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ICF TRAINING TO ALL REHABILITATION PROFESSIONALS

Coronaria rehabilitation and therapy services (Coronaria Contextia Ltd)

This ICF introduction manual was developed because Coronaria has a need for ICF training material that works for all different rehabilitation professionals. The ICF training will be built on an electronic academic platform. This material gives an idea how to build a practical way to adopt the ICF language as a part of everyday life. It gives an idea of a narrative approach in which customer stories are intertwined with different components. It also gives ideas how to include practical and short assignments under different areas to help rehabilitation professionals to deepen their biopsychosocial thinking. Coronaria has an idea to build ICF training into different stages as an ongoing process. The first stage includes introduction into what ICF is and what kind of ICF based tools can be used in the assessment stage of rehabilitation. Hopefully Higher Education Institutes (HEIs) will also get an idea of what kind of ICF training material is being developed in working life.

The document includes material in Finnish.

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1. Introduction to our development work

We were commissioned to carry out the development work through our company's development team, as experiences of the use of the ICF classification have been gathered from the field within the framework of the INPRO project. At the beginning of our development work, we conducted a survey (appendix 1) among Coronaria rehabilitation personnel, to which 127 people responded. In the eight-point survey, we asked, among other things, employees' professional background, ICF knowledge and experiences of using the ICF classification. The survey was answered by a multidisciplinary group, 65% of whom worked in the field of outpatient rehabilitation.

With the help of a survey (appendix 1), we have found out the general knowledge of our colleagues to be lacking in relation to knowledge of the parts of the ICF framework, practical use, and familiarity with the forms. Based on the survey, our colleagues do know the ICF classification, but only some use it in their clinical work. There is little knowledge of the forms, and they are hardly used as an aid in building a performance profile. Based on the answers to the survey, we can state the need for the training that we have begun to build.

With the help of the project team, we start building the training part by part. Overall, the aim is for the practical orientation guide to be completed in September 2023, after which it will still be piloted in expert groups. Persons from different forms of Coronaria rehabilitation are selected for the groups. These include outpatient rehabilitation, rehabilitation courses, family rehabilitation. Professional titles include, for example, physiotherapist, occupational therapist, speech therapist, social worker, nurse. The training will be built into the employer's browser-based training environment (COR Academy). In the educational environment, it is easy for everyone to complete the training and it becomes an entry in the system, which can be used to track the number of those who have completed the training. Our company employs approximately 1600 rehabilitation professionals. The largest professional groups of which are physiotherapy, occupational therapy, and speech therapy. In addition to these, the orientation is intended, for example, for nurses, sociologists, psychologists and family therapists who work in various multiprofessional rehabilitation tasks.

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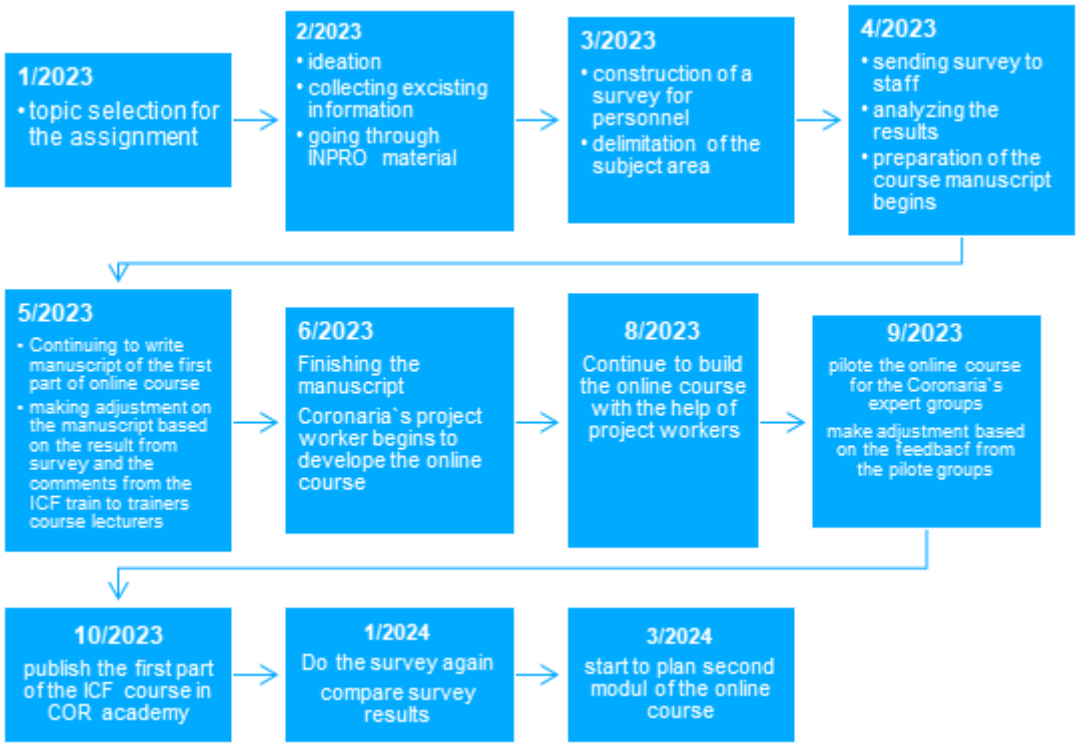

Figure 1. Project plan

2. The purpose of the ICF use in Coronaria

The significance and focus areas of rehabilitation in a person's life cycle have changed over the decades. The ICF classification has brought the different dimensions of performance to the attention of different occupational groups. At the same time, the effectiveness of rehabilitation has increasingly been measured based on the individual's everyday participation and performance. The individual's own experience of performance and disability has become increasingly important. At the same time, the practices and clinical skills of rehabilitation workers have not always kept pace in all respects. In Finland, for example, the implementation of demanding medical rehabilitation has been strongly steered, considering the different areas of the ICF classification. Based on a survey of Coronaria employees, it is often difficult for therapists to understand when they adequately consider the components of the ICF classification. In addition, they do not always recognize whether the tools in use are ICF based.

Social insurance institution in Finland (Kela) is government branch that administers and provides security benefits and for example rehabilitation in Finland, is the most common a payer through which our clients receive rehabilitation. Service providers selected by Kela to provide rehabilitation services are also obliged to comply with Kela's service description. The service description strongly encourages the use of the ICF framework, so it is appropriate to build study material to support employees in their everyday work. (Kela, 2023)

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The purpose of our induction material is:

- provide a practical way to adopt the ICF language as part of everyday life
- increase the ability of rehabilitation workers to consider the individual's experience of their own health and performance in rehabilitation process
- implement the RPS form in a client assessment situation, which can be used to strengthen the use of the ICF framework in rehabilitation

3. International Classification of Functioning, Disability and Health (ICF)

3.1. ICF in brief

In this section, we will briefly describe how we will present the ICF classification in the online course. In the final output, the descriptions will be more precise and in-depth. As an educational method, we will use a narrative approach in which customer stories are intertwined with different components. We will include practical and short assignments under different areas to help our employees deepen their thinking. In our company, we have previously created this kind of learning platform for Kela's service description for demanding rehabilitation, and this has received good feedback.

ICF encompasses all aspects of human health and some health-relevant components of well-being and describes them in terms of health domains and health-related domains. The ICF classification divides components into five different areas (Figure 2), which are in two different parts:

- Part 1. Functioning and Disability (a) Body Functions ((including psychological functions) and Structures (b) Activities and Participation
- Part 2. Contextual Factors (c) Environmental Factors (d) Personal Factors

The areas affect each other in an individual way and are not in a hierarchical order. Different types of rehabilitation affect people's health through different areas. However, it is important that, regardless of the type of rehabilitation, you are able to examine the dimensions of a person's health and health related domains as a whole. You can start exploring a person's situation through participation and end up in the functions of the body and mind. The perspective can sometimes be strongly focused on the environment. Sometimes the focus is clearly on influencing an individual's state of health, for example through bodily functions. (World Health Organization, 2001 & 2013).

In this development work, we will explore through the stories of Saana and Marja what the different areas of the classification mean. Saana is a child diagnosed with mild autism and selective mutism. Marja is an adult with a congenital multiorgan anomaly and a number of comorbidities.

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More detailed lists and specifications of ICF classification can be found, for example, on the THL website: https://www.thl.fi/icf-koodit/

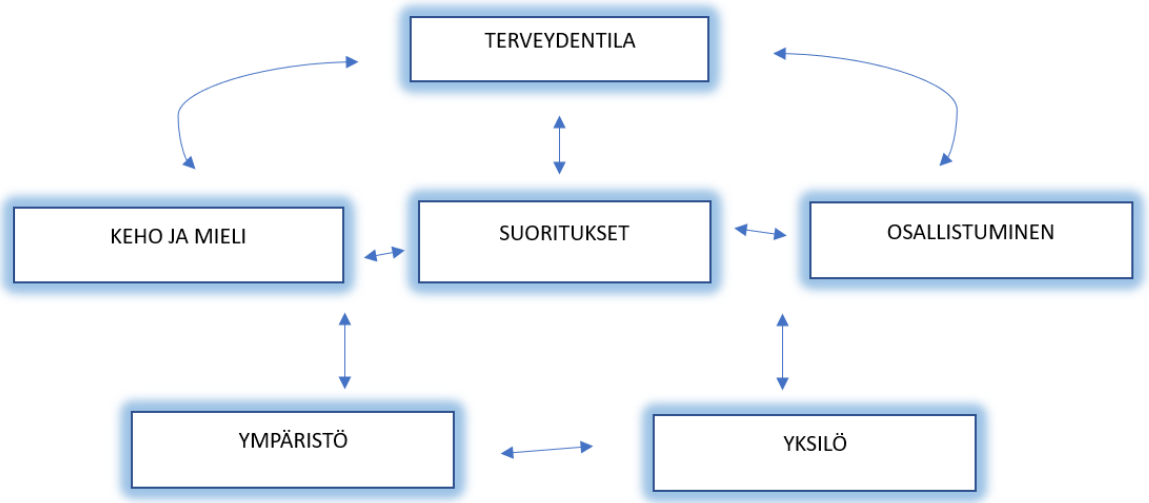

Figure 2. ICF Classification (in Finnish)

3.2. Participation: Involvement in a life situation

"My name is Saana. I like to participate in all kinds of exercise and crafts, but it's not easy for me to make friends. I don't participate in any conversations except with my own family at home. I often find it difficult to follow instructions in class."

"My name is Marja. I use the computer independently when I have enough time to do so. I can also brush my teeth and follow familiar routes independently. My one goal is to recognize and remember to rest enough so that I can be active in everyday life according to my abilities. I want to be more independent in self-care tasks."

The participations and activities chapters of the ICF allow the description of all areas of life for all people. These areas of functioning and disability have been, and often are, examined together because they are so close to each other. However, upon closer inspection, they differ. The participation classes describe key areas of life, e.g. a person's ability to take care of themselves, take care of their home tasks, participate in relationships, school or work, and participate in wider communal life and hobbies. Challenges in participation are described in the ICF classification as participation restrictions. (World Health Organization, 2001 & 2013).

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- Does a person's life, from a participation perspective, correspond to what they want it to be?
- Are they able to do the things in their everyday life that are meaningful or necessary to them?

3.3. Activities: The executions of a task or action by an individual

"I can talk! It's not up to that. I also have a lot of opinions. However, I can't speak, even if I wanted to. Sometimes I don't understand what other people are trying to tell me, and it's also hard for me to show what I mean with my gestures. " – Saana

"I have been practicing actively with a physiotherapist and can now turn from lying on my back to my side in bed and get up on the side of the bed with the help of supports. In addition, I can maintain my sitting position here independently." – Marja.

Under the activities section, human abilities and skills required for participation in everyday life are divided. These include movement and communication, learning and application of knowledge, as well as general tasks. Abilities, skills and tasks are classified from very simple to more complex. For example, participation as described in the previous paragraph is often influenced by more skills. For instance, participating in school education entails the organization of daily routine, undertaking single and multiple tasks, managing stress and demands and so on. (World Health Organization, 2001 & 2013).

- How do tasks, actions or skills go when observed or told by the customer?

3.4. Body functions, psychological functions and body structures

Occupational therapist: "Saana's strengths have been found to be age-appropriate intelligence, but transferring attention from one subject to another is challenging. Saana has a lot of psychomotor slowness and challenges in emotional regulation. Spoken language expression is only possible in some environments."

Physiotherapist: "Marja have active movement in the upper limbs (fingers, wrists, elbow joints and shoulder joints). There is some active movement in the lower extremities, but the lower limbs are very stiff throughout. There is ataxia in the right pair of limbs, which manifests itself especially during physical exertion, when the muscles are tired."

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Aspects of physiology and anatomy are described in body functions and structures. The body is an integral part of human functioning, and the biopsychosocial model considers it in interaction with other components. Body functions are the physiological aspects of body systems, while structures are the anatomical support. In addition, sensory functions, pain, visceral function and musculoskeletal function – such as joint mobility, muscle tone, involuntary movements and walking/running style functions – are described in body functions. Psychological functions - such as consciousness, intelligence, attention, language functions, and emotional life are also included in this component. If any of the functions or structures of the body and mind challenge a person's ability to function, it is called impairment. (World Health Organization, 2001 & 2013).

- Do body structures or body function play a role in performance?
- Do psychological functions play a role in performance?
- Can these be measured?

3.5. Environmental Factors

"My family consists of my mother, father and older brother. I go to a local school, and I have 20 students in my class. I don't have a personal assistant, but a few classmates help me in situations where I can't respond. Sometimes they don't help, and they just decide for me what I think. I have received pictures from the speech therapist that I can use to communicate when needed, and I also write on the board." - Saana

"I live in my own rented apartment with the help of an assistant ring. Assistants assist with ADL activities 12 hours a day. I have an electric wheelchair and a manual chair as mobility aids. Transitions take place with a personnel lift. Other aids available are: shower chair, standing stand, electric bed, shower chair and kitchen aids." – Marja

As a contextual factor, the environment affects human functioning either by facilitating or barriers it. The environment includes the physical environment (natural or man-made), equipment and technologies, close relationships, attitudes and services, governance and politics. (World Health Organization, 2001 & 2013).

3.6. Personal Factors

" I like that things are done in the same order and I know what is going to happen next. I really like exercise and do gymnastics. I want to be sure I'm doing things right before I do." – Saana

"For me, it's important that I get to control my everyday life as much as possible. I like to meet friends and family, go out, and listen to audiobooks. I want to develop myself by studying for a university degree. - Marja

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Personal factors are the particular background of an individual's life and living. These factors are not part of a health condition or health states. These factors may include gender, race, age, other health conditions, lifestyle, habits, coping styles, social background, education, profession, overall behaviour pattern. These things may play a role in disability. Personal factors are not classified in ICF. (World Health Organization, 2001 & 2013).

4. Functioning and assessment in person-centered goal directed rehabilitation

First part of induction material we are focusing on assessment, beginning of the rehabilitation process. Rehabilitation is continuous process that involves identifying clients' problems and needs, relating problems to relevant factors. In this orientation guide we introduce the RPS form and its purpose in clinical work.

Assessment of functioning refers to the examination of function and the factors affecting it. The aim is to collect information on the strengths of functioning and limiting factors that are relevant for rehabilitation. Information can be collected through various methods, such as various measures and interviews. Crucial is to gather comprehensive enough, meaningful, person-centered information, which guides therapy process forward.

Person-centeredness is based on shared responsibility, equal interaction, and cooperation, which emphasizes the client's own activity, participation, and opportunities to influence during rehabilitation process.

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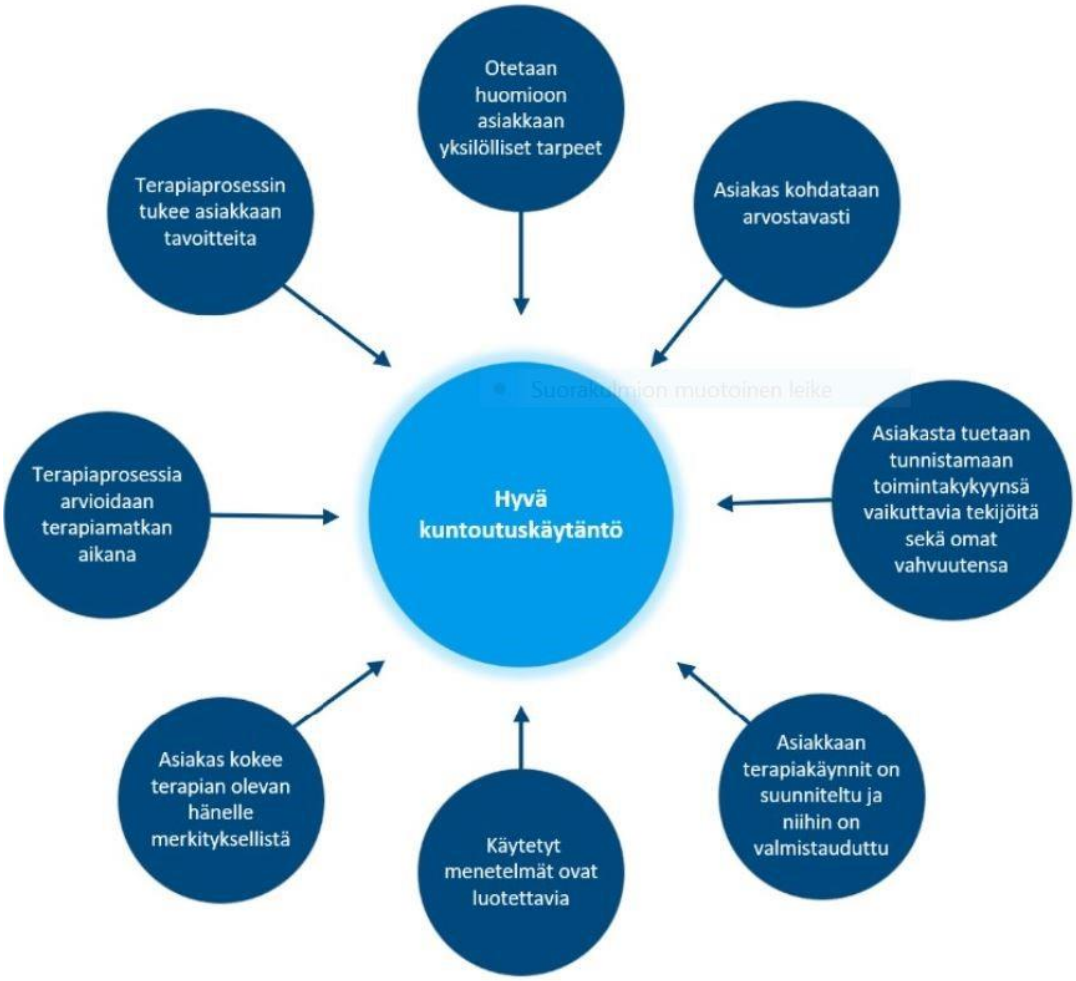

Figure 3. Good rehabilitation practice (in Finnish). (Coronaria, 2023)

The client's participation is reflected in the rehabilitation process as participation in decision-making and goal setting, and the benefits of rehabilitation can be transferred to the rehabilitee's everyday environment. Person-centeredness means working together with the customer, not just for the benefit of the customer. Considering the customer's operating environment and social networks is also part of customer-oriented work. Different environments can create opportunities for rehabilitation or act as limiting factors.

The use of the ICF framework is based on a biopsychosocial approach, which enables its users to collect multidimensional information about an individual's state of health and its effects on human activity from a biological, individual and societal perspective. The core value of rehabilitation can be activities that aim to support the individual's opportunity to participate in society and to engage in activities that are as independent as possible. (World Health Organization, 2013).

As mentioned before, rehabilitation is continuous process, which includes different stages. The ICF framework provides support for the coherence and client-centeredness of the therapy process. ICF

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framework gives frame for describing the clients functioning and it focus what should be considered assess.

We use two therapy process models Magpied-model and Rehab-Cycle in the induction material, a brief summary of which is given in this plan below. In the training material, the models are studied in more detail.

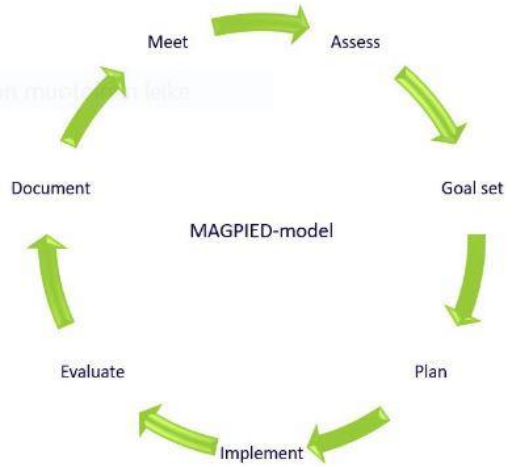
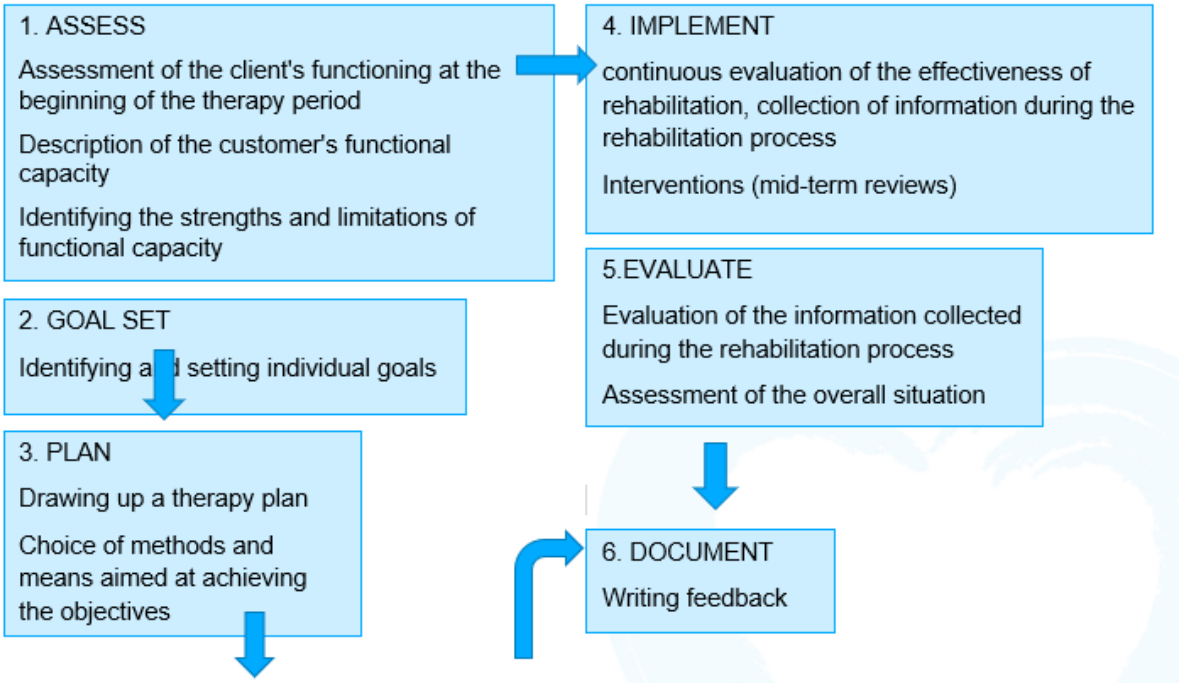


Figure 4. Magpied rehabilitation process (Paltamaa & Myllyharju-Puikkonen, 2024).



The Rehab-CYCLE is used as a framework for problem solving, where it guides the process step by step and the successful outcome is the solution of the problem, or the individual goals achieved (Steiner et al. 2002).

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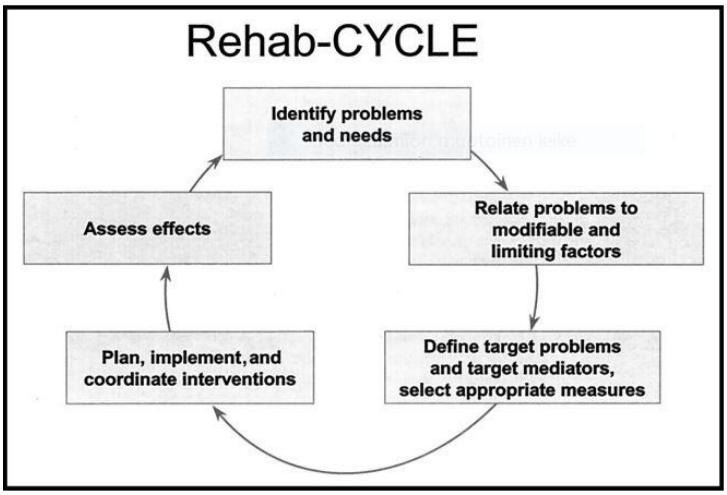

Figure 5. The Rehab- Cycle (Steiner et al. 2002).

1.Identify challenges and needs

2.Connect needs/challenges to customizable and limiting factors

3.Specify your needs and choose the right metrics

4.Plan and implement interventions

5.Assess the impact

5. Rehabilitation Problem Solving (RPS) form

Clients interview plays important role in the beginning of the therapy period and information can be collected in many different ways and an interview is one way. With the help of the interview should get overview of functioning from the perspective of both the client and the health professional. The modified RPS form takes into account ICF-compliant areas, client-orientation and promoting and limiting factors in the rehabilitee's functional capacity. The RPS form can be used in assessing functional capacity as a data collection method. The form has been developed to emphasize the client's point of view, enabling the client's participation in decision-making in the rehabilitation process. The aim of the RPS form is to examine the challenges/promoting factors of the client's functional capacity, which can be used to highlight goals relevant to rehabilitation and to link the most significant functional limitations to modifiable variables. The form is used to bring together the client's and therapist's views on the factors affecting rehabilitation and the framework for the direction in which rehabilitation will be taken. Many rehabilitees may have the same diagnosis, but it is reflected in different ways in their functional capacity, in which case the form can be used to highlight everyone's individual characteristics. In addition, the RPS form facilitates cooperation within and between professions. (ICF Research Branch, 2018).

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The modified RPS form has been built according to the ICF model, with graphical representation of the sub-areas. We wanted to highlight mind functions more.

- Body structures and body/mind functions
- Activities and participation
- Environmental factors
- Personal factors

The form is divided into horizontal and vertical columns. The horizontal columns show the ICF sub-areas and their own sections for strengths/constraints/disturbances as well as limiting and contributing factors for environmental factors. The vertical columns are divided into sections for the client's (family) and professional's perspectives.

RPS-form provide a common language for the description of human function and can be used as an aid to data collection in assessment situations. (ICF Research Branch, 2018).

You can practice of the use of modified RPS-form by watching this video and collect the data from there to RPS-form.

Conversation with a client | Coronaria | INPRO

Source: https://youtu.be/3VRPqlt9u_E

6. Other ICF tools

Other ICF tools which can be used in rehabilitation process are:

- ICF core lists: The core lists include subjects suitable for certain health conditions or situations, which makes it easier to describe functional capacity with the help of ICF in practice. The core lists include the ICF imaging subjects that are at least needed to describe functional capacity because of a specific disease or disease. There are both

short and long core lists. The general core list should always be used as a minimum checklist for practical evaluation situations.

- ICF checklists The ICF checklist is a short version of the most common and key ICF imaging items for practical work. It allows you to identify and assess a person's functional capacity profile simply and quickly.

- ICF code sets/ subsets ICF Core sets are sometimes too broad and not very practical in clinical settings, so different organizations have developed their own ICF code/sub sets.

- Motivational and person-centered interview the purpose is to encourage the customer to be self-directed.

- ICF-based Spiral game helps goal setting. Game consists of 24 question cards based on ICF domains and the answers are written down to a personal assessment.

(Paltamaa J & Myllyharju-Puikkonen A, 2024)

7. Conclusions

The topic of the work is interesting, and interest in the topic was increased by the results of our survey, which allowed us to conclude that there is a need for training. Interest towards the thesis also increased as the education progressed, and knowledge grew. For the past few decades, the healthcare sector has been talking about ICF, so everyone is familiar with the topic in some way, some know more about the topic, and some know less. The ICF has also been strongly visible through Kela, which recommends service providers to use the ICF framework in goal-oriented rehabilitation work. Thus, we can assume that the employees of the organization are ready to accept the training and understand the ICF link to practical work.

The main theme of the final assignment has been a strong connection to practical work, and we wanted to take the task forward with customer stories, in narrative form. The aim is that customers Saana and Marja will also explore the following parts of the training and guide them forward in the training, in practical ways.

We saw a need to refine and narrow down the topic quite a bit in order to keep the content of the training compact. It is also possible to limit the content of the training by dividing the training into parts, so that each section focuses on a specific area. From the point of view of rooting knowledge and moving into practice, it makes more sense to divide the whole into smaller parts.

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Working on the matter has been smooth, and in our company ICF is of interest on many levels. In the autumn, we will continue to put this material into practice in accordance with the project plan. After this, we will continue or direct the continuation to the following sections, which could be, for example, ICF and client involvement during the rehabilitation process, as well as ICF to help write final feedback on rehabilitation.

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APPENDIX

APPENDIX 1. Survey results

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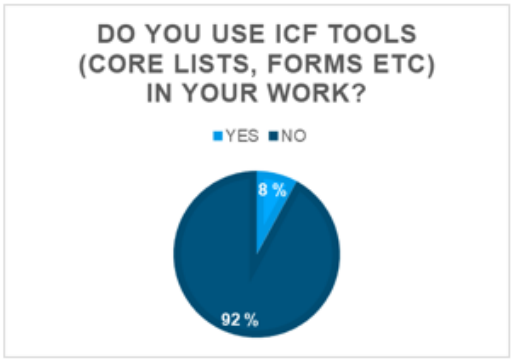

8. If you answered yes to the previous question, please mention here what tools have you used?

ESpiral evaluation, Spiral board games, ICF form to Nuotti-coaching, RPS-form, Whoqol bref, functioning profiles, GAS-measurement

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Appendix 2 Modified RPS form

Coronaria 3.9.2021 Luonnos/RPS (Rehabilitation Problem Solving-Form)

Asiakas: **Diagnoosi:**	**Kuntoutuksen kokonaistavoite:**
Asiakkaan (perheen) näkökulma	
Kehon toiminnot/rakenteet **vahvuudet / häiriöt**	Suoritukset & Osallistuminen **vahvuudet / rajoitteet**
Ammattilaisen näkökulma	
Kontekstuaaliset tekijät	
Ympäristötekijät yksilön/perheen näkökulma: **Edistävät tekijät** **Rajoittavat tekijät**	Yksilötekijät:

Source: ICF Research Branch. (2018). ICF Case Studies. https://icf-casestudies.org/case-studies

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