

MedVET Curriculum Framework

Erasmus+ Strategic partnership VET project
“VET programme for medical practitioners supporting parents of babies with disabilities and complex needs”

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For further information related to the MedVET project please visit:

Website: medvet-project.eu

Facebook group: <https://www.facebook.com/Medvetproject>

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I. Learning pathways

1. Modules names:

- Module 1 - Introduction to the interaction with the parents of newborns with congenital disabilities and premature babies
- Module 2 - Early child development (typical and atypical)
- Module 3 - Disability and the specific needs
- Module 4 - Physical and mental dimension of the disability
- Module 5 - Advising and support of parents
- Module 6 - Early intervention support and prevention of child abandonment
- Module 7 - Communicating with the family
- Module 8 - Interaction with other professionals
- Module 9 - Psychological support of the medical professionals and burnout prevention
- Module 10 - Work based learning through work based peer mentoring support

2. Following **learning pathways** have been identified, applicable to the different modules and target groups' professional profile:

TARGET GROUPS	MODULES									
	1	2	3	4	5	6	7	8	9	10
Medical doctors within obstetrics, gynaecology, neonatology department within private and public hospitals	X	(x)	x	x	(x)	x	X	(x)	X	X
Nurses and midwives working in obstetrics, gynaecology, neonatology departments	X	x	X	x	(x)	X	X	(x)	X	X
Doulas (birth companion and post-birth supporter)	X	X	X	X	X	X	X	X	X	x
Personal care givers of babies and young kids with disabilities and complex needs	X	X	X	X	X	X	X	X	X	x
Professionals working in the field of children abandonment	X	X	X	X	X	X	X	X	X	x
Professionals engaged in Early intervention services	X	X	X	X	X	X	X	X	X	x

X – Compulsory

x – Recommendable

(x) - Optional

II. ECVET compliant curriculum

Module 1	Introduction to the interaction with the parents of newborns with congenital disabilities and premature babies.
Summary and table of contents with the main ideas	<p>The purpose of this module is to offer support in dealing with emotions and problems to parents of children with congenital disabilities or born prematurely, in the first days after learning about the diagnosis or while waiting for it.</p> <p>The learners will be able to find out what are the emotions that parents go through, the losses they experience, how the mind and body reacts in these situations, what are the risk factors which can transform an event in a traumatic event and the unfolding stages of the traumatic process, in order to better understand which is the best approach of the parents in these situations. Also they will find out what are the needs of the parents while the baby is hospitalized and after being discharged, the difficulty of taking on the parenting roles while the baby is in the neonatal intensive care unit (NICU), and how the medical staff can help the development of the parent-child relationship.</p> <p>They will understand which are the specific signs of anxiety, post-partum depression, and panic attacks, as well as the importance of recognizing them in the hospitalized mothers, in order to advise seeking specialized help and offering support while in the hospital. And last, but not least, which are the basic principles of assertive communication by medical staff.</p>
Aims	<ul style="list-style-type: none"> • Raising awareness and understanding among the medical staff about the overwhelming emotions experienced by parents after learning about the diagnosis • Identifying and understanding parents' needs, during the first days and after leaving the hospital. • Understanding the difficulty of taking on the parenting role and the way the medical staff can support/ improve the development of the parent-child relationship.

	<ul style="list-style-type: none"> • Raising awareness on the potential psychological problems or anxiety issues, post-partum depression, panic attacks, which mothers face during their time in hospital, as well as their partner. • Strategy proposals which are meant to facilitate the understanding and supporting the mothers/parents that are going through hard times.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.).
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Good level of social skills Ability to demonstrate empathy
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • The learner understands the parents needs and knows how to interact with them, whether in hospital or in aftercare. • The learner knows the factors that can lead to a traumatic event. • The learners know what assertive communication stands for. <p>Skills</p> <ul style="list-style-type: none"> • The learner can apply an assertive approach towards parents on a per-need basis. • The learner can understand the complexity of the situation of the parent of a newborn

	<p>with congenital disabilities and/or born prematurely and the learner is able to support them emotionally.</p> <ul style="list-style-type: none"> • The learner can identify the signs of anxiety, depression and panic attacks. <p>Competences</p> <ul style="list-style-type: none"> • The learner is able to identify the parents' feelings in a difficult situation of having a newborn with disabilities or born prematurely. • The learner is able to identify the parents' needs during hospitalization of the newborn. • The learner is able to choose the best approach to support the parents during hospitalization, using assertive communication techniques.
<p>Contents:</p> <ol style="list-style-type: none"> 1. Emotional roller-coaster <ol style="list-style-type: none"> 1.1. Learning the news 1.2. Coping with the losses <ol style="list-style-type: none"> 1.2.1. Parents' losses 1.2.2. Common parental reactions 1.2.3. The grief process 1.3. Taking on parenting role <ol style="list-style-type: none"> 1.3.1. The infant's needs 1.3.2. Difficulties in the case of neonatal intensive care units 1.4. Parents' needs and support by medical staff <ol style="list-style-type: none"> 1.4.1. When receiving the news 1.4.2. During hospitalization 1.4.3. At home 2. Stress and traumatic potential <ol style="list-style-type: none"> 2.1 Definitions 2.2. How the body and mind react to stress <ol style="list-style-type: none"> 2.2.1. Body's reaction 2.2.2. Mind's reaction 2.3. When stress is traumatic 2.4. Phases of traumatic process 3. Anxiety, post-partum depression and panic attacks <ol style="list-style-type: none"> 3.1. Anxiety 3.2. Panic attacks 3.3. Post-partum depression 3.4 Traumatic stress disorder 	

4. Assertive communication techniques	
Module 2	Early child development (typical and atypical)
Short summary and table of the content	This module will help the reader to understand typical development, as well as various reflexes, month by month for a child aged 0-3. Additionally, we also look at the atypical development month by month.
Aims	<ul style="list-style-type: none"> To identify every component of (a)typical development (motor, fine motor, language, social, cognitive, sensory) Be informed about the milestones and developmental stages of babies month by month To get information about reflex development of babies
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Basic knowledge of anatomy and physiology
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> The learner is aware of social, speech-language, motoric, emotional, cognitive development of the baby/child. The learner is able to link age and development stages, both typical and

	<p>atypical.</p> <ul style="list-style-type: none"> • The learner understands “red flags” that indicate developmental delay. • The learner is aware of reflexes of babies. • They should be aware about primitive reflexes and related standardised assessments, and their relation to developmental delay, and possible disability. <p>Skills</p> <ul style="list-style-type: none"> • The learner can recognize typical and atypical child development. • The learner can identify all stages of child’s development. <p>Competences</p> <ul style="list-style-type: none"> • They can identify the potential risks of the future disability and/or developmental delay.
<p>Contents:</p> <p>2.1 Typical development (month by month)</p> <p>2.1.1 Gross motor development</p> <p>2.1.2 Fine motor development</p> <p>2.1.3 Speech and language development</p> <p>2.1.4 Social, emotional, cognitive development</p> <p>2.2 Atypical development</p> <p>2.2.1 Developmental delay</p> <p>2.2.1.1 Motor development</p> <p>2.2.1.2 Speech and language development</p> <p>2.2.1.3 Social, emotional, cognitive development</p> <p>2.2.1.4 Sensory Integration</p> <p>2.2.2 Atypical posture development</p> <p>2.3 Reflexes</p> <p>2.4.1 Primitive reflexes</p> <p>2.4.2 Righting/equilibrium reactions</p> <p>2.4 Sensory Integration</p> <p>2.4.1 Definition</p> <p>2.4.2 Sensory Integration Issues</p> <p>2.5 Standardised assessments for child development</p> <p>2.5.1 Tests</p> <p>2.5.2 Observation checklists</p>	

Module 3	Disability and the specific needs
Short summary and table of the content	This module provides information about the various risk factors that may lead to the disability of a newborn. It also puts emphasis on the correct and the incorrect terms used to address persons with particular functional limitations. In addition the Module contains links to useful resources such as ICF, national programs for social support of families and their newborns with disabilities.
Aims	<ul style="list-style-type: none"> • To classify and describe the potential risks that may cause particular disability of a newborn. • To give access to widely recognized definitions and classification of disabilities. • To give an overview of the specific needs through the quality of life concept. • To present the scope of social support available in different countries for families and their newborns with disabilities.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	None
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • The learner knows the proper terminology to address people with disability and is familiar with the International Classification

	<p>of Disabilities.</p> <ul style="list-style-type: none"> • The learner knows the medical, social and Bio Psychosocial models of disabilities. • The learner knows and understands how the systems for social protection and support are operating in his/her country. <p>Skills</p> <ul style="list-style-type: none"> • The learner can identify the potential risk factors which can contribute to the occurrence of a particular disability. • The learner can recognise the specific needs of a person caused by the impairment/disability. <p>Competences</p> <ul style="list-style-type: none"> • The learner is able to link the disabilities with the specific needs that the individual may have over his lifespan. • The learner is able to recommend reliable and suitable social protection and support, applying an individualised approach.
<p>Contents:</p> <p>3.1. Risk factors that may lead to disability of the newborn</p> <p> 3.1.1. Biological risks</p> <p> 3.1.1.1 Prematurity</p> <p> 3.1.1.2 Infections</p> <p> 3.1.1.3 Intoxicants</p> <p> 3.1.1.4 Foetal Alcohol Syndrome</p> <p> 3.1.1.5 Drug addictions</p> <p> 3.1.2. Established risks</p> <p> 3.1.2.1 Chromosomal abnormalities</p> <p> 3.1.3. Giving the diagnosis and decision on pregnancy termination</p> <p> 3.1.4. Socioenvironmental factors risks</p> <p> 3.1.4.1 Poverty</p> <p> 3.1.4.2 Cultural differences</p> <p> 3.1.4.3 Linguistic differences</p> <p> 3.1.4.4 Lifestyle choices and attitudes</p> <p>3.2. Definitions and functional classification of disabilities</p> <p> 3.2.1. Classifications of Disabilities</p> <p> 1 - Mobility and Physical Impairments</p> <p> 2 - Spinal Cord Disability</p> <p> 3 - Head Injuries - Brain Disability</p>	

- 4 - Vision Disability
- 5 - Hearing Disability
- 6 - Cognitive or Learning Disabilities
- 7 - Psychological Disorders
- 8 - Invisible Disabilities
- 3.2.2. Terminology and models used
- 3.2.3. International Classification of Functioning, Disability and Health (ICF)
- 3.2.4. Specific needs: who are the people with special needs and what determine their special needs
 - 3.2.4.1. The concept
 - 3.2.4.2. Who are the people with specific needs?
 - 3.2.4.3. Scope of protection and social support

Module 4	Physical and mental dimension of the disability
Short summary and table of the content	<p>This module provides overall information about several groups of disabilities/ disorders and their impact on the physical, cognitive and psychological development of the individual.</p> <p>The content is targeted to those specialists who want to learn more about the specifics and the main characteristics of 9 disabilities / disorders, which occur among newborns, infants and toddlers.</p> <p>The content and the description of the chosen disabilities/ disorders cannot be considered as fully, comprehensive and exhaustive, but it is an attempt to give insight on various manifestations of the particular disability/ disorder and how it affects the individual.</p> <p>The module also provides information about the processes and changes faced by the family when the newborn with disability joins it as the newest member.</p> <p>The 9 disabilities are allocated in the following 2 major groups: Sensory impairments/ disabilities and Physical and neurological disorders/ disabilities.</p>
Aims	<ul style="list-style-type: none"> • To describe the processes and adjustments within the family as a result of the newborn's condition, through various perspectives. • To provide an overview of 9 disabilities, their main characteristics and their impact on the physical, cognitive and psychological development. • To create awareness about the importance of reversing the "sentence" diagnosis, into coping with the difficulties in the most effective manner.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print

	outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Completed Modules 1, 2, 3
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • The learner understands the impact of the diagnosis on the family life. • The learner knows the main characteristics of the 9 disabilities/ disorders included in the module. • The learner knows how the particular disability influences the development of the cognitive functions of the individual. <p>Skills</p> <ul style="list-style-type: none"> • The learner can present the information about the particular disability from different perspectives (medical, psychosocial and humanistic). <p>Competences</p> <ul style="list-style-type: none"> • The learner can advise the family members how to seek individual support considering the disability and abilities. • The learner is able to communicate the specific information about people with sensory impairments/ disabilities as well as people with physical (neurological) disabilities. • The learner is able to inform the parents about the possible disruptions or delays in the cognitive and mental development of a newborn with particular disability.

Contents:

- 4.1. The newborn with disability as a new family member
 - 4.1.1 Family functioning and adjustments
 - 4.1.2. Supporting the parent-child relationship during hospitalization.
 - 4.1.3. The matter of the precise recipes and prescriptions given to parents
- 4.2. Congenital disabilities and disabling health condition or impairments due to birth trauma
 - 4.2.1. Chromosomal disorders
 - 4.2.1.1. Angelman Syndrome
 - 4.2.1.2 Down syndrome
 - 4.2.1.3 Fragile X Syndrome
 - 4.2.1.4 Klinefelter (XXY)
 - 4.2.1.5 XYY syndrome
 - 4.2.1.6 Prader-Willi Syndrome
 - 4.2.1.7 Turner Syndrome
 - 4.2.1.8 Williams-Beuren syndrome
 - 4.2.2. Multifactorial disorders
 - 4.2.2.1 Congenital heart defects (severe)
 - 4.2.2.2. Neutral tube defects
 - 4.2.3 Neuromuscular diseases
 - 4.2.3.1 Congenital Muscular Dystrophy
 - 4.2.3.2 Spinal muscular atrophy
 - 4.2.4. Neurodevelopmental disabilities
 - 4.2.4.1. Cerebral Palsy
 - 4.2.4.2. Sensory impairments - physical and mental dimensions

Module 5	Advising and support of parents
Short summary and table of the content	<p>This module provides information about genetic counselling and the process of advising children and their families affected by or at risk of genetic and chromosomal disorders.</p> <p>It helps them understand the consequences of genetic and chromosomal disorders and adapt to its medical, psychological and familial implications.</p> <p>Genetic counsellor has to:</p> <ul style="list-style-type: none"> • Determine the diagnosis - family and medical history, examination and appropriate investigation. • Calculate and present the risk - inheritance, reduced penetration, foetal developmental delay. • Offer to parents carrier detection and predictive testing - screenings (population carrier, neonatal, prenatal) and diagnosis. • Initiate informal two-way communication process with the family. • Coordinate multidisciplinary support of children with birth defects. • Ensure effective implementation of new technology and treatment. • To provide a long-term source of information and support.
Aims	<ul style="list-style-type: none"> • Help parents to understand the linkage between genetic and chromosomal disorders, and the possible disabilities of their child. • Help parents to develop skills that contribute to an improved quality of life of the newborn. • Help parents to acquire problem solving skills.
Teaching methods	Blended (mobile, online, face-to-face)

Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Basic knowledge of the chromosomal and genetic disorders.
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> The learner knows the key components of genetic counselling. <p>Skills</p> <ul style="list-style-type: none"> The learner can calculate and present the risk of birth defects. The learner is able to present information in a clear, sympathetic and appropriate manner. The learner has the readiness to listen. The learner is receptive to the fears and aspirations, expressed or unexpressed by parents. <p>Competences</p> <ul style="list-style-type: none"> The learner is able to coordinate a multidisciplinary support team for parents of children with birth defects. The learner should empowers people with disabilities, their families and communities by raising awareness.
<p>Contents:</p> <p>5.1. Definition of birth defects</p> <p>5.2. Classification of Birth Defects</p> <p>5.2.1. Single abnormalities</p> <p>5.2.2. Multiple Abnormalities</p>	

5.3. Genetic counselling

5.3.1. Carrier detection and predictive testing

5.3.2. Informal two-way communication process

5.4. Coordinate a transdisciplinary support team for parents of children with birth defects

5.5. Ensuring effective implementation of new technologies and treatments

5.6. Long-term source of information and support

Module 6	Early intervention support and prevention of child abandonment
Short summary and table of the content	<p>This module contains 2 different main topics. The first one is the early intervention support and the second is the prevention of child abandonment.</p> <p>In first topic learners will be able to find the answers of these questions: What is early intervention support, what does it consist of, who needs early intervention support, how to assess and follow up the infants who are directed to early intervention support, what are the services of early intervention support.</p> <p>Early intervention support is for babies/children from birth to age 3. The 0-3 year period is characterized by the most rapid development of the brain.</p> <p>Supports, therapies made during this period are essential for the development of the child's potential. This module also gives information about the neurological and physiological changes of the brain during this period.</p> <p>Learners of this module will acquire the necessary knowledge to provide early intervention support, which will generate social and economic benefits for the parents and community as a whole.</p> <p>The second main topic is the prevention of child abandonment. There is information provided about the risk factors and the strategies to prevent child abandonment among parents of children with disabilities.</p>
Aims	<ul style="list-style-type: none"> • To raise awareness among medical staffs, families and society as a whole on the importance of early intervention support. • To provide information to the (future) parents of the newborn with congenital disability/developmental delays, on early

	<p>intervention support.</p> <ul style="list-style-type: none"> • To provide information about developmental delay and important changes in the brain that affect the child during the first 3 years of their life. • To provide information on how to cooperate with families of babies with congenital disability/developmental delays and train them on how to cope with their stress anxiety. • To raise awareness about abandoned children. • To provide information about strategies that prevents child abandonment.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	<p>Mobile and online learning: 30 hours</p> <p>Face to face teaching: 5 hours</p>
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	None
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • Be aware of the different components of early intervention support. • Be aware of the impact of the child abandonment and the strategies to help prevent it. <p>Skills</p> <ul style="list-style-type: none"> • Being able to identify appropriate measures

	<p>for early intervention support.</p> <ul style="list-style-type: none"> • Being able to identify strategies to prevent child abandonment. <p>Competences</p> <ul style="list-style-type: none"> • Being able to provide early intervention support to families at the appropriate time. • Being able to collaborate with families and manage their stress and anxiety. • Being able to develop strategies to prevent child abandonment.
<p>Contents:</p> <p>6.1. What is early intervention support?</p> <p>6.1.1. Screening, identification and assessment in early intervention</p> <p>6.1.2. Early intervention support services</p> <p>6.2. Who needs early intervention support?</p> <p>Country specific mechanism</p> <p>6.2.2.2. Family/economic/health risk factors</p> <p>6.2.2.3 Social and economic gains of early intervention</p> <p>6.2.2.3. Stress of family</p> <p>6.3. Stress of family</p> <p>6.3.1 Family stress caused by special condition of the baby/child</p> <p>6.3.2 Effects of family stress on developmental outcome</p> <p>6.3.3 Managing stress of family</p> <p>6.4. Importance of early intervention support</p> <p>6.4.1. Plasticity of Brain</p> <p>6.4.2. Neuronal maturation</p> <p>6.4.3. Prevention child abandonment</p> <p>6.4.3.1. Definition of child abandonment</p> <p>6.4.3.2. Risk factors of child abandonment</p> <p>6.4.3.3. Incidence of child abandonment in Europe</p> <p>6.4.3.4. Strategies to help prevent disabled child abandonment</p>	

Module 7	Communicating with the family
Summary and table of contents with the main ideas	<p>The purpose of this module is to understand the importance of communication between the medical staff and the parents of the newborns with congenital disabilities and/or prematurely born. It contains the detailed attributes of an efficient communication with the family, the perspective and expectations of the parents in communicating with the medical staff, coping strategies which are the “go to” for parents in these situations, the challenges the medical staff has to face and also the specifics of communication when it comes to neonatal intensive care unit (NICU).</p> <p>The learners will understand the difference between optimal vs. poor communication in these situations and what strategies they can apply for a better interaction with the parents.</p>
Aims	<ul style="list-style-type: none"> • Offering suggestions with regards to the communication process with the parents of newborn babies with congenital disabilities and/or born prematurely. • To offer communication guidelines in the clinical environment in order to deliver difficult information, uncertain and/or bad news, and to highlight alternative methods of communication. • Raise awareness about the expectancies of parents experiencing difficult situations and different coping mechanisms that they rely on. • Delivering practical advice on communicating with the parents. • Developing a set of skills which will facilitate a better communication and interaction with the parents.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials

Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.).
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Good level of social skills Ability to demonstrate empathy Completed module 1
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • The learner can understand what efficient communication with the family implies and understands the perspective of the parents. • The learner knows what the parents expect from the medical staff and what communication errors to avoid. <p>Skills</p> <ul style="list-style-type: none"> • The learner knows how to deliver different news in accordance with each particular situation. • The learner applies the principles of optimal communication with the parents • Being able to identify the proper strategy to deliver bad news. • The willingness to communicate in an open and accessible manner with parents. <p>Competences</p> <ul style="list-style-type: none"> • The learner is able to communicate and interact efficiently with the parents of the newborn baby with congenital deficiencies and/or prematurely born. • The learner is able to select the best strategy depending on the message that needs to be conveyed and apply it in the specific

	situations the parents are in.
Contents:	
7.1 Efficient communication with the family	
7.1.1. The attributes of a good communication	
7.1.2. The parents' perspectives	
7.1.3. Challenges for medical staff	
7.1.4. Communication features in the case of neonatal intensive care units	
7.1.5. Methods of expressing emotions for parents	
7.2 Communication in various situations	
7.2.1. Communication of bad medical news	
7.2.1.1. Recommended methods /protocols – SPIKES	
7.2.1.2. Recommended methods /protocols – ABCDE model	
7.2.1.3. Recommended methods /protocols – BREAKS	
7.2.2. Particularities of communication in Neonatal Intensive Care Units	
7.2.3. Particularities of communication, alternative methods	
7.2.4. Defective communication	

Module 8	Interaction with other professionals
<p>Short summary and table of the content</p>	<p>This module provides information about the involvement of different members of staff in the provision of counselling depending upon their role within the multidisciplinary team, and the skills, knowledge, experience and qualifications held and used by individual members of the team. These also include professionals from social services.</p> <p>Information on genetic testing and interpretation of results is primarily conveyed to patients by doctors. However, specialist nurses and psychosocial professionals know patients and families well and therefore have an important role in identifying and reaching individuals who should be referred to surgical and rehabilitation services, where physiotherapists, speech therapists and occupational therapist are available.</p> <p>Following experts are normally involved in such team:</p> <ul style="list-style-type: none"> • care physician • genetic counsellor • neurologist • neurosurgeon • orthopaedist • developmental paediatrician • physiotherapists • speech therapists • ophthalmologist • occupational therapist • special educators • professionals from social services • neonatologist • gynaecologist • audiologist
<p>Aims</p>	<p>To allow a multidisciplinary team to communicate efficiently, effectively and in an accessible manner with parents.</p> <p>To help to understand that they should deliver in a same empathetic manner the same information.</p>

Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Obtained knowledge (from good and bad experiences) from previous consultations.
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • The learner knows how the multidisciplinary teams are functioning. • The learner knows how to work in a team and seek for support. <p>Skills</p> <ul style="list-style-type: none"> • The learner can interact with other professionals to ensure the ultimate medical and emotional support of a family. • The learner can identify and reach the professionals that are required in order to communicate with and support parents. <p>Competences</p> <ul style="list-style-type: none"> • The learner is able to involve different professionals in the communication process, as well as to apply a multidisciplinary approach.
Contents: 8.1. Clinical case discussion: using a reflecting team 8.2. The different members of the multidisciplinary team and their role(s) 8.2.1. Who is working in the Neonatology department? 8.2.2. General practitioner	

- 8.2.3. Genetic Counsellor
- 8.2.4. Neurologist
- 8.2.5. Neurosurgeon
- 8.2.6. Paediatric Orthopaedic Surgeon
- 8.2.7. Physiotherapists
- 8.2.8. Ophthalmologist
- 8.2.9. Neonatologist
- 8.2.10. Gynaecologist
- 8.2.11. Audiologist & Speech Therapists
- 8.2.12. General practitioner
- 8.3. Common exercises and activities
- 8.4. Professionals from Social Services
- 8.5. Long-term source of information and support

Module 9	Psychological support of the medical professionals and burnout prevention
Short summary and table of the content	<p>Compassion fatigue is a syndrome that carers may develop when they internalize pain or anguish related to other people in their professional environment.</p> <p>It can spiral out of control and may eventually result in burnout.</p> <p>Burnout syndrome can have very serious consequences.</p>
Aims	<ul style="list-style-type: none"> • Creating awareness of definition, signs and symptoms (body, mind, emotions, behaviour) of burnout prevention and becoming more self-aware. • Learning the steps and results of the burnout syndrome: emotional exhaustion, desensitisation, lack of personal accomplishment. • Raising the awareness of the medical professionals' workload, compassion fatigue, their stress levels and emotional status. • Creating self-care strategies. • Keeping medical staff emotionally stable in order to manage their workload and ensure appropriate communication with parents. • Seeking for professional help and support.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	<p>Mobile and online learning: 30 hours</p> <p>Face to face teaching: 5 hours</p>

Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Not applicable.
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> The learner knows how to describe compassion fatigue and its stages. <p>Skills</p> <ul style="list-style-type: none"> The learner knows how to recognise compassion fatigue and its symptoms. The learner can manage workload stress. The learner can apply self-care strategies whenever needed. The learner can recognize signs and symptoms of burnout. <p>Competence</p> <ul style="list-style-type: none"> The learner is able to manage health professionals' emotional stress. The learner is able to apply self-care strategies.
<p>Contents:</p> <p>9.1 Compassion fatigue</p> <p> 9.1.1 Definition</p> <p> 9.1.2 Creating Awareness</p> <p>9.2 Precautions</p> <p> 9.2.1 Self-care strategies</p> <p> 9.2.2 Care for the other (peer support)</p> <p> 9.2.3 Cases (incl. resulting lack of support towards parents of newborns with disabilities)</p> <p>9.3 Support</p> <p> 9.3.1 Coping strategies (incl. NICU rotation)</p> <p> 9.3.2 Seeking professional help</p>	

Module 10	Work based learning through work based peer mentoring support
Short summary and table of the content	<p>This module introduces mentoring as a tool to support professionals in their communication and interaction with families of premature babies and children with congenital disabilities.</p> <p>It explains also what the work based peer mentoring support stands for, how to plan, implement, and assess the mentoring process.</p> <p>It also clarifies the roles and responsibilities of the participating professionals.</p> <p>In addition, the module suggests examples for work-based mentoring activities that can be applied within the clinical environments.</p>
Aims	<ul style="list-style-type: none"> • To make the medical professionals aware of the concept, main characteristics and benefits of work based peer mentoring support. • To explain the stages of planning, implementation and assessment of peer mentoring programs within the multidisciplinary team. • To clarify the roles and responsibilities of each participant in the peer mentoring support activities. • To stimulate medical professionals to introduce peer mentoring support within their NICU.
Teaching methods	Blended (mobile, online, face-to-face)
Training materials	Ppts, videos, publications, interactive live books
Resources required	Computer, smartphone, beamer, flip chart, print outs, pictures, videos, testimonials
Assessment method	Online/mobile (self) assessment, multiple choice, true/false, open questions (based on cases, videos, etc.)
Teaching duration	5 hours
Learning duration	Mobile and online learning: 30 hours

	Face to face teaching: 5 hours
Associated ECVET points	Will be completed upon finalization of piloting
Previous knowledge required	Willingness to share personal professional experiences with colleagues
Learning outcomes	<p>Knowledge</p> <ul style="list-style-type: none"> • The learner is aware of the benefits of the work-based peer mentoring support. • The learner is familiar with the different steps that lead to successful peer mentoring relationships. <p>Skills</p> <ul style="list-style-type: none"> • The learner is able to effectively convey experiences to peers. • The learner can plan, implement and assess work based peer mentoring support activities. <p>Competences</p> <ul style="list-style-type: none"> • The learner can establish a successful work based peer mentoring support relationships.
Contents: 10.1 Work based peer mentoring support 10.1.1 Definition 10.1.2 Actors and their roles and responsibilities 10.1.3 Implementation stages 10.1.4 Example cases	