

ICF Basic course

Reflection webinar / seminar

– teacher’s material

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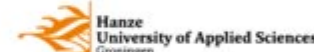


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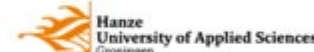
Questions – small group discussions

1. How the ICF classification complements the ICD10 classification?
2. Describe, how the usage of ICF promotes person centredness and interprofessional collaboration?
3. Explain – what does it mean: ICF is hierarchical, integrative bio-psyko-social model of functioning.
4. In which ICF component, would you place the next things:
Home, dizziness, meeting friends, taking care of pets, smoking, winter, quality of life
5. How can you describe the positive perspective of the health and strengths of the person, using ICF framework.
6. What is the difference between performance and capacity? Which term would you use, when you describe the persons problems / challenges in
 - a) making food
 - b) memory
 - c) getting social services



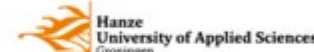
1. How the ICF classification complements the ICD10 classification?

- ICD10 is a classification of diseases, disorders or traumas/injuries. Those are called Health Conditions in ICF
- ICD10 is for use by doctors only.
- Diagnosis alone is not enough to describe the day-to-day problems in functioning that an individual with health condition experiences.
- Two persons can have a same diagnosis but the different level of functioning. Two persons can have a same level of functioning but they have different diagnosis.
- ICF is a comprehensive / versatile model of functioning comparing the ICD10, which is only a diagnosis.
- Although the diagnosis remains the same, the person's ability to function varies from time to time.
- ICD10 complements the functioning but ICF can be used without Health Condition too.
- If a person has several diagnosis, all the diagnoses are taken into account when using ICF.



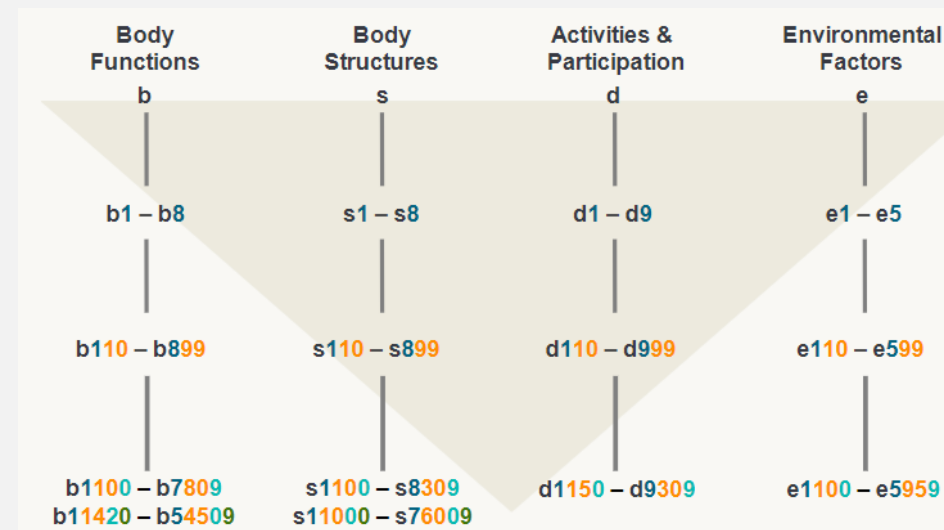
2. Describe, how the usage of ICF promotes person centredness and interprofessional collaboration?

- The ICF can be used by any professionals who are working with person's functioning
- The ICF can be used as a common language (common terminology) in communication between different professionals. Increases the quality of care, when all the professionals understand the things /issues at the same way.
 - Communication
 - Documentation
- The ICF classification can be used to describe all information relevant to the client/patient – person's needs, hopes, strengths (e.g. interviews, questionnaires)
- The ICF has many domains, which is why an interprofessional team is often needed to assess functioning and consider interventions.
- There is evidence that many factors affect an individual's ability to function and the ICF allows these factors to be considered simultaneously.



3a. Explain – what does it mean: ICF is hierarchical, integrative bio-psyko-social model of functioning.

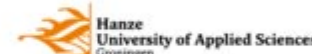
- Hierarchical
 - Objects in the ICF are organized in a hierarchical structure – ICF categories are placed in similar groupings (same kind of things in one domain)
 - There are different level of information in the ICF. The hierarchical structure of the ICF allows the broader or more detailed description of functioning. It can be used at any level.
 - ICF structure:
 - Two parts (Functioning and Contextual factors)
 - Four components (e.g. activity and participation)
 - Chapters, 1st-4th level of information



ICF e-Learning, Module 5, slide 14.
<https://www.icf-elearning.com/>

3b. Explain – what does it mean: ICF is hierarchical, integrative bio-psyko-social model of functioning.

- The ICF can be used at different levels:
 - Individual level (micro)
 - Institutional level (maso)
 - Social level (macro)
- Disability is a complex phenomenon that is both a problem at the level of the person's body and a complex at a primarily a social phenomenon
- The ICF intergrates the medical and social models
- There is an interaction between the health (dg), functioning, enviromental and personal factors – Those are integrated into the ICF model
 - If there is a change in one domain of the ICF classification, it will also have an impact on the other domain or domains. (e.g. person has pain (b) → unable to move (d)→ unable to go to library (d). He will get a good pain killers (e) → it makes him able to move again (d))

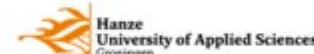


4. In which ICF component, would you place the next things:

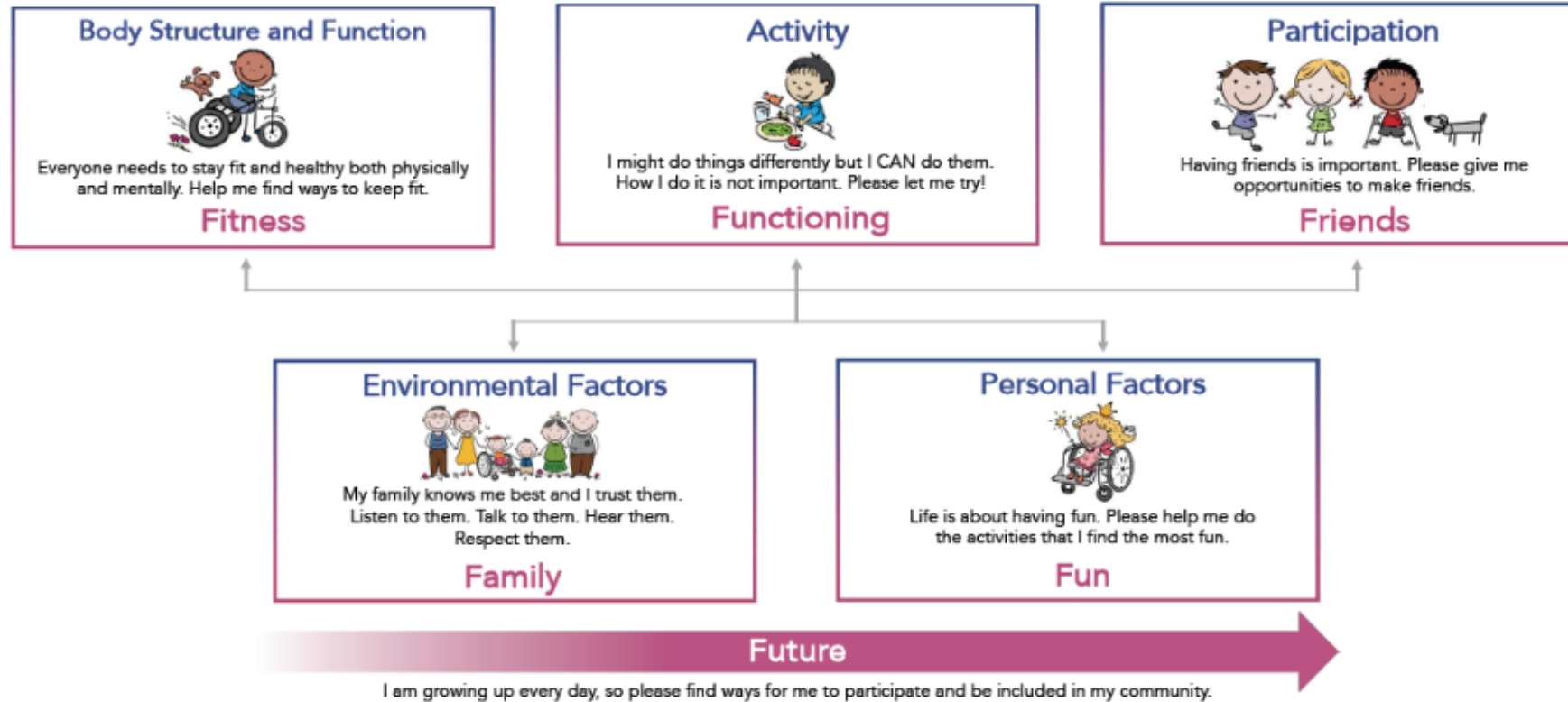
	Domain	(not asked in the assignment)	Notes
Home	e	e155 Design, construction and building products and technology of buildings for private use	Physical environment
Dizziness	b	b240	Could be the health condition too
Meeting friends	d	d9205 Socializing	If friends help the person, domain is e (support)
Taking care of pets	d	d6506 Taking care of animals	If the person feels the pet gives e.g. secure, domain is e
Smoking	pf	Pf not coded b130 Energy and drive functions d570 Looking after one's health e260 Air quality	Pf (habit) b (nicotine addiction) d (look after one's health) e (passive smoking - air quality) Many options depending on the situation
Winter	e	e2255 Seasonal variation	
Quality of life	-		Not part of ICF, but is used in parallel with ICF. It is a subjective opinion related to a person's values. An individual's perception of life satisfaction/enjoyment. QoL instruments can assess all the domains of ICF.

5. How can you describe the positive perspective of the health and strengths of the person, using ICF framework.

- The ICF is a model of **functioning** and disability
- Neutrality: Wherever possible, domain names should be worded in neutral language so that the classification can express both positive and negative aspects of each aspect of functioning and disability.
- Environmental factors it can be used Generic qualifier, with negative (.) and positive scale (+)
- Although there is not possibility to use the positive qualifier in Functioning (body functions and structure, activity and participation, the professionals need to ask, what are the strengths, hopes etc. in person's life. Qualifier .0 can be used and narrative description in documentation.
 - Good example is the F-words model, when using ICF with children. The professionals are concentrating only the strengths. (see the next slide)



The ICF Framework¹ and the F-Words²



For more information visit the F-words Knowledge Hub:
www.canchild.ca/fwords



1) World Health Organization. (2001) *International Classification of Functioning, Disability and Health (ICF)*
2) Rosenbaum P & Gorter JW. (2012). The 'F-words' in childhood disability: I swear this is how we should think! *Child Care Health Dev*; 38.

Picture: CanChild.

https://canchild.ca/system/tenon/assets/attachments/000/004/249/original/ICFFramework_and_Fwords_ENG-ACCESS.pdf

6. What is the difference between performance and capacity? Which term would you use, when you describe the persons problems / challenges in

What is the difference between performance and capacity?

- **Performance:** Describes what an individual does in his current environment. This takes into account the environmental factors – all aspects of the physical, social and attitudinal world.
- **Capacity:** Describes an individual's ability to execute a task or an action in a standard environment; this indicate the highest probable level of functioning that a person may reach.

Which term would you use, when you describe the persons problems / challenges in? The ICF uses a specific term to describe problems in a particular domain:

- a) making food: making food belongs to domain d (activity and participation) → activity **limitation or participation restriction** → **limitations or restrictions** making food
- b) memory: memory belongs to domain b (body functions) → **impairments** in memory
- c) getting social services: getting social services belongs to domain e (environmental factors) → **barriers** getting the social services

