Phase 1: Planning

- **Step 1** information gathering
- **Step 2** Stakeholder dialogue, critical decision-making, developing a project
- **Step 3** Confirm availability of resources and learning experiences

Name	Coronaria
Country	Finland
Description of the organisation	Rehabilitation and healthcare services nationwide in Finland. Services to the clients of KELA (the social insurance institution of Finland), hospital districts, insurance companies and to fee-paying customers. Under rehabilitation we offer physiotherapy, occupational therapy, speech and language therapy, psychological services and psychotherapy, occupational services, remote appointments and multidisciplinary rehabilitation services. Our clients are from all ages and both in- and out-clients. We have approximately 1600 employees and over 100 service units all over Finland.
Overall objectives	In line with the overall objectives of the project, Coronaria's internal objective for the INPRO project was to: 1) develop interprofessional working models that serve the entire rehabilitation staff of Coronaria. 2) develop ICF-based tools to promote ICF implementation and practice and to increase staff competence in the use of ICF in rehabilitation (training).
Ideas by dialogues	
	1) The initial intention was to pilot the use of CF with a team in Kokkola working with clients in outpatient therapy. Due to lack of resources and time, the pilot was transferred to Kuopio, where an interprofessional team works with clients in inpatient therapy.
	2) Pilot of CF as a team self-evaluation tool in an interprofessional team in Jyväskylä, working within out- and inpatient therapy. 3) Pilot of CF within an interprofessional internship, Jyväskylä
Research question/aim	How can the CF (Competence Framework) developed by AP Belgium help us in Coronaria to build new ways for interprofessional working both for students and rehabilitation professionals?
Availability of resources/ Resources requirements	We had difficulties in recruiting people taking part of the pilot due to lack of resources. It took lot of time to find right persons and teams for the pilot. Minna Enqvist, nurse, team leader, project specialist Kuopio Lotta Lahti, occupational therapist, social worker, project specialist Jyväskylä Laura Mutanen, physiotherapist, project manager at Coronaria, Tampere

Learning experiences	We need tools on how to improve our interprofessional work at Coronaria, both in practice and in student placements.
Start date	February, 2022 – the date Belgium contacted Coronaria by e-mail 1. March, 2022 2. October 2023 3. September 2023

Phase 2 Construction

- **Step 4** Clarify the competencies and activities, and the expected level of proficiency to be achieved
- **Step 5** Determine the learning objectives and associated knowledge and skills
- **Step 6** establish the learning experiences, language according to the context and the material needed for learners to achieve the learning objectives

Process to clarify the competencies	1. The development work started by Minna Enqvist familiarising herself with the competences of interprofessional cooperation in the INPRO project and selecting those competences that I felt were most important now. The following competences were selected for a questionnaire from those related to practical client work: adopting a precise multidisciplinary approach to problem solving and decision making and working in multidisciplinary situations and with multidisciplinary skills. Four competences were selected around professionalism: acting ethically, maintaining one's professionalism, acting in a multidisciplinary way and assuming professional responsibility in a multidisciplinary situation. Each of the professionals present was asked to assess their own level of interprofessional using the selected ICF competences. 2. We used the same competences in both pilots. We did not really make our own judgement in choosing the competences. We agreed with Jaana Ritsilä, a lecturer at the Jyväskylä University of Applied Sciences, that we would include in the pilot those competences that had an added part of the ICF framework. So we chose the competences that had ICF added to them. 3. We used the same competences in both pilots. We did not really make our own judgement in choosing the competences. We agreed with Jaana Ritsilä, a lecturer at the Jyväskylä University of Applied Sciences, that we would include in the pilot those competences that had an added part of the ICF framework. So we chose the competences that had ICF added to them.
Learning objectives	Which learning objectives did you choose for the project (f.e. IPC1.2 level 2: X OR in attached)

	1) Can the Competence Framework help the team to find their own roles and clarify their tasks? PC4, PC5, PMC1, PMC2, PMC3, PMC4 2) Could we use the Competence Framework to assess the competences of our own interprofessional team and to develop approaches? IPC 1, IPC 4, LDC 1, MLC 3, RC 2, 3) Can we use the Competence Framework as a self-assessment-tool in this internship-program? 4) How did you come up with the choices? IPC 1, IPC 4, LDC 1, MLC 3, RC 2,
Associated knowledge & skills	Basic knowledge of interprofessionalism
Language	Finnish
Responsible person(s)	Minna Enqvist, nurse, team leader, project specialist Rauhalahti, Kuopio Lotta Lahti, occupational therapist, social worker, project specialist Jyväskylä
Target group	1) The permanent team currently includes psychiatric nurses, social workers, basic nurses and a physiotherapist. In addition, the multidisciplinary team is reinforced every week by a specialist, a psychologist, an occupational therapist, a speech therapist, a nutritionist, a sex counsellor, a special needs teacher or any other professional required, depending on the service description. Assistants are also available for the children's groups. 2) Rehabilitation experts: social worker, occupational therapist, rehabilitation counsellor, nurse, neuropsychiatric coach. They work in outpatient rehabilitation and in multidisciplinary rehabilitation services. 3) Rehabilitation students: rehabilitation counsellor and physiotherapist and their supervising staff: occupational therapist/bachelor of social services and physiotherapist
Setting	Part of the organisation, rehabilitation professionals working with both in- and out-patients
Materials	1) Two workshops and two survey questionnaires. 2) In the team meeting we used a modified Competence Framework and an electronic questionnaire to find out whether CF could be used in the assessment and development of interprofessional competence. 3) Modified Competence Framework: in this framework we have added a "practical example" section and two assessment dates - at the beginning and end of the training period.

Phase 3: Sequencing

- **Step 7** Structure the content
- **Step 8** Allocate time and resources to the project

Content of the project

1.A multidisciplinary team in Rauhalahti, Kuopio. They have relatively new and evolving course activity, both in the organisation as a whole and in Rauhalahti, Kuopio. The team is also new and due to the rapid growth of activities, the team has also grown rapidly. Due to the nature of the activity and the Kela service descriptions, the course team changes almost every week, except for the permanent team described before.

The courses: adaptation training courses focus on strengthening the ability to cope with everyday life and family life. Many families find that one of the most important benefits of the courses is peer support. During the week, there is both a joint programme for the whole family and a programme for parents, siblings and rehabilitees that is age-appropriate and supports their rehabilitation goals. In addition, after the rehabilitation day, families can relax in the hotel pool area.

The activity is also characterised by the fact that clients and client groups change every week. Clients receive a commitment to pay for 5-20 days of rehabilitation, usually spread over a period of about six months. In addition to inpatient rehabilitation sessions, the rehabilitation process includes pre-contact, rehabilitation feedback and follow-up contact. In some services, the rehabilitation process also includes a network consultation or home visit.

The challenge with interprofessional rehabilitation is that, although the rehabilitation team is multidisciplinary, many professionals are only involved in rehabilitation for a very short period, for example by holding a parenting group for a few hours, and there is little interaction with the rest of the team. The busy course archives do not provide opportunities for the team to pause to reflect on what interprofessionalism means in this context, and not necessarily even to reflect on whether my own professional expertise is being brought to bear.

The team needed tools to clarify team roles and work together.

2. Our team at Coronaria Jyväskylä consists of professionals from different fields of rehabilitation. We have outpatient rehabilitation workers as well as workers in multi-professional rehabilitation services. At the time of the pilot, our team members worked in medical rehabilitation (occupational therapy), Laku family rehabilitation, multi-professional rehabilitation for young people, and "Note" coaching, which is coaching for young people outside of work and school life. All the services are based in the reception and in the clients' own environment, so a lot of work is done outside the

	premises. Previously our larger multi-professional team consisted of occupational therapists, nurses, social workers and psychologists, but now after the pilot we no longer have joint multi-professional team meetings with the multi-professional rehabilitation services, we only work with occupational therapists. This is a step backwards and is the result of corporate changes. Also, collaboration with physiotherapists and occupational therapists remains the responsibility of the therapists themselves, and neither management nor team leaders systematically organise time for interprofessional development days or client cases. Within multidisciplinary teams, teams systematically share information and develop services, but this is not currently the case between outpatient rehabilitation and multidisciplinary rehabilitation services. 3. In the student placement pilot, the team consisted of the same group of professionals as in the 2nd pilot. But in addition to this, we were able to work with physiotherapists, with whom collaboration in everyday life is unfortunately limited unless you have a common client.
Feasibility of the project	The implementation is possible apart from the team Kokkola
Working hours	Kuopio: 4 working days Jyväskylä: 4 working days

Phase 4: Assessment

- **Step 9:** Assign assessment method(s) to each of the learning objectives in the curriculum
- **Step 10:** Considering gathering quantitative/ qualitative feedback

Documents/tools used in the project	1. A survey questionnaire both in the beginning of the pilot (June, 2022) and in the end (September, 2022). 2. We used an online survey to gather the experiences of our team of rehabilitation experts on the use of the competence framework. 3. We discussed the experiences of those involved in inter-professional internship (students and supervising staff) on the use of the Competence Framework and development needs.
Feedback	Feedback by gathering it in written and oral form

Phase 5: Piloting

- **Step 11** Pilot/implementation of the project
- **Step 12** Evaluate and revise the project

Implementation of the pilot	1. A workshop was held on 8.6.2022 to discuss the results of the questionnaire and select the competences that showed the greatest variation or need for development. Based on these criteria, the competences that emerged were reaches

out to interprofessional situations and interprofessional competence, works interprofessionally and carries its responsibilities as part of an interprofessional team.

The workshop first discussed the importance of interprofessionalism in client work and its benefits for both the client and the work community. Afterwards, the participants started to think together about how to strengthen interprofessionalism in the work community and finally agreed on practical ways to take good ideas into the everyday work of rehabilitation.

What quickly emerged from the discussion was that team members did not have sufficient knowledge of each other's competences and strengths. Some professional groups were perceived to be more familiar, and their competences more easily understood, while others remained more one-dimensional due to a lack of knowledge. To increase knowledge, it was decided to launch expert quartets, where each team member takes turns to share his or her expertise with the rest of the team. The expert quarter can be used, for example, to talk about their studies, their core competences, their tried and tested methods or to present research in their field. The purpose is not only to strengthen one's own professional identity, but also to present to the rest of the team the results of one's approach to client work.

Another issue that came up was related to job descriptions. The fragmented job description and responsibilities were to be clarified and more opportunities were to be given to bring out one's own professional skills in the planning of activities. While there was a desire to clarify one's own responsibilities, it was emphasised that everyone, regardless of their profession or role, has a shared responsibility for the course. In the discussion, it was pointed out that everyone had the right and the duty to help the rest of the team to see what the client could benefit from.

The fragmentation of roles and the lack of clarity in the division of responsibilities was addressed by strengthening the responsibility and empowerment of team members at the level of practical coursework. A rotating role of course leader was created. The role of course leader is played by a member of a multi-professional team (requiring a bachelor degree according to the Kela service description) and involves responsibility for the practical implementation of the course week. The course coordinator ensures that the tasks related to the rehabilitation process are completed, coordinates the smooth running of the course week, and makes changes to the programme and, for example, to the children's group, if necessary. He/she therefore has both power and responsibility in relation to the implementation of the course. In addition, the job descriptions of both the basic nurses and the multidisciplinary team were reinforced. The new job description of the course manager brings decision-

making closer to the staff implementing the rehabilitation and enables the team to plan and schedule their own work better. To support the new course manager role, a weekly meeting of the course managers was agreed, which would allow both the facilitator and colleagues to support the new role.

The survey was repeated on 27.9.2022. No significant differences were found. Comparing the results of the survey is challenging because the team includes new members who have just started their induction and the multidisciplinary team that responded to the survey is made up of different people on different courses. The results of the survey are also affected by the short time between them.

2.In autumn 2022, we organised two multi-professional team workshops of 1.5 hours each. During these meetings, we divided our team members into small groups (3-4 people), so that each small group would have representatives from different services and professional groups: occupational therapists and multidisciplinary rehabilitation services.

At the first meeting, the structure was more open and we chose to work in small groups on client cases. Here we used the Competence Framework mainly for "putting the client and their family at the centre of interprofessional work" and " Continuous learning and development in interprofessional work"

The second meeting included working with the modified Competence Framework, where small groups were asked to reflect and reflex on their own competences using the framework. We had selected the following competences for the framework: IPC1, IPC4, LDC1, MLC3, RC2. We also sent an electronic questionnaire to members of a large multi-professional team, based on the Competence Framework, which allowed rehabilitation professionals to assess their own competences electronically. At the end of the questionnaire, we asked about the usability of the framework.

3.In the interprofessional training, our first task was to familiarise ourselves with the Competence Framework. We were introduced to this by expert Jaana Ritsilä from Jyväskylä University of Applied Sciences. The meeting was attended by two physiotherapists working in rehabilitation who acted as supervisors for one of the students, an occupational therapist who acted as a supervisor for the other student and a student rehabilitation supervisor.

We decided to select these competences for piloting and wanted to adapt the framework to a simpler format, thus also making the text used more readable. We also added an example column and an initial and final evaluation column to the pilot version. Once we had completed the pilot version, we carried out a self-assessment at the beginning of

	the training period. The second student : a rehabilitation counselling student introduced the physiotherapy student to the framework during their meeting. We also did a self-assessment towards the end of the training. At the end of the interprofessional placement, we evaluated with the students the usability of the Competence Framework for assessing the competences of the interprofessional placement. The students were interviewed and shared their experiences. Based on the feedback, we decided to adapt the framework and narrow down its content for further work.
Outcome	1. The ideas that emerged from the workshop were translated into action in the autumn 2022. The work on developing interprofessionalism is therefore only just beginning and the team in Rauhalahti, Kuopio is now at the stage where they have identified areas for development, found ways of working on them and are now putting these new approaches into practice. 2. Interprofessional meetings were found useful, but finding time to meet together is a challenge. Some found in-house/team-based multidisciplinary working more useful than whole-house working. For some, working independently, multi-professionalism is mainly seen through client networks. Promoting and investing in multi-professionalism was seen as important and was seen to be happening at Coronaria. ICF The ICF is a framework that is broadly familiar, but not actually used. ICF is not seen as a systematic method in everyday work. The ICF coding highlights clients' deficiencies and shortcomings, which was perceived as a negative factor. More information on the ICF project in Cornaria was requested (apparently referring to the INPRO project?) Things to develop Competence Framework was seen as a broad framework, which was found challenging to unpack suddenly. Fragmentation and simplification. For example, multidisciplinary and ICF could be completely different entities. The table is a little difficult to interpret - it could be useful to try to clarify the language. Use of the term "interpret" in the table: some found it confusing, as in practice one should avoid making interpretations. Understanding the different levels and concepts would require some familiarity.

	A little background at the beginning of the table, what it contains and what parts it is made up of, so that one can prepare for the extent of the table. Good for Good thematic areas that are relevant to practical work; e.g. taking into account family resources at work. Finding a grip on everyday life. The form is usable, even though it is a large package. Self-assessment was found to be useful and the topics important. General comments The RC2 section (competences related to the use of research) was the least relevant. It was felt that students had a better/more advanced understanding of this section. Time needed to familiarise oneself with the table. 3. Competence Framework, with feedback on the practical work selected for review. From these five competences in the practical work, the student and the supervisor can choose one competence on which they each wish to focus in more detail during the 8-12 weeks. This choice is a conscious decision.
Evaluation of the implementation	Evaluate the action implementation, reflect on whether it was successful, what helped to achieve the result, what was an obstacle / what could have been done differently, what was changed in the life of the project, etc.) 2. Based on the feedback and experience gathered from the team, the use of the framework to assess team competences, increase interaction and review services is appropriate. However, it is up to the frontline staff to decide whether to include such a framework in team meetings, for example, on an annual or seasonal basis. 3. The Competence Framework will continue to be used for interprofessional work placements, as the themes it provides will guide your thinking and thus your practical work during the placement.
Evaluation of the benefits	1. The development work initiated by the project is not necessarily something that has a clear end point, but rather an ongoing, built-in way of working that sustains an interprofessional culture. 2. It is difficult to assess in this context. 3. Making the framework part of the work placement. The opportunity for learning and reflection on skills also for the supervising worker, not just the student.
Is it in use	1. Yes partially, the team has continued their development of the interprofessional competences.

	2. No. Our larger multi-professional team has been split up at the turn of the year due to company changes. 3. Yes partially. For the autumn multidisciplinary internship, we have selected the competences for practical work from the Competence Framework and it is up to the student and the supervisor to choose the one they want to focus on during the period.
Further plans	Yes
	We have plans to implement the use of CF in other service units in the form of interprofessional internship. Furthermore, we have plans to go through different tools for development of interprofessionalism.
Overall success and its determinants at organisational level	The aim of developing different interprofessional working models has been started through piloting the use of CF within students and two different rehabilitation teams. However, we had some challenges in recruiting persons to the pilots. Firstly, we had another team responsible for piloting the CF but due to resource management we made a change in the team. Furthermore, we have plans for implementing interprofessional working models for whole Coronaria.
Those who completed the google form/ the project	Kuopio: ? Jyväskylä: 3
Start	Kuopio: 15.3.2022 Jyväskylä: 1.9.2023
End	Kuopio: 27.9.2022 Jyväskylä: 23.5.2023

Visualisation: Timeline

		Nov /21	Dec /21	Jan /22	Feb /22	Mrch /22	Apr /22	May /22	Jun /22	Jul /22	Aug /22	sep/ 22	oct /22	Nov /22	D /2
Planning	Step 1					Kuopio									
	Step 2						Kuopio	Kuopio							
	Step 3							Kuopio							
Construction	step 4							Kuopio							
	step 5							Kuopio							
	step 6							Kuopio							
Sequencing	step 7							Kuopio							
	step 8							Kuopio							J
Assessment	step 9							Kuopio							
	step 10							Kuopio							
Piloting	step 11								Kuopio			Jyväskylä	Jyväskylä	Jyväskylä	Jy
	step 12											Kuopio			

Co-funded by the
Erasmus+ Programme
of the European Union