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Training on the International Classification of Functioning, Disability and Health (ICF): the ICF-DIN Basic and the ICF-DIN Advanced Course developed by the Disability Italian Network

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Abstract The objective is to present training on the International Classification of Functioning, Disability and Health (ICF) prepared by the Disability Italian Network (DIN) and to present strategies of ICF dissemination in Italy. A description of DIN's training methodology, prepared in collaboration with World Health Organization (WHO) experts, is provided within its practical applications in health, labour, rehabilitation and statistical sectors. The ICF-DIN Basic Course is eight hours long and focuses on ICF basic principles, structure and application in different settings. The ICF-DIN Advanced Course, three days long followed by three months of distance learning, assumes Basic Course completion, and focuses also on ICF-checklist's coding and WHO-DAS II administration. The first training courses' outcomes, held in Italy and addressed to health, social and labour professionals, are provided. The feedback received by participants at the end of the courses showed that the main mistake they made was to consider ICF as an assessment instrument. The ICF-DIN training course was crucial in explaining the correct use of the

ICF as a classification and to show its impact and usefulness on daily practice, particularly in multidisciplinary teams. The ICF-DIN courses already carried out in Italy show that this teaching methodology teaches how to avoid incomplete applications, simplification and misunderstanding of ICF's complexity.

Key words Disability • Public health • ICF dissemination • Training methodology

Needs for training on ICF and ICF related instruments: general considerations

Inappropriate use of the International Classification of Functioning, Disability and Health (ICF) brings about incomplete applications, simplification and misunderstanding of the ICF's complexity, especially regarding consideration of the ICF as an assessment and not as a classification. The ICF should be considered for its operational aspects, but not only for them. The ICF encourages a deep cultural change in the consideration and overview of health and disability: overcoming the medical perspective and stressing the importance of the biopsychosocial model of disability; overcoming handicap-related terminology and stressing the importance of neutrality of terminology; the relevance of environmental factors as barriers or facilitators; the universal approach of the classification's model opposed to the minority model as well as the parity between body and mind. All these aspects require a rigorous teaching methodology that incorporates technical aspects as well as ethical implications. These considerations have been the basis for the development of an ICF training that became essential after the ICF approval by the World Health Assembly in 2001 and has been developed by the experts on ICF classification in Italy, members of the Disability Italian Network (DIN).

The Disability Italian Network

The Disability Italian Network (DIN) is a registered non-profit organisation totally devoted to the dissemination of the ICF in Italy and to maintaining close contact with the World Health Organization (WHO) and with international experts working on the ICF and its related measurement tools development. As a non-profit association, the DIN is working for the largest possible diffusion of the WHO's ICF. At the same time DIN is trying to avoid incomplete applications, simplifications and misunderstandings of the ICF's complexity. The scope of DIN is also to provide the WHO with all the necessary feedback about ICF implementation and strategies in Italy, and to have a continuous exchange on questions and issues with the relevant WHO staff.

Experts of DIN come from leading Italian national research institutes, universities and hospitals: they are neurologists, psychiatrists, child neuropsychiatrists, physiatrists, psychologists, sociologists, physiotherapists, teachers, representatives of disabled organisations and statisticians. Moreover, since 2004 some national research institutes have become partners of DIN, in order to have access to DIN's experience in the use of ICF

Classification and to provide their clinical and scientific experience to DIN. The advisory board of DIN, its core, is composed of experts who have followed the developmental work on the ICF since 1998. DIN members have presented ICF and its related instruments in several meetings organised by Italian Regional Administrations, research, social and health institutions. The agenda of meetings, seminars and presentations of 2003 and 2004 has been incredibly rich. DIN is a growing organisation, both in terms of associates and of activated projects, and hopes to continue to exchange its experience with groups interested in the ICF all over the world.

The procedural assessment of teaching needs carried out by DIN and the development of training courses

The first step consisted of assessing the needs for training in Italy, in consideration of the different professional skills because, for example, the labour sector's needs are quite different from those coming from the statistical, health, education or research ones. Different groups, moreover, may require a different teaching methodology, and a complete training course cannot ignore this necessity. Last, in preparing and planning the training methodology, the DIN had to take into account what other researchers are developing in other countries: liaison with WHO-Collaborating Centres and with WHO was an essential component of our work on training, as well as agreeing with WHO to get the consultancy of their experts on the training development. All available material on the ICF was reviewed. Published and unpublished papers, comments and experiences were taken into account. The contribution provided by WHO's experts (Dr. Ustun, Dr. Chatterji and Dr. Kostanjsek) helped to take into account the development of ICF implementation strategies in different countries all over the world. The methodology developed by the American Psychological Association for their training was studied in detail, as well as the training developed by the Canadian group as an introduction to ICF. Material available on the web was used to evaluate the different applications in different fields. The bibliography of consulted documents for the ICF development is listed below.

DIN experts have developed the ICF-DIN Basic and Advanced Courses, primarily as a response to the increasing needs for training coming from the labour, rehabilitation, statistics and education sectors. The development of ICF training tools has been discussed in depth with the WHO and has been, and will continue to be, presented to other groups and Collaborating Centres working on the ICF all over the world. After more than a

year of discussion and preparation, the WHO-DIN course should provide the required training for those who wish to use the ICF, ICF checklist and WHO-DAS II, allowing them to acquire a common application methodology. Professor Jerome Bickenbach was designated by WHO to be DIN's consultant for the preparation of training materials, and participated in the first ICF Training Course. The course has been delivered, with a specific adaptation, to Italia Lavoro for the 'ICF in Italy Project: pilot project ICF and labour sector' and is available in two languages, Italian and English.

DIN organised the first national training course in Rome on May 2004. As mentioned, the WHO-DIN ICF training is divided into two courses (ICF Basic and ICF Advanced Course), followed by a distance learning component.

The ICF-DIN Basic and Advanced Training Courses

The ICF-DIN Basic Course

The basic course is an eight-hour presentation and discussion course that covers the following topics: a brief history of disability and disability classifications; differences between classifying, measuring and assessing; a history of the ICF's development; the ICF's basic principles; ICF codings structures; application of the ICF in different settings; impact of disability classification on national legislation; the ICF 'revolution' in health and disability sector; the ICF 'tool box'; disability core sets and the ICF; the WHO ICF-based assessment tool, WHO-DAS II; ICF and children; ethical implications of the ICF's use; the ICF in Italy project; ICF use around the world.

For optimal learning impact, DIN recommends that the basic course should be opened up to as many as 60 participants. Some simple case-vignettes have been prepared to explain, in practice, what using ICF as a coding system entails (which is useful even for participants who themselves will not be engaged in the exercise of coding). The main goal of the basic course is to provide participants with a key for reading the ICF classification, enabling them to communicate using a common language that captures information on human functioning, much in the same way as the International Statistical Classification of Diseases (ICD) captures diagnostic or medical information. The basic course has been structured to be useful for a broad audience: medical doctors, psychologists, therapists, educators, social workers, engineers, architects, politicians, administrators, members of NGOs, students and people with disabilities themselves, as well as families.

The ICF-DIN Advanced Course

The advanced course is a three-day course followed by three months of distance learning (DL) and a final day for evaluation and an exam. The advanced course is available only for those who have already attended the basic course. The three-day course is structured as follows:

- *First day.* ICF structure, chapters, domains; how to code, how to use the different qualifiers, when to use them, difficulties and FAQs. Basic principles on health and disability, already faced during basic course, are discussed again in depth and participants are asked to work in small groups (4–5 participants) on simple clinical cases. The focus is on qualifiers and on problems related to ICF components' codification.
- *Second day.* ICF checklist: how to use it, coding case vignettes. Use of checklist in different settings (rehabilitation, administration, statistics). Checklist structure and rationale are presented, by means of a clinical case. Coding and back-coding on clinical cases provided by teachers are required to participants, divided in small groups (4–5 participants).
- *Third day.* WHO-DAS II: description and use of WHO-DAS II, how to assess, video cases of interviews with actors, coding. Working in couples, participants are asked to administer the WHO-DAS II to each other.

For DL, each pupil is assigned a user ID and a password after completing the three days of the advanced course. DIN has specific access for training on its website. DIN teachers have a section with question and answer made by participants about homework, problems and issues. A discussion forum is hosted on the DIN website, reserved for those attending DL: each case has its discussion thread, where participants can post questions and read teachers' answers. The most common questions are set in an FAQ section.

Each pupil has to code 10 pre-assigned cases, prepared and tested by DIN, write three cases with coding, complete five real cases from their professional practice, coded with ICF checklists, the WHO-DAS II and, eventually, with other specific assessment tools. At the end of the DL period, 15 days before the final exam, tutors prepare the evaluation of homework done by participants. There is a final day to have forum discussion related to the application of ICF in each participant's setting, difficulties and for a final group discussion and then there is the final exam on the whole course. Finally participants are awarded with a DIN-ICF certificate.

Training-related issues

All clinical cases and vignettes used as exercises for coding with the ICF checklist are collected in DIN's databank.

All participants of the ICF-DIN training become members of the 'ICF interest group', which is also growing in Italy and is coordinated by DIN. The DIN reports Italian activities and experiences to the WHO and liaises with members of the scientific international community. A special course has now been prepared by the DIN for trainers, because there is a growing need to have more teachers.

The first ICF training experience with the ICF-DIN training (Rome, May 2004) was directed mainly to medical doctors, psychologists, rehabilitation therapists, and some educators and social workers, who had already experimented with the use of ICF in the Region of Lazio. They had a general knowledge of ICF and its potential and were very interested to learn more about the classification. Eighty participants attended the basic course and 40 the advanced course. Participants were divided into two classes which were assigned to eight teachers, four for each class.

The basic course took place in a mood of interested and careful participation. Many participants already knew what the ICF was, but they did not know the ICF's practical applications and its potential utilisation in daily practice.

The advanced course's participants were even more interested and attentive, and their interventions and doubts were very challenging and interesting for the teachers. The presence of several ICF experts increased and enriched the technical and cultural debate, and this was an added value for teacher-participant interaction.

The DIN prepared a feedback questionnaire for the students. The majority of comments were positive, indicating that the learning mood was very encouraging. Sometimes during the course the discussion was very heated, but participants' different professional skills showed the ICF's potential and usefulness in multidisciplinary teams. Most of the participants in the final course test commented that all of them had been using ICF, before the training, as an assessment tool and that the training had been crucial to understand the difference existing between ICF classification and the assessment tools. In fact, at the end of the four days all the students understood that ICF is for classification and not assessment.

These training experiences demonstrated some issues to the DIN's scientific board related to the training process and some difficulties that arose especially during distance learning: the main difficulties were the quality of the communication between tutors and participants, and the administration of the forum. The DIN's teachers noticed that the students had few problems in the selection of ICF's codes, but qualifiers' selection turned out to be a relevant point. Students had different questions regarding qualifiers' selection, in particular with regard to the application of the qualifier '9 – not applicable'. In providing the answers, the DIN's advisory board is noticing that different tutors, with different backgrounds and professional skills, may propose

different qualifiers. In order to limit this difference in answering, but not to lose the intrinsic richness of the discussion and of the diversity, DIN has decided to organise DL and tutoring as follows. Each DIN teacher prepares one or more case-vignettes from his or her professional setting, and codes it with the ICF checklist. Each DIN member discusses the case with their multidisciplinary ICF team (mainly doctors, psychologists and physiotherapists) in the centre where he/she works. After internal agreement the case is mailed to all other DIN teachers for forum discussion and agreement on case description and qualifiers selection: all the comments are then summarised in a final and agreed ICF checklist. At that point the case-vignette is considered complete and official and the DIN secretary posts it on the website for the students.

The DIN's website hosts the forum, to enable participants to contact their teachers. Every teacher is responsible for his class's forum for a week (two or three times per course), and answers participants' questions. To avoid different answers between different forums and teachers, every time a question is posted, the DIN secretary circulates it to all teachers: when agreement is reached, the answer is posted.

ICF implementation strategies in Italy

Since its translation into Italian (2002), ICF users and ICF community have expanded in many sectors and in many areas of Italy. DIN has developed its training course to help ICF users to better implement ICF and its instruments in all fields.

Many sectors are showing interest, however one of the leading projects that has been crucial for ICF implementation has been the adoption of the ICF by the Italian Ministry of Welfare, which launched the pilot project 'ICF and Labour Policies'.

The pilot project 'ICF and labour sector'

The 'ICF and Labour Policies' project, launched at the closing conference of the Year of People with Disability on 2003 in Rome by the Italian Ministry of Welfare, is now entering its active phase. The focus of this project is to introduce the conceptual framework and terminology of the ICF into the labour sector. This is a very relevant project because it is the first experience that uses ICF, both as a cultural background and as a classification tool, in practice. The main objective of this pilot programme is to provide to the Medical Commissions, Invalidity

Commissions, and Disability and Labour Commissions a standard methodology to define people's functioning levels. These uniform definitions will be used to manage and handle job requests and offers in a large data-bank, designed to match people seeking a job with the labour needs of companies and factories.

The primary expected impacts of using the ICF in the labour sector are: the creation of a common language across the sector; the increased reliance on the ICF to expand the use of the notion of functioning in the labour sector in addition to the notions of disability and impairment; and the increased likelihood that a person with disability can fully live out the social aspects of his or her life and in particular obtain a job that is responsive to his or her own expectations, professional skills and functional capacities, while at the same time being able to satisfy all working requirements. In order to pursue these goals, the Italian Ministry of Welfare has assigned to its special agency, Italia-Lavoro, the realisation of the full pilot project 'ICF and Labour Policies'. One main objective of this project is to get better outcomes from work placement problems, by adopting the more precise and appropriate definition of disability and functioning found in the ICF and ICF checklist. The project will add the ICF to the already existing disability measurement methods, in order to target personal capabilities in relation to social and environmental conditions. This project will also test the classification's use in this field, providing practice and suggestions for its future applications in further areas, both in Italy and internationally.

The preparation of the training for an ICF pilot project in the labour sector was assigned to DIN. Taking into account the method developed for the ICF-DIN training course, the DIN's scientific board decided to make a special adaptation for the ICF's use in the labour sector. Discussion with several experts (persons from Italia Lavoro that were already involved in the work and disability field, representatives of NGOs, representatives of unions, and medical commission for certification of invalidity rights for labour) facilitated the development of the ICF-DIN training for the labour sector.

The differences with standard ICF-DIN training mainly involve some methodological issues and contentwise

some areas more relevant for work were explained more in detail: for example, chapter d2 (from d210 to d299) was revealed to be crucial, and environmental factors can be viewed and expanded beyond the present ICF checklist.

On June 2004 the pilot training project started. It involved participants from three Italian provinces attending the basic course and the advanced course. Once this pilot project reaches completion, a larger ICF training project will start. This will involve 25 Italian provinces from every Italian region and is expected to be completed by October 2005.

Conclusions

This paper presents DIN's experiences with ICF training courses. These are only preliminary comments because only a few courses have been conducted in Italy. The DIN also conducted a course in Macedonia, with a live translation from English to Macedonian, exporting this methodology in different settings. The comments we received from that experience enable the DIN to say that training methodology helps to teach how to avoid incomplete applications, simplification and misunderstanding of ICF's complexity.

Overall, the training's objectives were reached: at the end of advanced course participants had improved their knowledge of the ICF and ICF related tools. ICF Distance Learning was completed in October 2004 and the final exam was taken successfully by almost all participants.

The DIN-ICF training is now improving thanks to the contribution of several experts and all the participants. The training developed for Italia-Lavoro for the ICF and labour sector project, although it uses a slightly modified and more focused content, is helping to spread correct knowledge of the ICF and disseminate the DIN's methodology across Italy.

DIN is sharing the results of its efforts with the World Health Organization as well as with ICF interested centres around the world.

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Disability Italian Network website: www.icfitaly.it
See for ICF in Italy project: www.welfare.gov.it/icf

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