

WP4

Development of CPD courses for the Competence of Multidisciplinary Collaboration

COURSE 1		
Name of the course	Developing Competence in Multidisciplinary Collaboration	
EQF Level	7	
Place	Prishtina	
Structure of the course	Contact hours Frequency Assessment – yes or no	
Educators/Teacher		
Target group	Students	
Competences	Content	Learning strategies
What we aim to achieve: <ol style="list-style-type: none"> Understanding the ICF nomenclature Applying the ICF Approach using the respective diagnosis and assessment, and treatment plan templates To build trust and better relationships with people who use our services so they feel more confident and in control of choosing how best their care needs can be met. 	Description of the module: Aim of Service User Involvement is the process of involving service users in the governance and development of health and social services. Involvement allows people to network and share ideas and experiences about the participation agenda. It offers people who work in engagement the support and guidance to reach deeper into communities so that they	Priority <ul style="list-style-type: none"> Co-creation Social-constructivism Blended learning Evidence based learning Simulation learning Other relevant options

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<ol style="list-style-type: none"> 4. To ensure service-users have better access to information about services. 5. To enhance public awareness of health services and improve information to local communities and families and reduce stigma 6. to define comprehensive and holistic approach of particular patient and his/her family health needs; 7. to recognize what role of the patient and/or family and community could be follow in health care process and involve them as most important members of the team for getting relevant self-care and support from family and community; 8. to apply communication and leadership skills needed to organize different professionals to form an extended team; 9. to be able to give feedback to other team members on their performance; 10. to apply tools to record and monitor progress toward objectives agreed by whole team. 11. To managing cases in multi-professional approach 12. to improve access to information so service-users are more in charge of their own care. 13. To ensure staff have the skills and information about local resources to support service users in individual care planning, and recovery. 14. Ensure service-users know how to get involved in the planning and monitoring of services 	<p>have more opportunities to take part in healthcare decisions.</p> <p>Involvement is a Patient, institution and Public Participation (PPP).</p> <p>Multidisciplinary teams have become a standard to address such needs, because no single agency has all the resources and experience needed to address such complex needs. Various international studies prove, that multidisciplinary teams of primary health care (PHC) are cost-effective and reduce hospital admissions and improve control of NCDs (Clements et al., 2007). Communication and cooperation with other health care professionals is very common in everyday PHC practice in any country.</p> <p>Effective service user involvement requires making decisions about who to involve, what methods to use and matching the methods to suit the purpose. They are infinite way to involve service users. Apart from the more common methods such as surveys, focus groups and service user panels.</p>	<ul style="list-style-type: none"> ● Problem based learning ● Project-based learning ● Research based learning
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<p>feeling confident they will be supported. Build stronger collaborative working with the Service-User Alliance and the range of service-user groups to ensure active co-creation.</p> <p>15. To build a model of Peer work, offer training to service-users in their own right and with staff enabling the development of new skills and access to new roles.</p> <p>16. Set clear robust systems for ensuring service-users are valued, and rewarded for their work.</p> <p>a. • To look in more detail at arrangements for paying service-users and ensure this has sufficient regularity and falls in line with national policy, and local practice in neighbouring and commissioning teams.</p> <p>b. • to Ensure Staff and Directors know how to access the pool of service-users and groups.</p> <p>17. Including- User involvement in the rehabilitation processes</p> <p>18. Increasing human resources for rehabilitation process</p>		
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COURSE 2		
Name of the course		
EQF Level		
Place		
Structure of the course		
Contact hours Frequency Assessment – yes or no		
Educators		
Target group		
Competences	Content	Learning strategies

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