy, education and training, professional

	organizations and experts, advocacy
Steps toward implementation	**Education and training** of all stakeholders, including public awareness; communication, workshops, pilot projects
Resources needed	Experience of national and international **Experts** (e.g., SNMRC, government agencies, WHO, WHO-FIC Network), **Budget** for training, media awareness campaign, staff; standard modules and curricula

Workshop Evaluation and issues identified

The Thai team analysed the results of the evaluation and prepared a final workshop report with copies of the training materials. The plan is to post the report on the WHO-FIC Education Committee collaborative workspace. The evaluation was completed by approximately 62% of those who attended the first day and 52% of the second day attendees. The majority of respondents on both days indicated that they were "more satisfied" (the second highest choice after "most satisfied") with the ability to apply knowledge from the workshop into their current jobs and the content of the workshop. A smaller number marked either "most satisfied" (the highest choice) or "satisfied" (the middle choice), whereas only one or two indicated "less satisfied". There were no "least satisfied" (the lowest choice) responses. Similarly, most presenters were marked on content and presentation style at "more satisfied". In the future, the authors suggest using numerical response categories (i.e., 1-5, with 5 the highest and 1 the lowest) because of some confusion caused by using comparative terminology such as "more" or "less" satisfied.

Comments received from the attendees on their evaluation forms were especially useful. Although participants were expected to have a working knowledge of English, several indicated that language had indeed been a barrier. Suggestions included:

- Translate, conclude each part into Thai or provide a translator
- Present the first workshop in the Thai language in order to give basic information to the participants. Then the second workshop can include the experts from WHO
- Provide more handout materials in larger font sizes
- Provide and distribute all the materials beforehand because the lectures are in English; we cannot catch up the contents well by listening alone.

Other suggestions included interest in more concrete examples of ICF use and practice using the ICF coding system:

- Should separate level of workshop according to the basic knowledge of ICF of participants
- Should give us more concrete view other than just tell the process, such as examples implemented in various countries, experience of their uses, obstacles and how do they solve those problems

- The next step should have a presentation from Thai people who had experience with ICF in their work
- The next step should have training and trials with real condition
- The workshop should provide more chances to practice using ICF

Comments on the small group sessions included:

- The purposes of this workshop are brainstorming for improvement of ICF and implementation in Thailand, but the participants in small group discussion are not key persons. How can we hope that the implementation will occur?
- (Need to learn) how to gain support from policymakers in our departments
- Small group sessions seem to have less benefit for newcomers

Whereas one commenter suggested that the small groups should group people from similar background or responsibility, a second person commented that mixing of people from various backgrounds helps participants to know each other in the area of ICF. The organizers had debated how to place participants in small groups and had decided to let people self select according to the topic.

At least one respondent wanted more time for participants and lecturers to talk and learn from each other, and one asked, "When will be the next meeting for ICF in Thailand with these resource persons?"

Summary and lessons learned

In summary, the participants seemed to find the workshop informative and useful but experienced some understandable difficulties with the delivery in English and were eager to learn more about specific examples of successful implementation of ICF. It is likely that they thought more progress had been made in other countries than perhaps is the case. However, this certainly argues for continuing the WHO-FIC Network effort to collect substantive information on ICF implementation activities, a high priority of the Implementation and Education Committees.

In any training session for a diverse group of attendees, it is always necessary to strike a balance between introductory information and more advanced training, such as coding exercises; this was also the case in the Bangkok workshop, where the situation was further complicated by language challenges. In general, the mix of presentations, exercises and group discussion for a diverse group was quite good. The organizers tried to accommodate all of the interests and suggestions of the Thai committee for presentations and topics. However, as a result, the agenda may have included too many plenary presentations, especially in light of the language issues. In addition, there was insufficient time for in-depth training in a specific application (e.g., clinical or statistical).

The workshop was an excellent opportunity for the WHO-FIC Implementation and Education committees to organize and learn from conducting an educational session in a country outside of

the collaborating center network; however, it would not have been possible without the outstanding support of the local hosts, Dr. Jarutat and the Sirindhorn NMRC. It is hoped that the participation by WHO and several WHO-FIC collaborating centres demonstrated international interest in ICF implementation and in the Thai experience and gave impetus to development of action plans for ICF implementation that can be pursued further by the Thai stakeholders and officials.

Recommendations for the Implementation and Education Committees

Based on the experience of organizing and conducting this workshop and the evaluations received, the Implementation and Education Committee Chairs suggest that the committees consider the following recommendations:

- Continue to look for opportunities to offer ICF training where members of the Network hold meetings, if there is an interested local host who can help organize and provide support
- Design training with a mix of plenary presentations, case studies and small group sessions and consider alternative approaches for dealing with language issues
- Develop a suggested core curriculum for a one-day and a two-day general ICF educational session, drawing on this workshop and the experiences of countries that have delivered training on ICF, as identified in the Information Collection project
- Consider developing a "library" of modular PowerPoint presentations that can be used and adapted in ICF educational sessions according to the purpose of the session and the available time. Modules might include:
    - Introduction to WHO-FIC
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    - Coding exercises
    - Specific examples of applications in several areas and countries
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    - Process for developing an implementation plan for a particular country and application area
- Develop a suggested core curriculum for advanced ICF training, with input from the Disability Italian Network
- Encourage experts to develop core curricula and a library of training materials for specific areas (e.g., clinical, statistical, administrative, policy applications); several groups in the WHO-FIC Network have experience in this area. For example, the WHO has organized regional workshops on survey applications of ICF. In the clinical area, the multidisciplinary professional organizations involved in developing the Procedural Manual and Guide for a Standardized Application of the ICF: A Manual for Health Professionals have developed PowerPoint presentations customized for specific clinician groups, and in Cologne, the Network heard about a workshop for physiotherapists held at the International Congress for the World Confederation for Physical Therapy.
- Consider developing a tool kit for organizing, conducting and evaluating ICF workshops

Appendix 1

Participants
The ICF Workshop 2-3 May 2005

Position	No.	Position	No.
Health senior officers (Medical info. -1, mental health-1, national health security office-1	3	Royal college of physicians (Ophthalmology, Rehab medicine, Family med)	3
Physicians (Rehab med-5, Ophthal-5, Pediatricians-2)	12	Representatives from organizations of and for people with disabilities (blind, mental health, mobility, DPI AP)	6
Physiotherapist	5	Nurses	15
Occupational therapist	2	Researchers (disability, health equity)	3
Director, medical and rehab unit, social security office	1	Statisticians (Bureau of National Statistics)	4
Speech pathologist	2	Master degree students	2
Audiologist	1	Social workers	3
Medical scientist	2	Public health officers	4
Instructor (college for people with disabilities, nurses college)	2		

Appendix 2

ICF Workshop Thailand
2-3 May 2005
Bangkok
Final Agenda

Monday, 2 May

Chair: Marjorie Greenberg

9:00 – 9:30 **Report** by Dr. Pattariya Jarutat

Opening & Welcome by Dr. Surawit Techathuvanun (Deputy Director-General, Medical Services Department)

9:30 – 10:00 **ICF as part of the WHO Family of International Classifications**
(Presentation and discussion, Dr. Bedirhan Ustun, WHO)

10:00 – 10:30 **The added value of ICF in measuring health and disability in clinical settings and at population level**
(Presentation and discussion, Nenad Kostanjsek, WHO)

10:30 – 11:00 **Coffee Break**

11:00 – 12:00 **ICF in Thailand – Overview and Update on ICF-related activities**
(Presentation and discussion, Dr. Pattariya Jarutat, ICF collaborators in Thailand)

12:00 – 13:00 **ICF in Australia and implementation in rehabilitation**
(Presentation, discussion and case examples, Catherine Sykes, Australian CC)

13:00 - 14:00 **Lunch Break**

14:00 – 14:45 **The WHO Disability Assessment Schedule (WHO DAS II) – Overview and application experience**
(Presentation & discussion, Nenad Kostanjsek, WHO)

14:45 – 15:30 **ICF in the Netherlands – Implementation experience from various sectors**
(Presentation and discussion, Dr. Marijke de Kleijn, Dutch CC)

15:30 – 16:00 **Coffee Break**

16:00 – 16:30 **ICF in North America – Implementation experience from Canada and the United States**
(Presentation and discussion, Marjorie Greenberg, North American CC)

16:30 – 17:00 **Wrap Up**
(Meeting Chair and working group)

Tuesday, 3 May

Chair: Marjorie Greenberg

9:00 – 9:10 **Summarize/Review the 2 May sessions**
(Marjorie Greenberg)

9:10 – 9:40 **U.S. Clinical Application Manual for ICF - Overview**
(Presentation and discussion, Dr. Geoffrey Reed, APA)

9:40 – 10:30 **Using the U.S. Clinical Application Manual for ICF**
(Presentation and discussion, Dr. Geoffrey Reed, APA)

10:30 – 11:00 **Coffee Break**

11:00 – 13:00 **Identify areas and steps for ICF implementation in Thailand**
(Group work facilitated by resource persons)

13:00 – 14:00 **Lunch Break**

14:00 – 14:45 **Working group presentations**

14:45 – 15:30 **Way forward**
(Plenary discussion moderated by Meeting Chair)

15:30 Adjourn