WHO-FAMILY OF INTERNATIONAL CLASSIFICATIONS NETWORK MEETING 2005

ICF-DIN Training for EU MHADIE project

European experience on ICF training

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Abstract This poster presents the first experience of an European training program on ICF. The ICF DIN training was held within the EU 6 Framework Program's Project MHADIE . The training course, held by Italian teachers and organized by DIN – Disability Italian Network – exported to members of 10 European countries the experience developed in the past three years within the ICF in Italy project. Preliminary results and training methodology for international settings are discussed.

Introduction

Measuring Health and Disability in Europe: supporting policy development (MHADIE) is a research project financed for the years 2005 – 2007 by the European Commission's Sixth Framework Programme. This wide European consortium of 16 partners from 10 countries, including WHO and EFNA (World Health Organization and the European Federation of Neurological Associations), coordinated by Dr. Leonardi of Italian National Neurological Institute C. Besta, will develop a framework to influence and support new European policy guidelines on health and disability through statistical, clinical and experimental research, and will use the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as a cross-cutting universal framework and international standard.

Valid and reliable information are essential to design, implement or evaluate policies and legislation to combat discrimination and promote social integration, participation and enhance opportunities. Disability is a multi-dimensional phenomenon arising out of an interaction between the individual's health status and the physical and social environment. Disability data, and the instruments to measure them, must reflect this bio-psychosocial model of disability. In MHADIE, ICF will be used to provide the framework for documenting the interaction between health status and environmental features, and the differential distribution of disability among different groups in different contexts. This Co-ordination action will demonstrate the feasibility and utility of the ICF model in the classification of types and prevalence of impairments, therefore using already existing measurement instruments.

This project is aimed to give evidence that data currently being collected, nationally and internationally, embody conceptual confusions, inconsistencies and ambiguities about disability and the relationship between health conditions, impairments and other environmental factors. The project objectives are:

1) to use the ICF model as the structure for analyzing existing general population health surveys and education statistics data;

2) to show that the ICF model is adequate for describing and measuring patterns of disability in clinical samples of selected conditions, in different countries cross-sectionally and over time as well as feasible and useful in clinical, rehabilitation and educational sectors;

3) to produce policy recommendations and guidelines concerning how the existing sources of data can be harmonised with the ICF model.

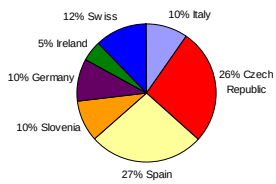
To achieve these objectives, one of the main steps has been to train all the partners to the use of ICF with the same methodology, so as to really develop a common language and a common coding strategy throughout all the centres involved in MHADIE. Although all the centres working in MHADIE have different levels of involvement on ICF development, it has been agreed that a common training was useful for all the professionals involved, including the most ICF experienced.

In MHADIE, ICF training is preliminary to data collection and all the other actions foreseen by the project, but coding strategies on ICF checklist, ICF core-sets and WHO-DAS II reveal to be essential for all those centres involved in clinical and rehabilitation data collection.

All MHADIE partners participated to ICF-DIN basic course, partners involved in statistical, clinical and rehabilitation research with ICF took the ICF-DIN advanced course too.

Disability Italian Network has achieved a considerable expertise in training on the ICF through over sixty training courses held in Italy during 2004-2005 during the "ICF in Italy Project". DIN's training strategy has shown to be effective in creating standardized methodology in all trainees with multidisciplinary background and through MHADIE this strategy has been validated internationally, and some preliminar results are discussed.

Figure 1
Home-Country of trainees



Methods & Materials

Training on ICF, prepared by the Disability Italian Network – DIN (Leonardi et al., 2005), has been adapted for MHADIE project so as to provide an European perspective to disability issues and to adapt training on coding strategies to MHADIE's specific purposes. The ICF-DIN course was held in Madrid in June 2005, and is divided in two steps: ICF-DIN basic and ICF-DIN advanced courses. We had a total of 70 people, from all MHADIE countries (Belgium, Czech Republic, Germany, Ireland, Italy, Slovenia, Spain, Sweden, Switzerland, Romania) following the ICF-DIN basic course, and of them 44 followed the full course (Figure 1).

ICF DIN Basic Course

Basic course is mainly oriented to present the concepts that underline ICF classification,its development from ICIDH, its impact on professioanl areas of expertise and its relevance in MHADIE project. ICF DIN basic course was divided into 6 different modules and teachers were from Italy as well as from WHO (Leonardi, Martinuzzi, Ustun) . After a brief presentation of MHADIE and how EU supports this common educational activity, the course covers all the following areas:

The first five modules are in plenary, frontal session. The first and second modules describe ICF implementation in the world; the third module presents the basic principles of ICF and its structure is based on the concept that health does not mean only absence of illness, but tension toward a full and healthy balancy from a physical, psychic, spiritual and social point of view; disability does not mean only handicap, difficulties, but takes into account also the positive functioning. Third module also highlights that ICF is based on a biopsychosocial model, which links the medical approach, mainly focused on symptoms, with the social model, focused on the person's context.

The key feature of fourth module is focused on differences between assessment and classification, pointing out that ICF is a classification tool, that gives a description of the person's functioning. The module addressed then the shift from ICIDH to ICF, and WHO-FIC members.The fifth module is characterised by practical work and focuses on ICF structure, describing each component, then explaining how to use qualifiers for each component. Finally some case-vignettes purposely prepared for MHADIE's project were presented. The last module of ICF-DIN basic course consists in a workshop session with group discussion on ICF's impact and usefulness on daily practice: participants were divided in two groups with two different tutors, whose role was to facilitate discussion between persons with different professional skills. Participants had to address the following questions: 1) who should use ICF; 2) how and when can ICF be used in a multidisciplinary team; 3) positive and negative aspects in using ICF: opportunities and problems.

ICF-DIN Advanced Course

The aim of the three-days ICF DIN advanced course is to explore ICF organisation and structure; to learn how to use codes and qualifiers; to learn how to code with ICF checklist and core sets and to use WHO-DAS II (Teachers: Leonardi, Martinuzzi, Raggi, Frare).

On the **first day**, in plenary session, the teaching aims at refocusing on some conceptual issues and showing how to code one clinical case, main educational topics are ICF's basic conceptual structure and organisation, use of codes and coding guidelines. Use of qualifiers, generally and in ICF checklists has been described in details. Learning ICF coding strategies by means of case-vignettes and problem analysis as well as using ICF checklist as a tool for classifying and describing functioning and disability was described and finally a practical case was presented and discussed. The **second day** was divided in workshops and plenary sessions, and aimed at teaching coding and decoding strategies with ICF checklist. Through working in multidisciplinary groups, participants had to code a case-vignette, that was then reviewed in plenary session where also problems about coding methodology were discussed. Again divided in groups, trainees then received a filled checklist and they had to write a corresponding case-vignette which was then read in plenary session, to evaluate common and different elements and to show how different groups, due to their different composition, reported different stories, although stories had captured all the key features of the case in similar ways through ICF. The **third day** focused on WHO-DAS II, its structure and its practical application as well as on ICF Core sets and their use in rehabilitation. Part of the time was dedicated to final questions, foreseen problems and ethical issues concerning, in particular, research protocol presentation to Ethical Commitees.

Distance learning (DL): 3 months. All MHADIE pupils are being followed by DIN's tutors along the DL part of the training.

Results

Disability Italian Network has achieved a considerable expertise in training on ICF. This expertise has been built over sixty training courses held in Italy and two international courses, one held in Makedonia, and the other held in Madagascar. MHADIE training represented an unique opportunity to widespread DIN's education and training methodology at international level. DIN's training strategy has therefore been validated, and some preliminar results concerning its effectiveness are available. The comparison of correct answers percentage to the same questions, concerning ICF model and application, before and after the training courses shows that there is a trend of improving correlated to the steps of education. Results coming from the "ICF in Italy project", that have trained more than 4000 italian professionals, and includes a large training program financed by the Italian Ministry of Welfare, shows that mean percentage of correct answers is 91,6% (±7,5) after basic course, and 97,2% (±2,8) after advanced course.

Although MHADIE distance learning training has not been completed yet, some preliminary results are discussed.

With regard to MHADIE training, DIN had better responses than those coming from the Italian experience, due to the fact that most of the trainees were already experienced in using ICF, because some of them participated to WHO effort to release the classification.

With regard to Junior researchers, preliminary comments and information, coming mainly from forum participation during Distance Learning, seem to underline that practice on clinical case-vignette is an effective methodology for implementing practical knowledge on ICF application. In november 2005, final exams on MHADIE training will give DIN more extensive results, in term both of correct answers to the final test and in term of common use of codes and qualifiers.

Conclusions

ICF is a complex tool: following the educational experience at national and internationa level DIN recognized that it requires learning of contents at three levels.

First, ICF is a classification, whose hierarchical structure and code content are the basic knowledge for its utilization. This basic knowledge requires, per se, quite a long time of application, because ICF is composed of more than 1400 codes, that are necessarily to be known to use an international classification, comparable in all the world and in different settings.

Second, ICF and ICF related tools too require a specific training. While learning WHO-DAS II is just a matter of time and practice, ICF checklist administration requires a special training, due to its peculiar codification rules, once learned ICF checklist coding also ICF core set coding is understood.

Third but not less important, ICF represents a cultural background. Learning and endorsing the biopsychosocial model of disability means accepting that different models of disability alone may be not the most correct and useful: one of the key-points is to keep the person as centre of work, and to consider the person in his/her environment, whose features may increase or decrease his/her functioning.This also requirs one of the most intensive efforts.

The need for an international training on ICF was necessary to really have a common language, that will really enable MHADIE consortium to measure health and disability in different European countries, in different health conditions, and in different settings. Up to date, ICF-DIN basic and advance courses were the only possible answer to this need: further data on the outcomes of DIN training will allow us to present more complete results and to better verify the efficacy of our training methodology.

However one of the main goal has been already achieved and is that in 10 countries. Different groups of users with different background are accepting and trying to endorse the byopsychosocial model and are using the same coding methodology in different fields. This is what WHO defines developing " a common language " and what EU hopes to achieve within a co-ordination action.

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