



Entry-level Guide - Supporting the access to courses based on oMERO Curriculum

Integration to IO3

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1 Introduction

In the framework of IO3, oMERO partners identified the need to integrate the guidelines planned in the project proposal (Designers' Kit) with an additional guide aimed to support HE designers in the identification of the proper **entry level** for the implemented courses. In particular, some issues were raised about future participants of courses based on the oMERO VDR Curriculum.

The entry level for a course implementing the VDR Curriculum should be at least an EQF 6 level, corresponding to an undergraduate degree (3 years) and professionals with an EQF7 level, such as psychologists, could enter the Curriculum as well. However, there are many differences from one country to another with regard to the professionals who can 'practice rehabilitation' and thus 'effectively spend the VDR qualification obtained on the labour market'.

Therefore, a survey was conducted among the oMERO project partners and it was decided that an **entry-level guide** was necessary.

The survey highlighted that EU countries are divided into two categories:

- A. **Type A Countries**, such as Italy and France, where it is the law that determines which professionals can do rehabilitation;
- B. **Type B Countries**, such as Sweden and Lithuania, where it is sufficient to have the appropriate training and skills to enter the rehabilitation profession and there is no law on the subject.

This meant that by compiling a European-wide list of professionals (and their qualifications) entitled to access the course, Type B-countries would have been limited. Likewise, by ignoring Type A-countries, in places like Italy and France it would not have been possible to implement the curriculum.

Consequently, to avoid neutralizing the 'transferability' of the VDR curriculum, it was decided to focus on the preliminary competences.

In this way, specific solutions (presented in Section 3) may be tailored to the specific country, based on the laws and rules available for the rehabilitation field.

2 Competences preliminary to the VDR curriculum

During the Gothenburg meeting, participants were asked to identify which of the skills initially recognized as preliminary were not contained in the curriculum and were thus actually preliminary to it.

These competences were identified through a *drag and drop* activity and were organized in three different topic areas:

- Medical and psychological
- General health, sociology and pedagogy
- Mobility and ergonomics areas, transversal skills

Each competence was then enriched and detailed by using a document (see Figure 1) that, during the last year, partners completed with a thorough description of the content of each competence deemed to be preliminary.

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| <p>UoL1 TO EVALUATE VISUAL AND GLOBAL (OVERALL) FUNCTION AND CAPABILITY IN VIP IN COLLABORATION WITH THE WIDER HEALTHCARE TEAM</p> | <p>PRELIMINARY KNOWLEDGE:</p> <ul style="list-style-type: none"> ○ Basics of biology: cells and tissues <ul style="list-style-type: none"> ▪ Components of the cell: name and function <ul style="list-style-type: none"> ▪ nerve cells: shape, positioning, functioning of axons and synapse ○ Basics of anatomy of the human body <ul style="list-style-type: none"> ▪ Identify and name muscular and skeletal system, cardiovascular system, respiratory system, digestive system ▪ principles of neuroplasticity ○ Basics of human physiology <ul style="list-style-type: none"> ▪ CNS (Central Nervous System): name parts of the brain and main functions ▪ principles of neuroplasticity ▪ basics of efferent nervous system ▪ basics of afferent nervous system ▪ locomotor system |
|--|--|

Figure 1: Screenshot taken from the document on preliminary competences written by partners during the last year

The competences are listed below and, when it was possible to go back to a higher level of detail, the corresponding description was entered.

A. MEDICAL AND HEALTH-RELATED AREA

- Identify and name the main elements of the **anatomy** of the human body:
 - CNS (parts of the brain)
 - Eye, extraocular muscles, and orbit
 - muscular and skeletal system,
 - cardiovascular system,
 - respiratory system,
 - digestive system
- Outline concepts of **human physiology**:
 - CNS (main functions, neuroplasticity)

- Eye
- Basics of efferent and afferent nervous system
- Locomotor system and eye movements
- Light perception and vision
- Outline concepts of neurological system:
 - Cognitive functioning
 - Perceptual systems functioning and description of special sense organs
 - Neurological path converting stimulus into sensation
- Outline fundamental rules of **hygiene**
- Outline fundamentals of **prevention and describe the main health and wellbeing** guidelines (eating habits, exercise...)
- Outline concepts of **biology**:
 - Cells (components of the cells, names and functions, nerve cells: shape, positioning, functioning of axons and synapses)
 - Tissues
- Define the concept of **sensoriality**: the five senses and proprioception
- Outline the main **diseases** involving sight loss:
 - congenital (inborn) diseases,
 - degenerative diseases,
 - inherited diseases,
 - metabolic diseases,
 - neoplastic diseases,
 - physical agent–induced diseases,
 - psychogenic diseases.

B. PSYCHOLOGY, SOCIOLOGY, PEDAGOGY AREA

- Outline concepts of **psychology**:
 - fundamentals of human motivation and needs
 - behavior and conditioning
 - nurture effects
 - concept of **developmental psychology** (normo-typical stages)

- definition of self-awareness and personality
- communication functioning and effectiveness
- fundamentals of psychology of health and wellbeing
- Outline concepts of **sociology**:
 - definition of sociology of work and occupational needs
 - Maslow’s hierarchy of needs and basics of human motivation
 - socialization and role of primary and secondary institutions
 - definition of groups: interaction and types
 - definition of culture, norms and values
- Outline concepts of **pedagogy**:
 - Importance of play in pedagogy and development
 - early childhood education
 - **inclusive/special education** on individual, organizational and societal level
 - adult learning

C. MOBILITY AND ERGONOMICS AREAS + TRANSVERSAL SKILLS

- Define ergonomics
- Outline daily living skills and concepts of **occupational therapy**
- Define rehabilitation
- Apply and show basic skills on commonly used software, i.e. word processing, data sheets, presentations
- Apply and show intermediate English language skills (B1)

Table 1: Competences preliminary to the VDR Curriculum

| PRELIMINARY COMPETENCES AREA | LEARNING OUTCOME | DETAILS ON CONTENTS |
|--|---|---|
| MEDICAL AND HEALTH-RELATED AREA | Identify and name the main elements of the anatomy of the human body | <ul style="list-style-type: none"> • CNS (parts of the brain) • Eye, extraocular muscles, and orbit • muscular and skeletal system, • cardiovascular system, • respiratory system, • digestive system |
| | Outline concepts of human physiology | <ul style="list-style-type: none"> • CNS (main functions, neuroplasticity) • Eye • Basics of efferent and afferent nervous system • Locomotor system and eye movements • Light perception and vision |
| | Outline concepts of neurological system | <ul style="list-style-type: none"> • Cognitive functioning • Perceptual systems functioning and description of special sense organs • Neurological path converting stimulus into sensation |
| | Outline concepts of biology | <ul style="list-style-type: none"> • cells (components of the cells, names and functions, nerve cells: shape, positioning, functioning of axons and synapses) • tissues |
| | Outline fundamental rules of hygiene | |
| | Outline fundamentals of prevention and describe the main health and wellbeing guidelines (eg. eating habits, exercise...) | |
| | Outline the main diseases involving sight loss | <ul style="list-style-type: none"> • congenital (inborn) diseases • degenerative diseases • inherited diseases • metabolic diseases • neoplastic diseases • physical agent-induced diseases |

| | | |
|---|---|---|
| | | <ul style="list-style-type: none"> • psychogenic diseases. |
| | Define the concept of sensoriality: the five senses and proprioception | |
| PSYCHOLOGY, SOCIOLOGY, PEDAGOGY AREA | Outline concepts of psychology | <ul style="list-style-type: none"> • fundamentals of human motivation and needs • behavior and conditioning • nurture effects • concept of developmental psychology (normo-typical stages) • definition of self-awareness and personality • communication functioning and effectiveness • fundamentals of psychology of health and wellbeing |
| | Outline concepts of sociology | <ul style="list-style-type: none"> • definition of sociology of work and occupational needs • Maslow’s hierarchy of needs and basics of human motivation • socialization and role of primary and secondary institutions • definition of groups: interaction and types • definition of culture, norms and values |
| | Outline concepts of pedagogy | <ul style="list-style-type: none"> • importance of play in pedagogy and development • early childhood education • inclusive/special education on individual, organizational and societal level • adult learning |
| MOBILITY AND ERGONOMICS AREA | Define ergonomics | |
| | Outline daily living skills and concepts of occupational therapy | |
| | Define rehabilitation | |
| TRANSVERSAL SKILLS AREA | Apply and show basic skills on commonly used software, i.e. word processing, data sheets, presentations | |
| | Apply and show intermediate English language skills (B1) | |

3 Aims and possible implementation of the entry-level guide

As anticipated in the Introduction to this Guide, the characteristics of people who can apply to attend a course based on the oMERO Curriculum may vary according to the laws and rules available in a specific country regarding the rehabilitation field.

This Guide provides a list of competences which should be considered as preliminary to attend any course based on the oMERO Curriculum. Depending on the constraints of the specific country, the above-mentioned list can be used with different purposes.

As a general best practice, the list of preliminary competences should be **included in the Course Syllabus**, as well as in any document describing the course, including a possible **announcement of selection for possible candidates**. This will allow for transparency and will make future students aware of the skills and knowledge they need to master to apply for and effectively attend the course.

Then, the specific use of the list would change in Type A or Type B countries (see Introduction).

In **TYPE A COUNTRIES**, such as Italy and France, where the law determines which professionals can do rehabilitation, these laws turn out to be the first main filter for access to courses based on the oMERO Curriculum. As a matter of fact, only professionals in possession of the appropriate qualification and related qualifications defined by law have the possibility to specialise as Visual Impairment Rehabilitators (VDRs), in order to be able to practice rehabilitation once they have completed their training. However, this first filter is not sufficient to ensure that people attending the course master the needed competences, since different rehabilitation professionals, such as nurses, psychologists, orthoptists or occupational therapists may have attained different competences on specific topics that are crucial for VDRs.

A possible solution for these countries is to **map the oMERO list of preliminary competences** against the competences characterizing the **qualifications/professions defined by law as accredited to practice rehabilitation**. This mapping could be carried out only once for each qualification/profession and then taken as a reference for each student applying for attending a course based on the oMERO curriculum. For example, the competences related to the qualification of "physiotherapist" in Italy could be compared with the oMERO list of preliminary competences, in order to identify which competences can be considered "already achieved" and which "not covered" by the qualification; once this possible "competence gap" has been identified, physiotherapists applying to attend the course based on the oMERO Curriculum could be advised on how to fill this gap. This important information could be used mainly in two ways:

- a) **To create and tailor an "entry exam"** according to the qualification: in this way, based on the information about preliminary competences published in the Course Syllabus or in the announcement of selection, physiotherapists should prepare and pass an exam focusing on the "competences gap" identified for their qualification;
- b) **To set up an initial module to homogenise students' competences:** such module (e.g. "Module 0") could be tailored on students according to their qualification/profession. For instance, a physiotherapist may be invited to study materials or attend lessons concerning the "*psychology, sociology, pedagogy area*" while a psychologist may be invited to study materials or attend lessons concerning the "*mobility and ergonomics area*".

The second solution would make it possible to avoid an “entry exam”. In this case, students could be selected based on their qualifications and on other criteria that can be verified by analysing their CVs.

Mapping the preliminary competences against the qualifications accredited to practice rehabilitation is only a possibility for HE institutions in Type A countries and not a mandatory action. As a matter of fact, this activity may require some effort, even though it should only be carried out once for each profession. Another possibility is to select participants based on their qualification and then perform the same actions described below for Type B countries.

In **TYPE B COUNTRIES**, such as Sweden and Lithuania, there is no law defining qualifications or professions that can practice rehabilitation and thus access to courses based on the oMERO curriculum may be not limited by the actual qualification of the candidate. Anyway, to guarantee that students enrolling in the course can actually achieve the targeted learning outcomes, they should **demonstrate mastery of the needed preliminary competences**, which could have also been acquired through **working practice or informal learning**. To this end, it is highly recommended to set up an “**entry exam**”, which may have the following purposes:

- a) a “*selection purpose*”: the exam would allow for the identification of candidates who already master the needed preliminary competences;
- b) a “*personalization purpose*”: the exam would allow for specific “competences gaps” to be filled by setting up an initial module to homogenise students’ competences, as described above for Type A countries. Based on the results of the exam, a student may be guided to study specific materials or attend lessons aimed at filling the identified gap.

The entry exam may fulfil only one or both of the above-mentioned purposes. A “mixed approach” may also consider the possibility of admitting only the students who have passed the exam with a certain score and of planning for each of them a customised initial module (Module 0) that addresses the competences gaps identified through the exam.

4 Examples of possible implementation of the guide in different HE institutions

4.1 Lietuvos Sveikatos Mokslu Universitetas (LSMU)

LSMU designed a professional qualification course for “Visual Disability Rehabilitators” awarding 60 ECTS. This is a postgraduate course for healthcare professionals with a Bachelor's (EQ6) or Master's degree (EQ7). The course is designed for rehabilitation therapists, occupational therapists, tiflopedagogues, physiotherapists, general and advanced practice nurses, medical psychologists, social workers. The course is tuition-based.

The entry level guide at LSMU can be used as a self-checklist for course attendees to identify the basic knowledge requirements and which subjects they should study on their own before entering the course.

An entry exam covering and evaluating the basic knowledge and competences based on Multiple Choice Questions (passing rate: 65%) is suggested to identify gaps in knowledge that course participants should fill on their own. The course will provide a list of learning materials for individual learning to acquire the missing preliminary competences.

4.2 Göteborgs Universitet (UNIGOT)

The planned course *First Level Master for Visual Disability Rehabilitators (VDR)* at the University of Gothenburg, Sweden, consists of 60 ECTS and awards an EQF7 qualification level.

The entry requirement to access the course is a Bachelor's degree (EQF6) in one of the following several fields, all of which are relevant for working with (re)habilitation and special education activities for people with visual impairment or blindness in all ages. Students may have a background in the medical and health area, e.g. related to occupational therapy, physiotherapy, optometry, health sciences or adjacent areas, or in the area of social sciences and education, e.g. related to special education or education, psychology, social work or adjacent areas.

Having students from multidisciplinary fields also implies the presence of profiles with different knowledge and skills at the beginning of the course. In order to align students and achieve a common entry profile, some preliminary competences have been identified and described in this document. For students in the medical and health area to achieve the preliminary competences in the area of psychology, sociology and pedagogy, and vice versa, special efforts to fill the possible competence gaps will be required before, at the beginning and during the course.

The list of preliminary competences can be used as a self-checklist for course attendees to identify which subjects they should study on their own before entering the course. The course will also provide a list of learning materials for individual learning to acquire the missing preliminary competences, as well as introductory lectures in relation to the time when each subject is introduced.

4.3 Université Côte D’Azur (CHU NICE)

To participate in the French study course, candidates will be mainly admitted based on their professional profile, qualifications obtained, curriculum vitae and motivation.

An entry test or an interview will also be suggested to verify the initial level of knowledge of each candidate about the different Curriculum subjects.

This will also serve to know the starting point of each candidate and to personalise the student's study path as far as possible.

The possible entry test or interview is therefore not a criterion for excluding a candidate from the curriculum, but it is to drawing up a ranking if the number of applications for admission is greater than the number of places available in the study course.

4.4 Università degli Studi di Genova (UNIGE)

The VDR Curriculum will be implemented in UNIGE as an academic specialization course (namely “*Master di Primo Livello*”) addressing students with a first degree and awarding an EQF7 level certification (60 ECTS).

In order to apply for admission to this course at UNIGE, applicants will be selected based on the results of an admission test covering the preliminary competences defined in this document. The overall evaluation process will take also into account the professional profile, the previous qualifications, the curriculum vitae and the motivation. Applicants should submit at least one and no more than three letters of recommendation from previous mentors; this is a relevant part of the application process, as those who write such letters can give important insights into a student's academic or professional potential.

In Italy specific laws¹ determine which professionals are certified for rehabilitation work. Applicants therefore must hold a degree which comply with the law. Further inclusion criteria on the degrees qualifying for the admission to the course, may be defined for each specific edition.

¹ See the main references in the Italian Healthcare Ministry page (<https://www.salute.gov.it/portale/professionisanitarie/dettaglioContenutiProfessionisanitarie.jsp?lingua=italiano&id=808&area=professioni-sanitarie&menu=vuoto&tab=1>)