
UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG
THERAPEUTIC
Sciences
School of Therapeutic Sciences
Applying the International Classification of Functioning, Disability and Health (ICF) as a framework for re-curriculation of the Occupational Therapy programme at Wits University, South Africa
Dr Michelle Janse van Rensburg

Acknowledgements

ICF Education: Facilitator Course in the International Classification of Functioning, Disability, and Health (ICF), developed by the **WHO Collaborating Centre for the Family of International Classifications** at the National Institute for Health and the Environment (RIVM) in The Netherlands, and

The WHO-FIC Collaborating Centre, South Africa

ICF EDUCATION

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG | THERAPEUTIC Sciences

South Africa

Photo credit: Johnny Miller, 2016

Kern's six-step approach

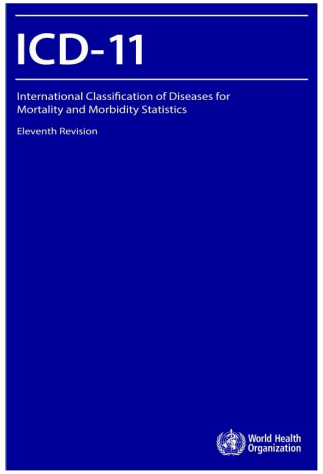
- **Step 1.1. Establish governance, mandate, and constraints (Project framing)**
  - Create a legitimate structure that can make decisions and assure alignment with standards and institutional processes.
- **Step 1.2. Problem identification and general needs assessment (Why change?)**
  - Use evidence to define the gap between the current graduate and the required **novice practitioner entering community service in the South African public health system.**
- **Step 2. Targeted needs assessment (What do your stakeholders need specifically?)**
  - Locally responsive and defensible redesign that will anchor entrustable professional activities (EPAs) and fieldwork design.
- **Step 3.1. Define programme outcomes using a competency framework plus EPAs (What must graduates do?)**
  - Competencies describe qualities of the professional, while EPAs describe **units of work** that integrate multiple competencies and can be entrusted when learners demonstrate readiness.
- **Step 3.2. Curriculum architecture and sequencing (How will learning progress across 4 years?)**
  - Choose an organising framework. Design a spiral, developmental curriculum. **Output =** Programme map, year maps, module outlines, fieldwork plan, assessment blueprint.
- **Step 4.1. Educational strategies (How will students learn?)**
- **Step 4.2. Assessment design using competency plus entrustment (How will you know they can practice safely?)**
- **Step 5. Implementation planning and change management**
- **Step 6. Evaluation, continuous quality improvement, and accreditation readiness**

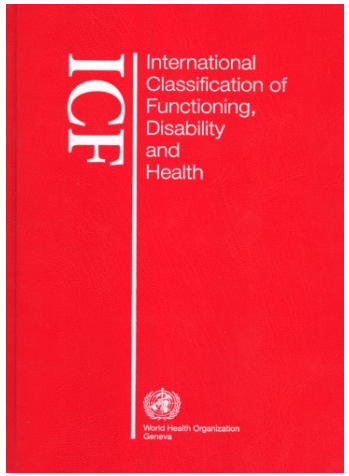
WHO-Family of International Classifications (WHO-FIC)

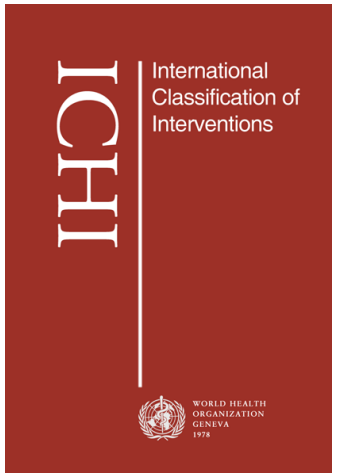
RELATED CLASSIFICATIONS

- International Classification of **Primary Care** (ICPC)
- International Classification of **External Causes of Injury** (ICECI)
- The anatomical **Therapeutic Chemicals** (ATC) classification system with Defined Daily Doses
- ISO9999 **Technical aids** for persons with disabilities
- International Classification of **Nursing Practice** (ICNP)

REFERENCE CLASSIFICATIONS



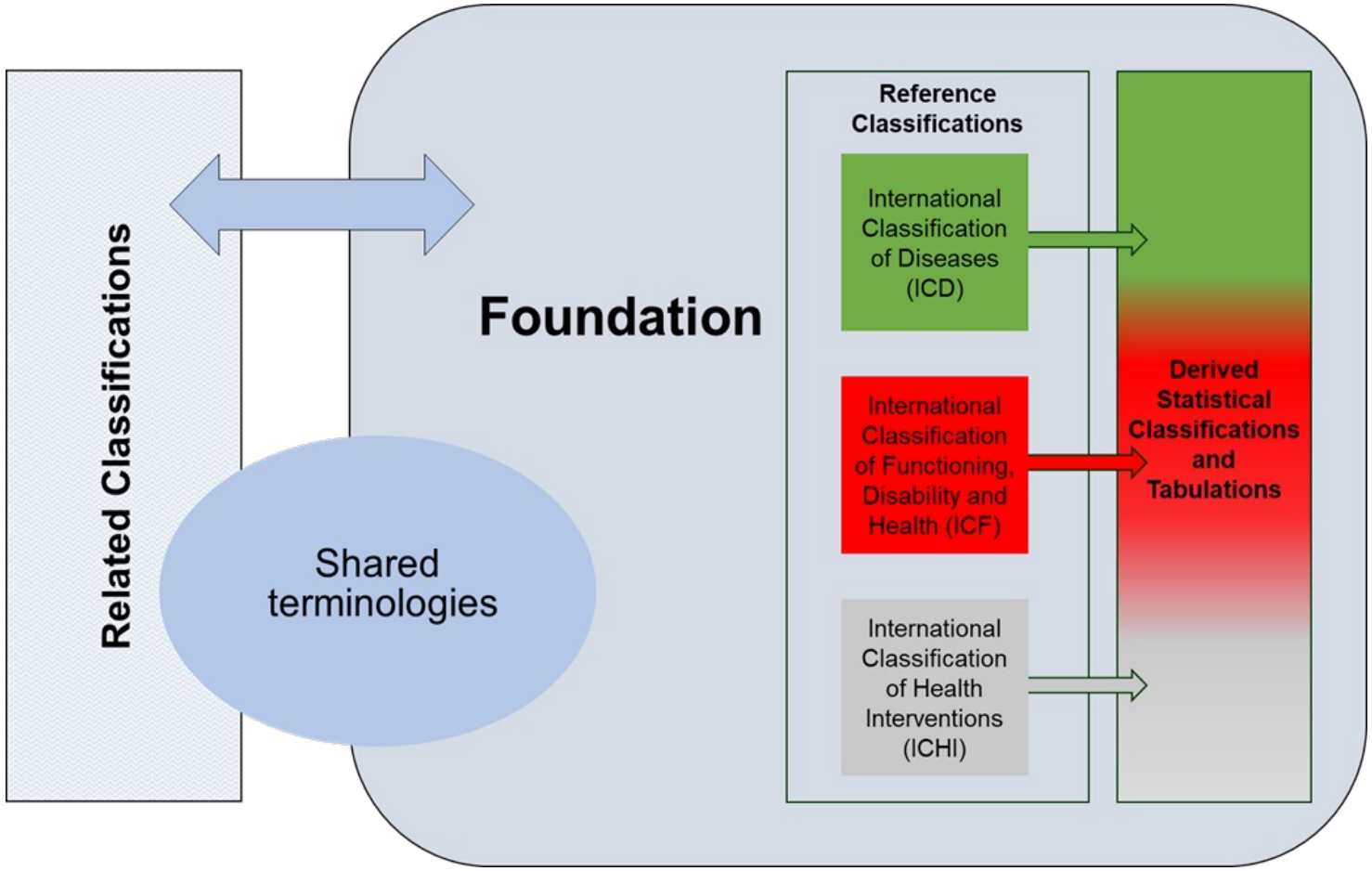




DERIVED CLASSIFICATIONS

- **ICD for Oncology**, Third Edition (ICD-O-3)
- The ICD-10 Classification of **Mental and Behavioural Disorders**
- Application of the ICD to **Dentistry and Stomatology** (ICD-DA)
- Application of the ICD to **Neurology** (ICD-10-NA)

The WHO-FIC



- provide a conceptual framework of information domains for which classifications are, or are likely to be, required for purposes related to health and health management;
- provide a set of endorsed classifications for specific purposes defined within this conceptual framework;
- facilitate the storage, retrieval, analysis, disaggregation, interpretation and exchange of data for individuals and populations and the compilation of internationally consistent data;
- improve health through provision of sound health information to support decision-making at all levels, including to support financing of health systems; and to
- stimulate research on health and the health system.
- common language, thus epistemic fluency

Source: FIC paper (2018)

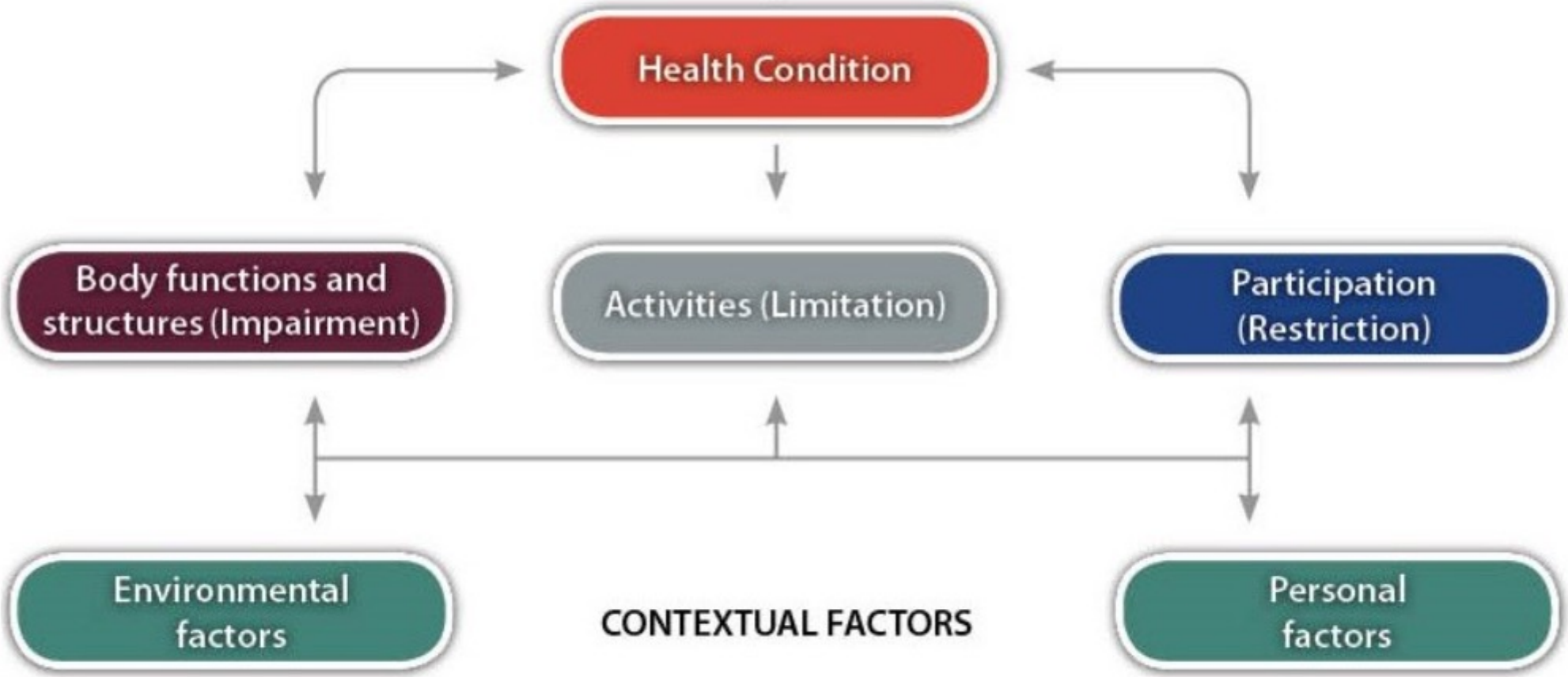
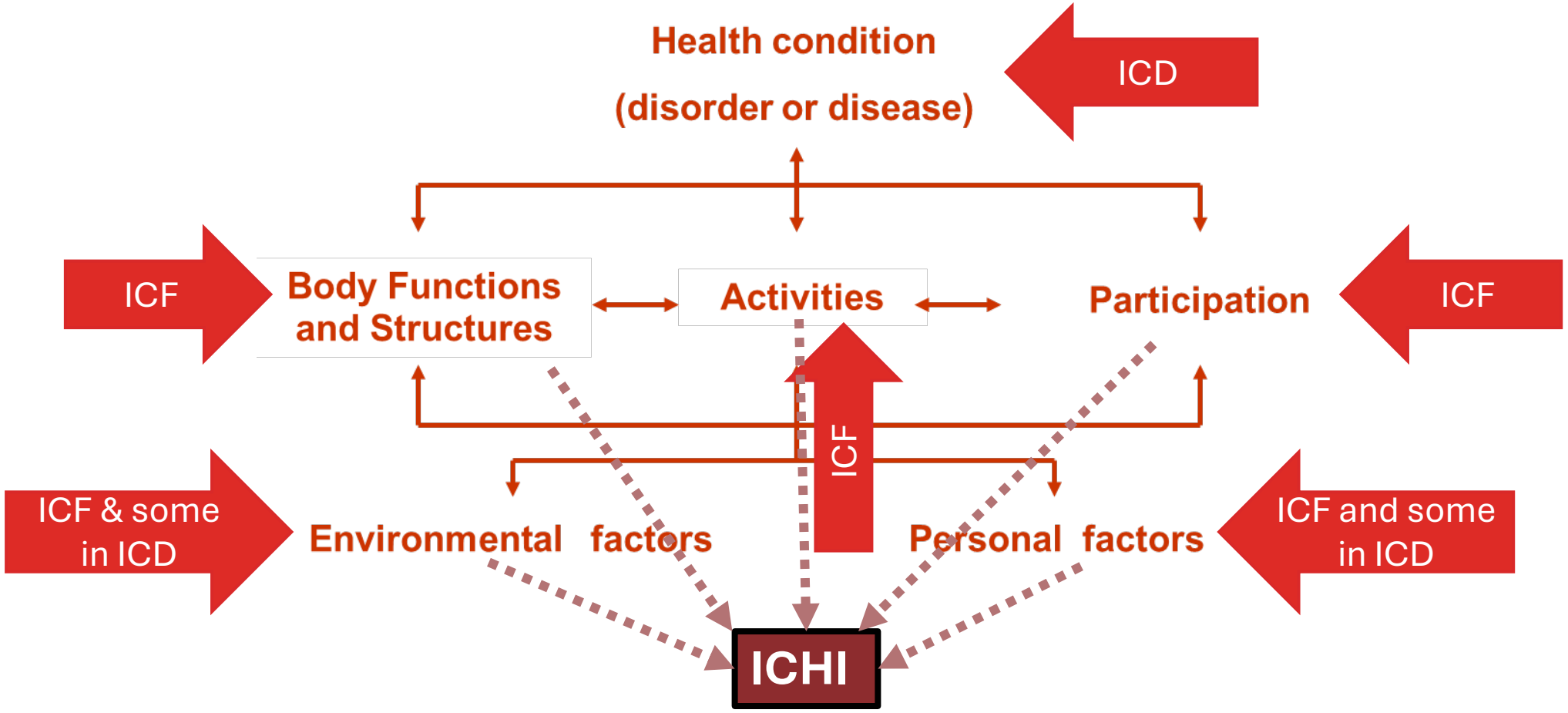
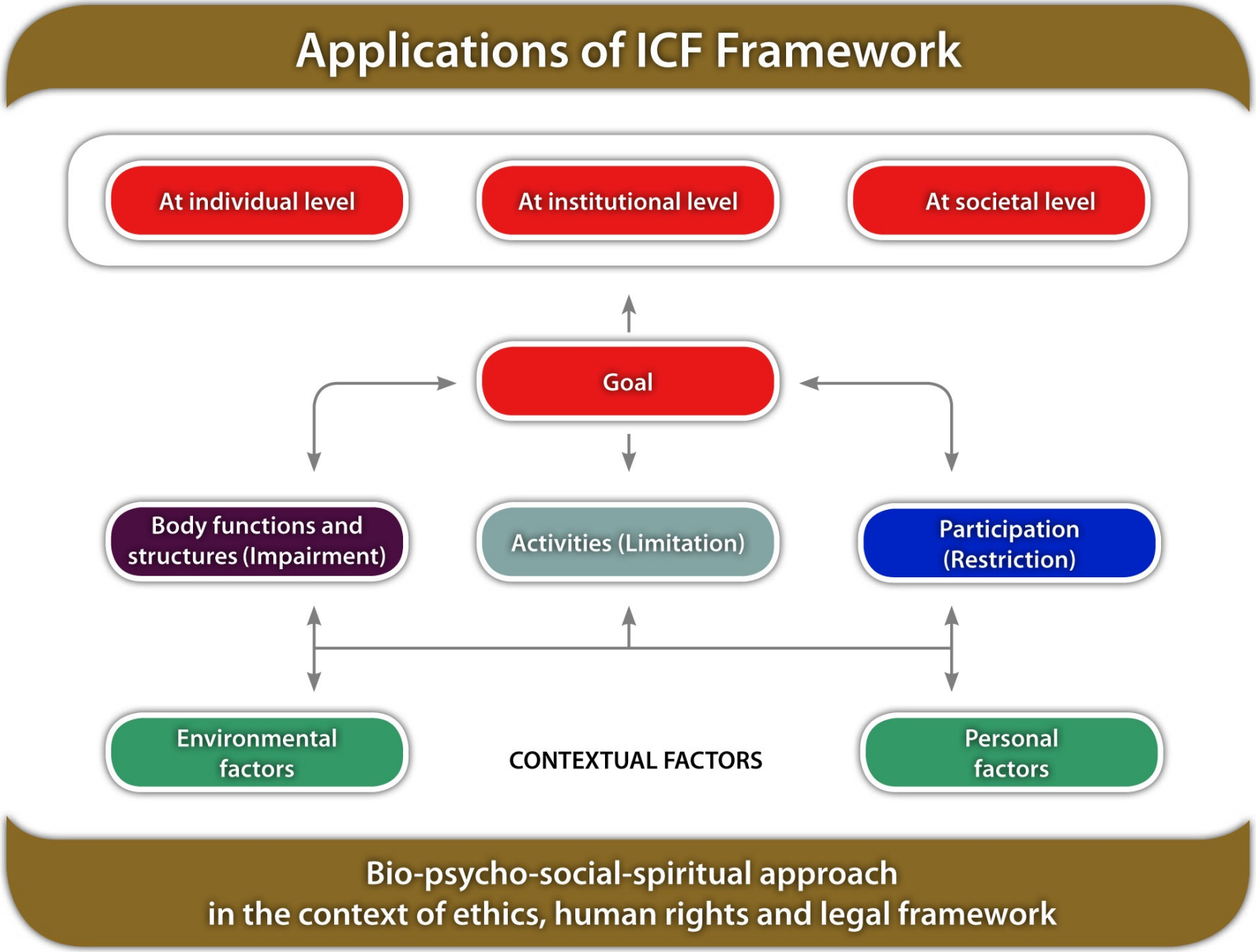


Figure 1-1. The ICF conceptual framework.

The ICF Provides a framework for the scoping and conceptual basis of the WHO-FIC





The ICF as a bio-psycho-social-spiritual (and vocational) framework. Figure credit: Dr Stefanus Snyman, WHO-FIC Collaborating Centre in South Africa

Understanding the ICF Framework

Biopsychosocial[spiritual] Framework

The ICF framework integrates biological, psychological, and social factors in assessing health and disability.

Environmental Factors

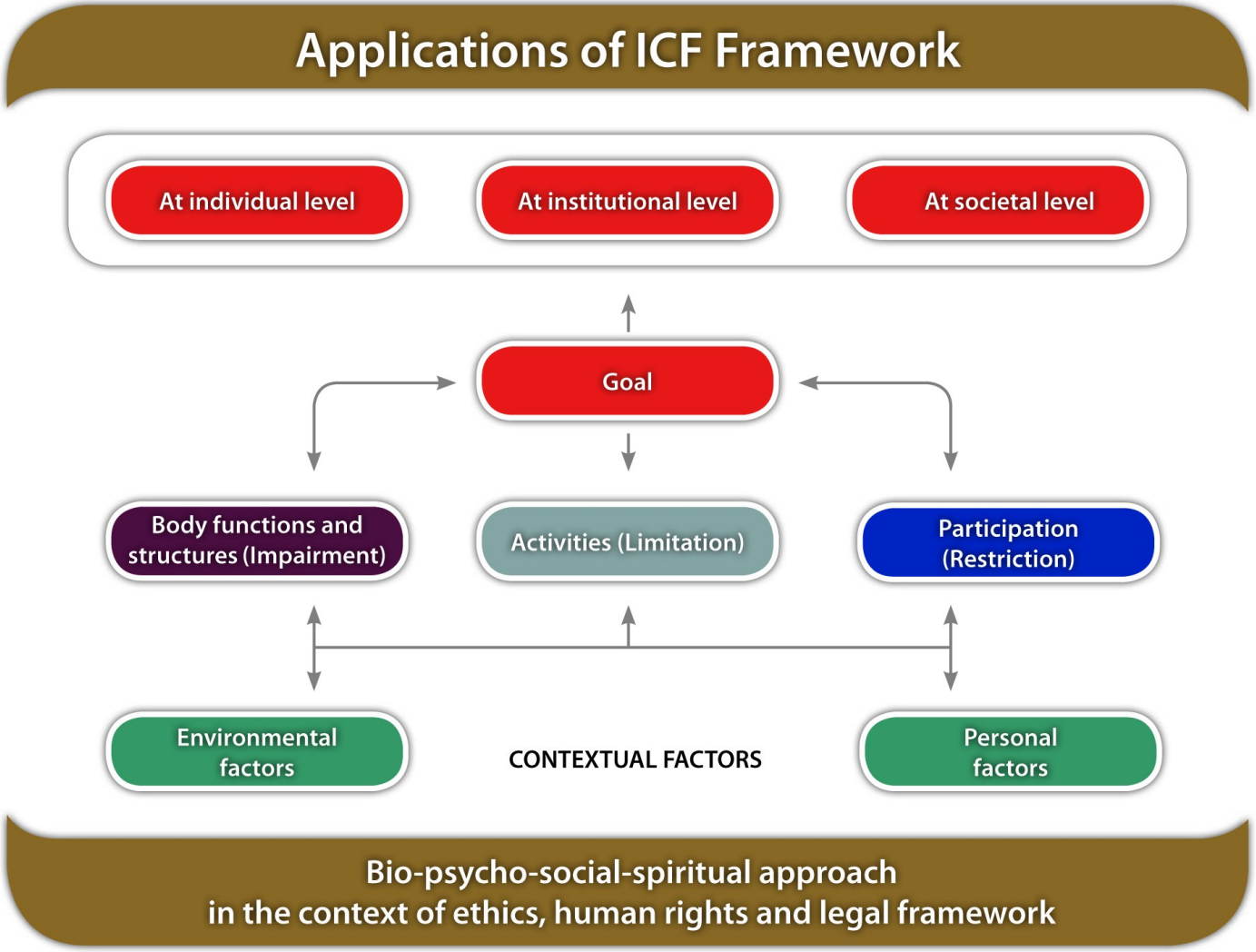
ICF highlights how environment influences **functioning** including social attitudes, services, and policies.

Personal Factors in ICF

Personal factors such as age, coping styles, and trauma history affect how health conditions impact individuals.

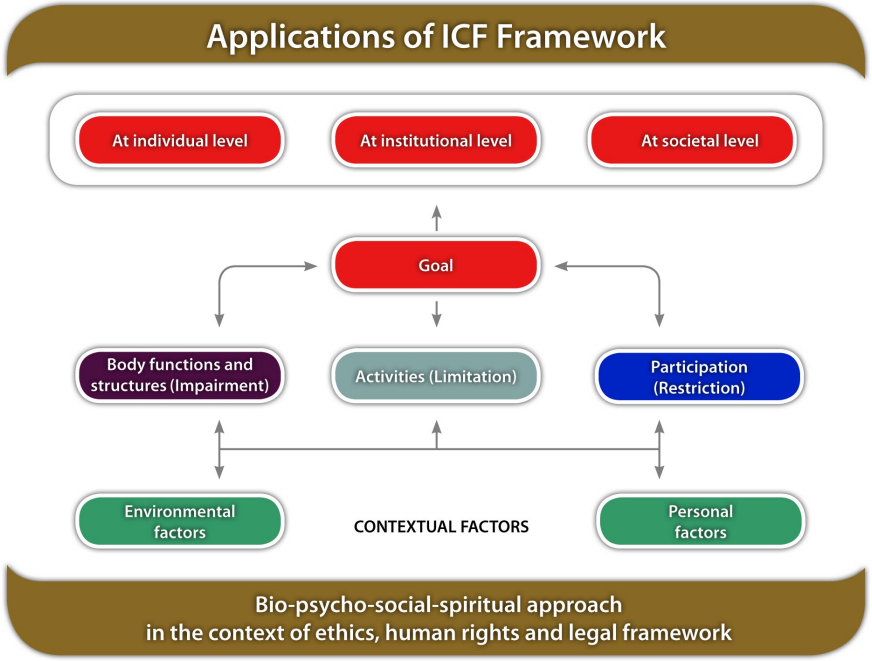
Holistic Approach

ICF supports inclusive, person-centered interventions by considering complex realities people face (i.e. context).



The ICF as a bio-psycho-social-spiritual framework.

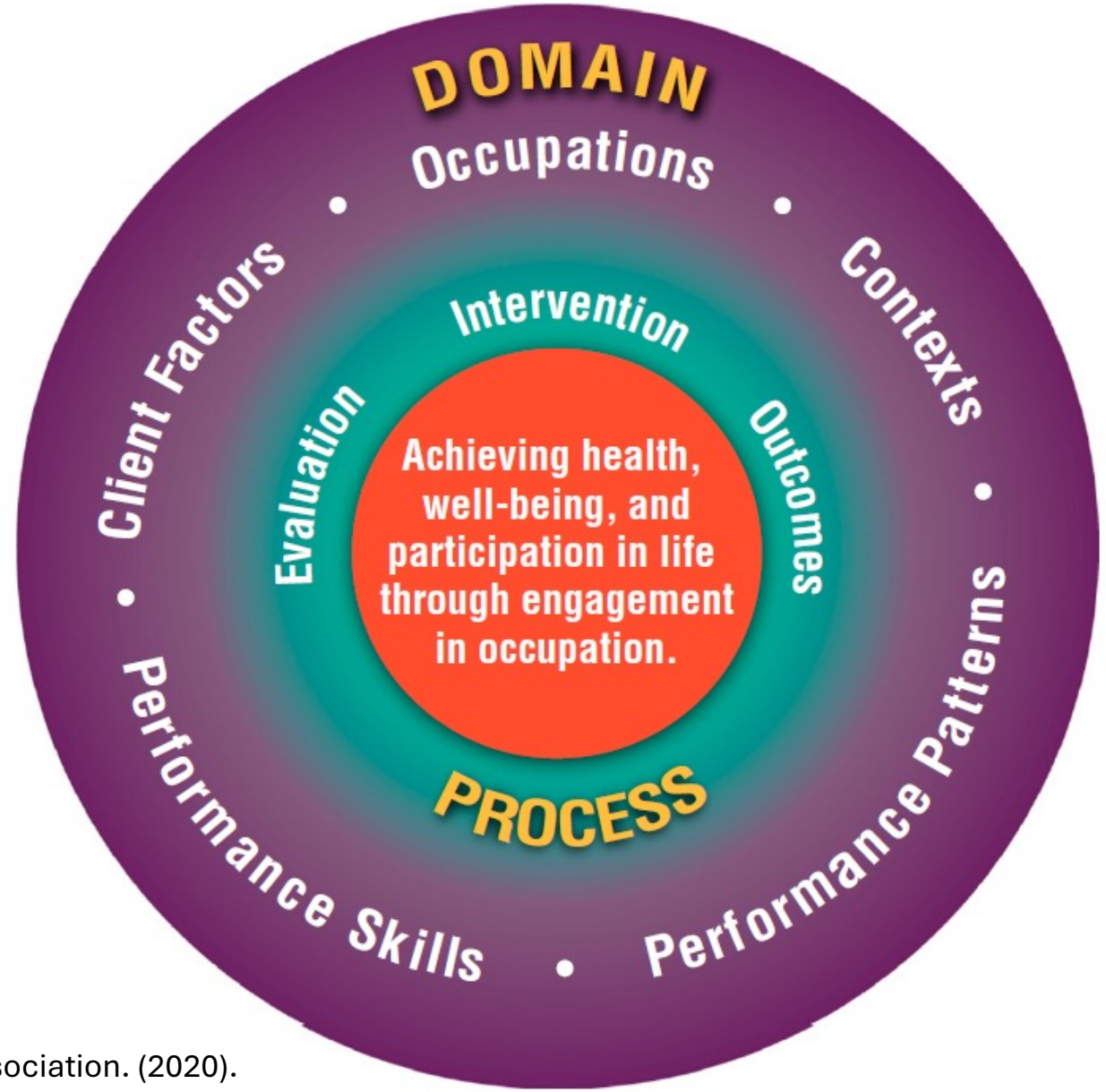
Figure credit: Dr Stefanus Snyman, WHO-FIC Collaborating Centre in South Africa



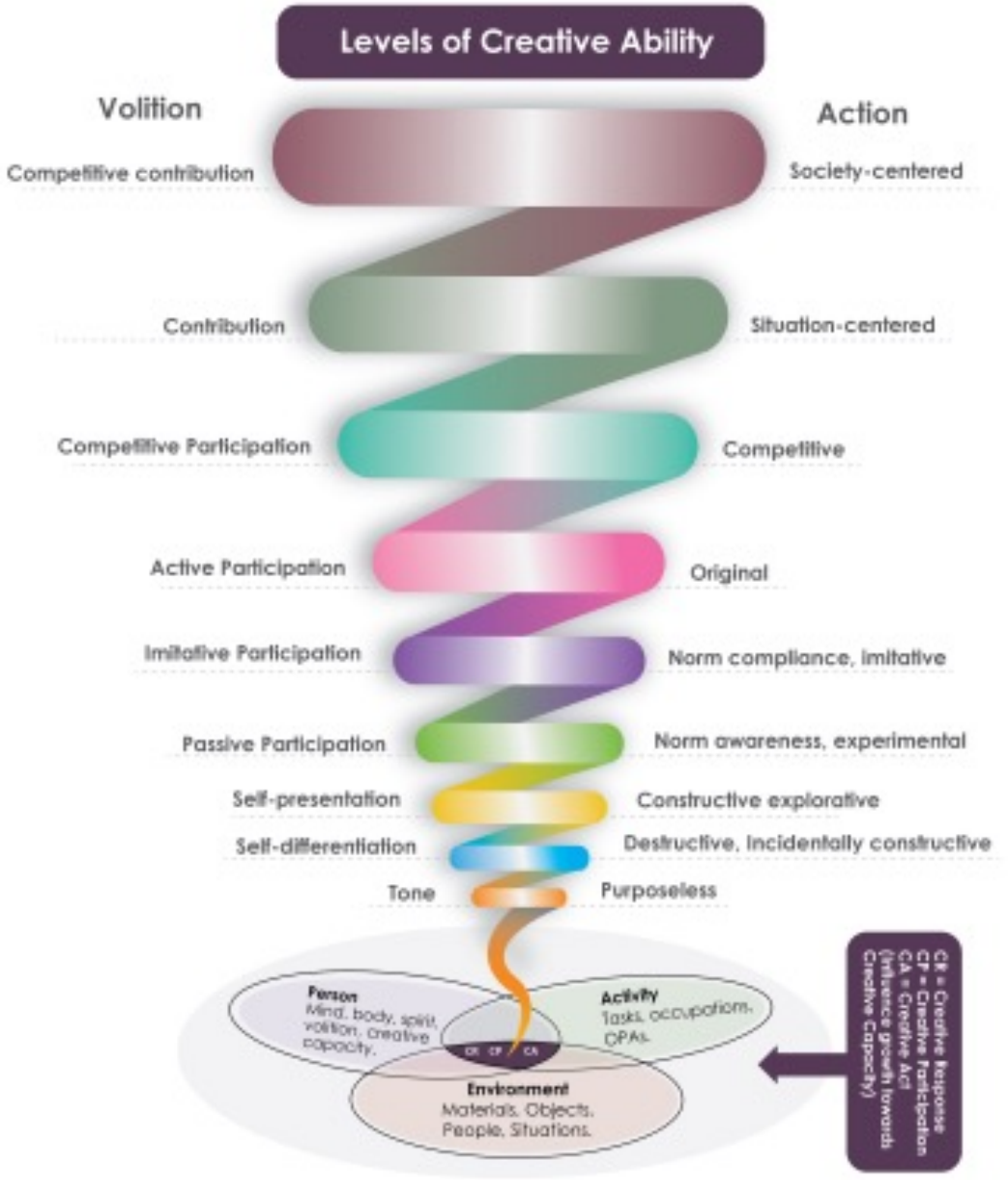
The ICF as a bio-psycho-social-spiritual (and vocational) **framework**

Figure credit: Dr Stefanus Snyman, WHO-FIC Collaborating Centre in South Africa

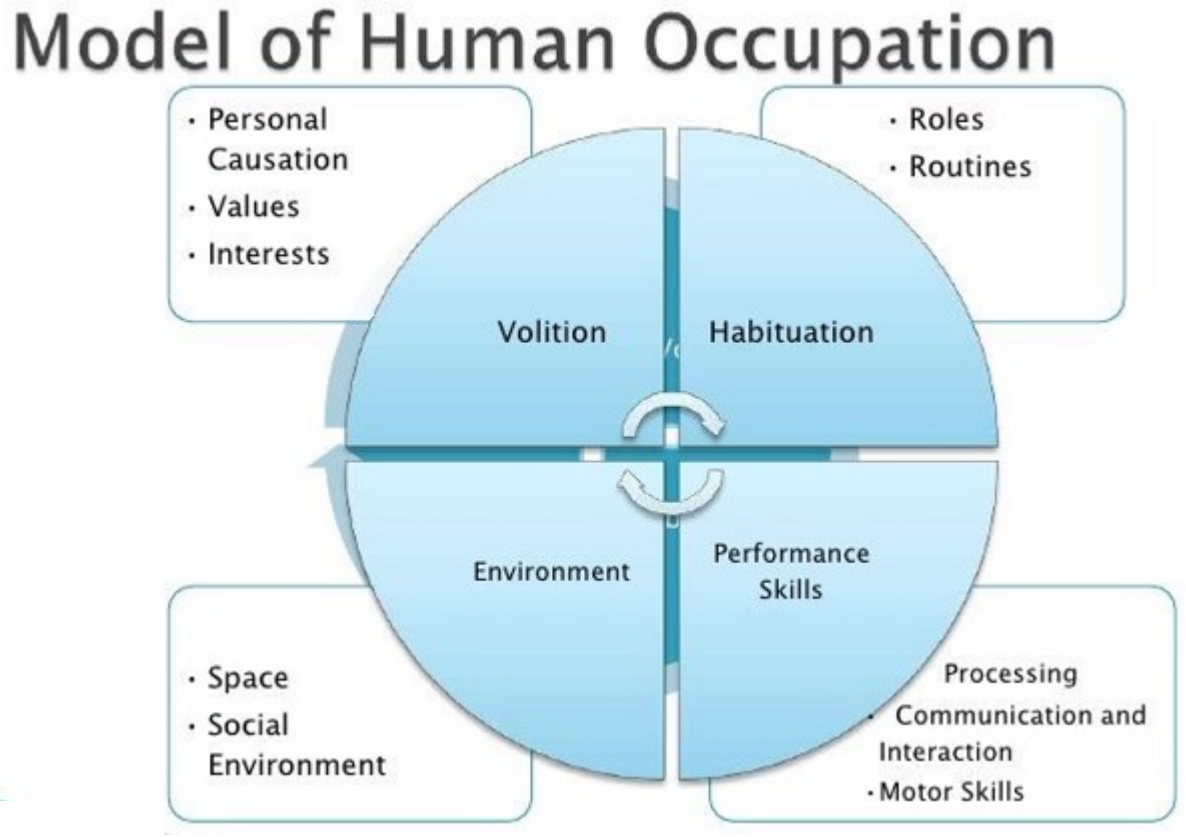
Figure 1. Occupational Therapy Domain and Process



American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed)

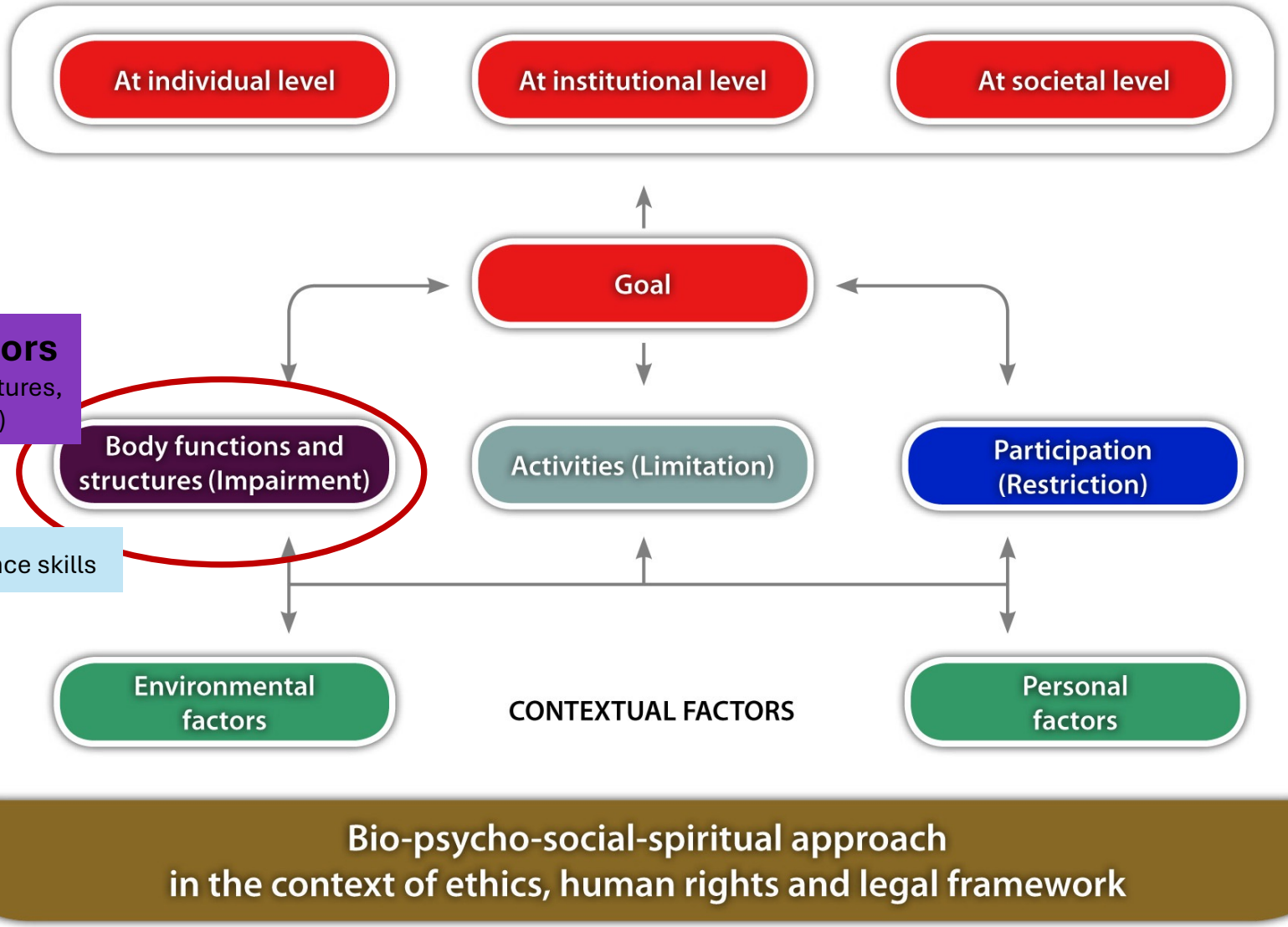


Vona du Toit Model of Creative Ability



Kielhofner (2008)

Applications of ICF Framework



OTPF Client Factors
(Body Functions and Structures, Values, Beliefs, Spirituality)

VdTMoCA Motivation

MOHO performance skills

Bio-psycho-social-spiritual approach
in the context of ethics, human rights and legal framework

Body functions and **structures** – *Impairment*

Body functions (physiological)	**Body structures (anatomical)**
1. Mental functions	Structures of the nervous system
2. Sensory functions and pain	The eye, ear and related structures
3. Voice and speech functions	Structures involved in voice and speech
4. Functions of the cardiovascular, haematological, immunological and respiratory systems	Structures of the cardiovascular, immunological and respiratory systems
5. Functions of the digestive, metabolic and endocrine systems	Structures related to the digestive, metabolic and endocrine systems
6. Genitourinary and reproductive functions	Structures related to the genitourinary and reproductive systems
7. Neuromusculoskeletal and movement-related Functions	Structures related to movement
8. Functions of the skin and related structures	Skin and related structures

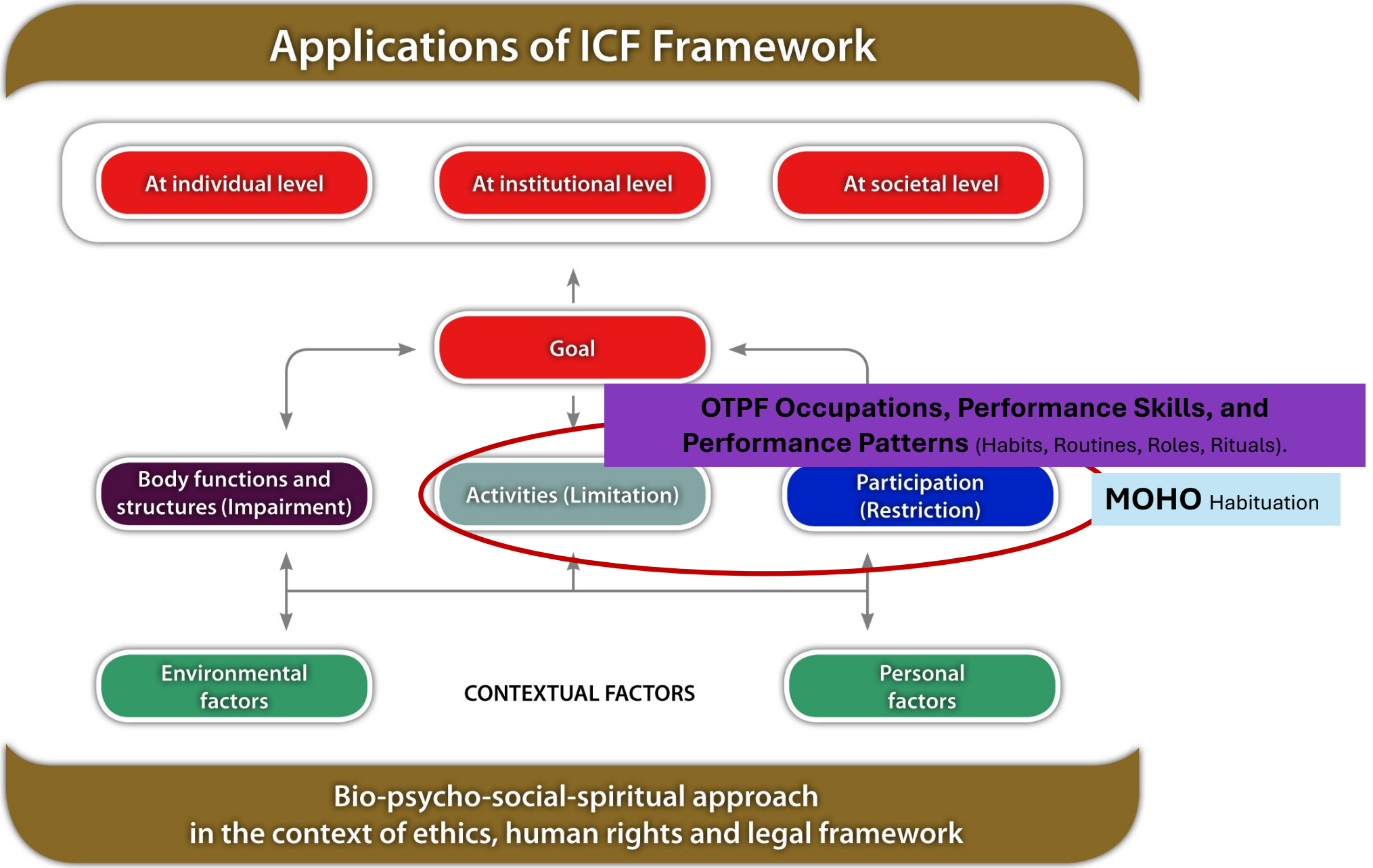


Figure 1: The ICF as a bio-psycho-social-spiritual (and vocational) framework. Figure credit: Dr Stefanus Snyman, WHO-FIC Collaborating Centre in South Africa

Activities and Participation – *Limitations and Restrictions*

- **Activities**
  - parts of person's actions
  - e.g. walking
- ***Activity Limitations***
  - Difficulties someone has with carrying out activities
- Functioning on the level of the person

- **Participation**
  - a person's participation in social life
  - e.g. mobility
- ***Participation Restrictions***
  - Problems a person has in participating in social life
- Level of social functioning

Activities & Participation

Learning & applying knowledge
(listening, learning, focusing attention, thinking, making decisions…)

General tasks & demands
(undertaking single/multiple tasks, carrying out daily routine, handling stress…)

Communication
(receiving and producing messages; spoken, nonverbal, formal sign language, written, devices…)

Mobility
(changing and maintaining body position, carrying, objects, walking, moving using transport…)

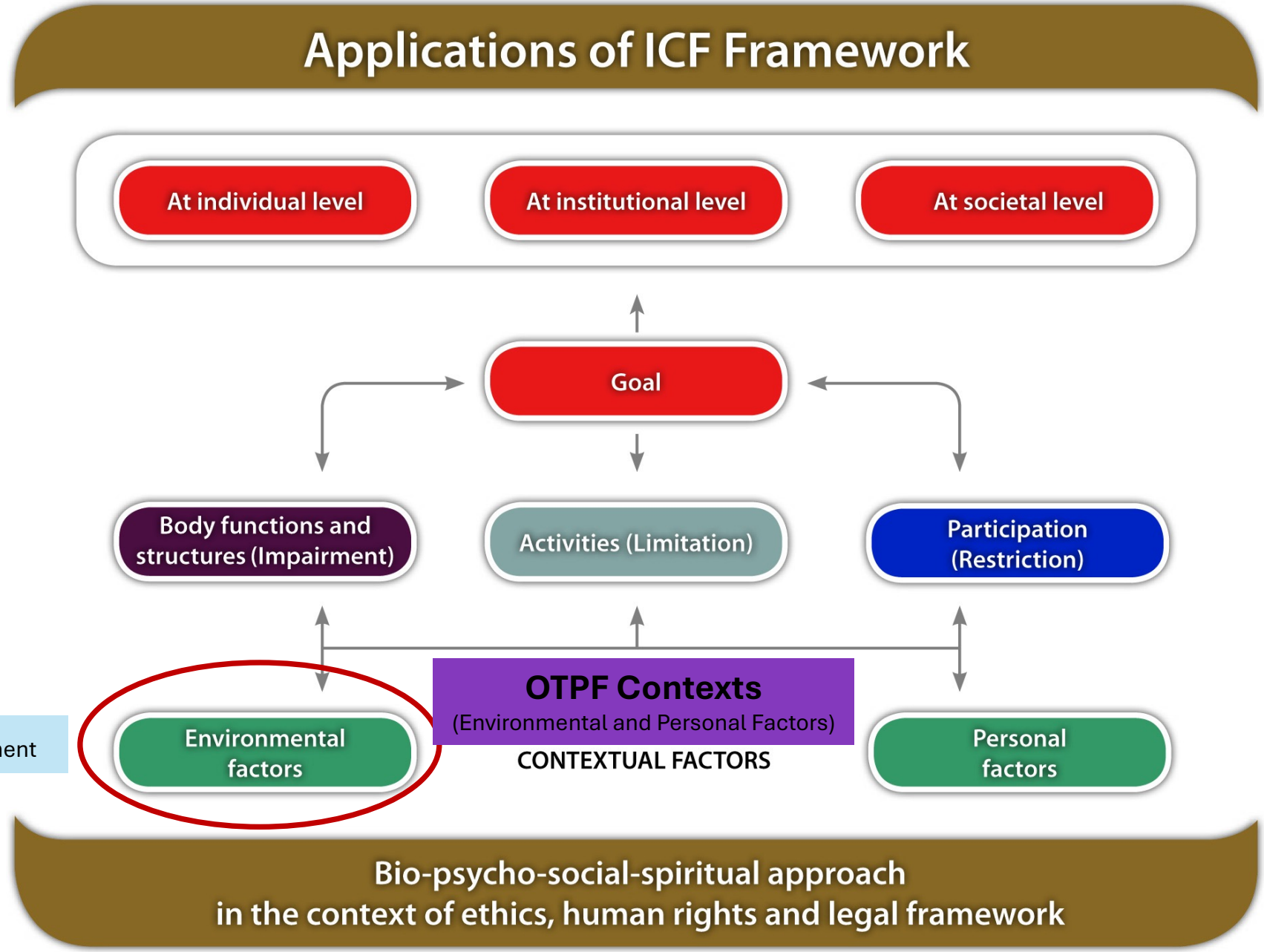
Self-care
(washing oneself, caring for body parts, toileting, dressing, eating, drinking, looking after health…)

Domestic life
(acquisition of necessities, place to live, goods, preparing meals, household tasks, assisting others…)

Interpersonal interactions & relationships
(formal, family, intimate relationships…)

Major life areas
(education, work, economic life…)

Community, social & civic life
(community life, recreation, leisure, religion, spirituality, human rights, political…)



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Environmental Factors – *Facilitators and Barriers*

Physical, social and attitudinal factors, external to the individual, that make it easier to function well (facilitators), or if present, are barriers to the way the person lives and conducts their life.

Products & technology

(for consumption [e.g. food, medication], for use in daily living, mobility, transport, education communication, employment, culture, etc.)

Physical environment: natural environment / human-made changes)

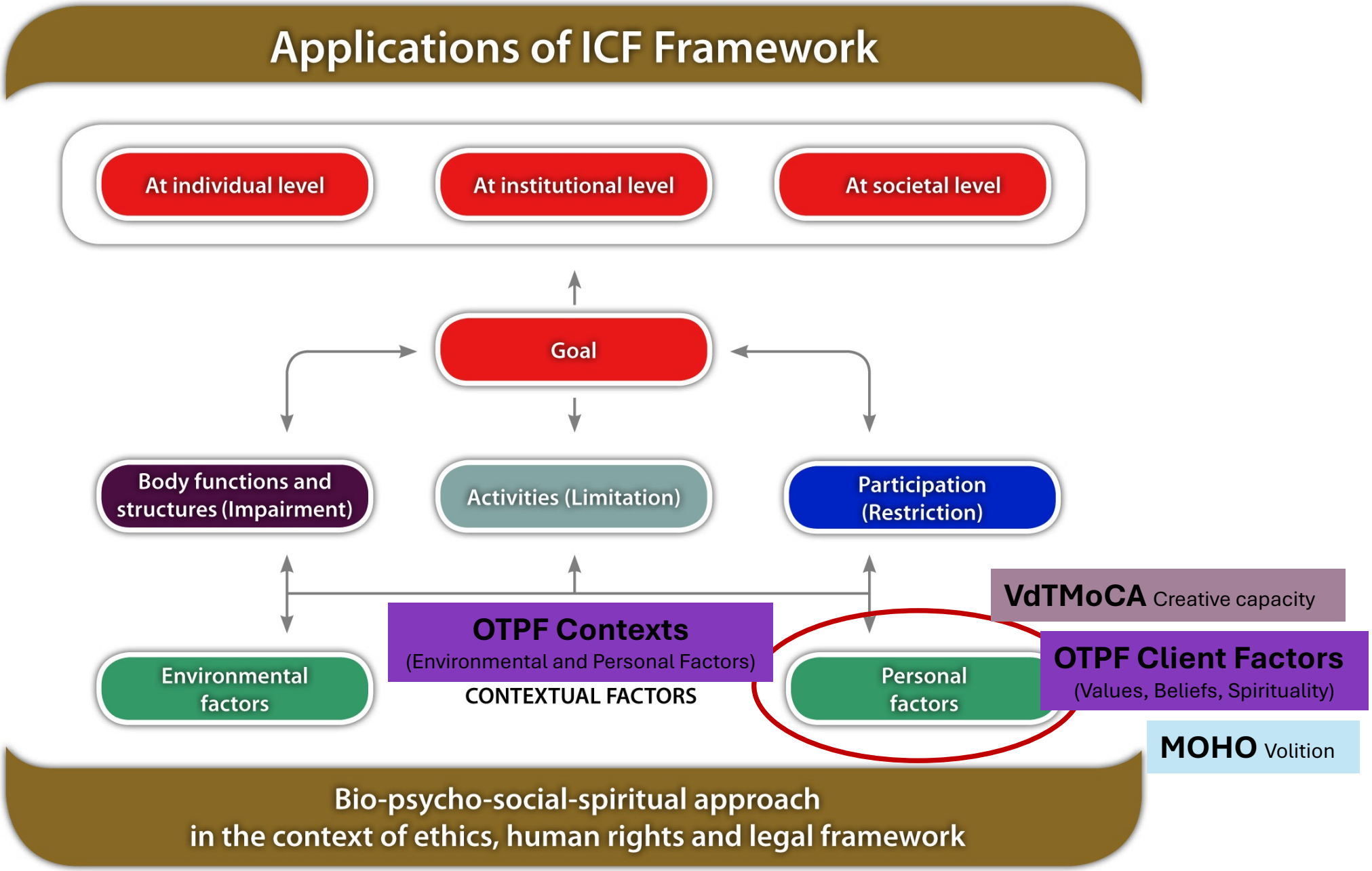
(neighbourhood, housing, sanitation, roads, light, noise, air quality, etc.)

Support, relationships & attitudes

(from immediate/extended family, friends, employer, health professionals, etc.)

Services, systems and policies

(health, housing, transportation, social security, labour, etc.)



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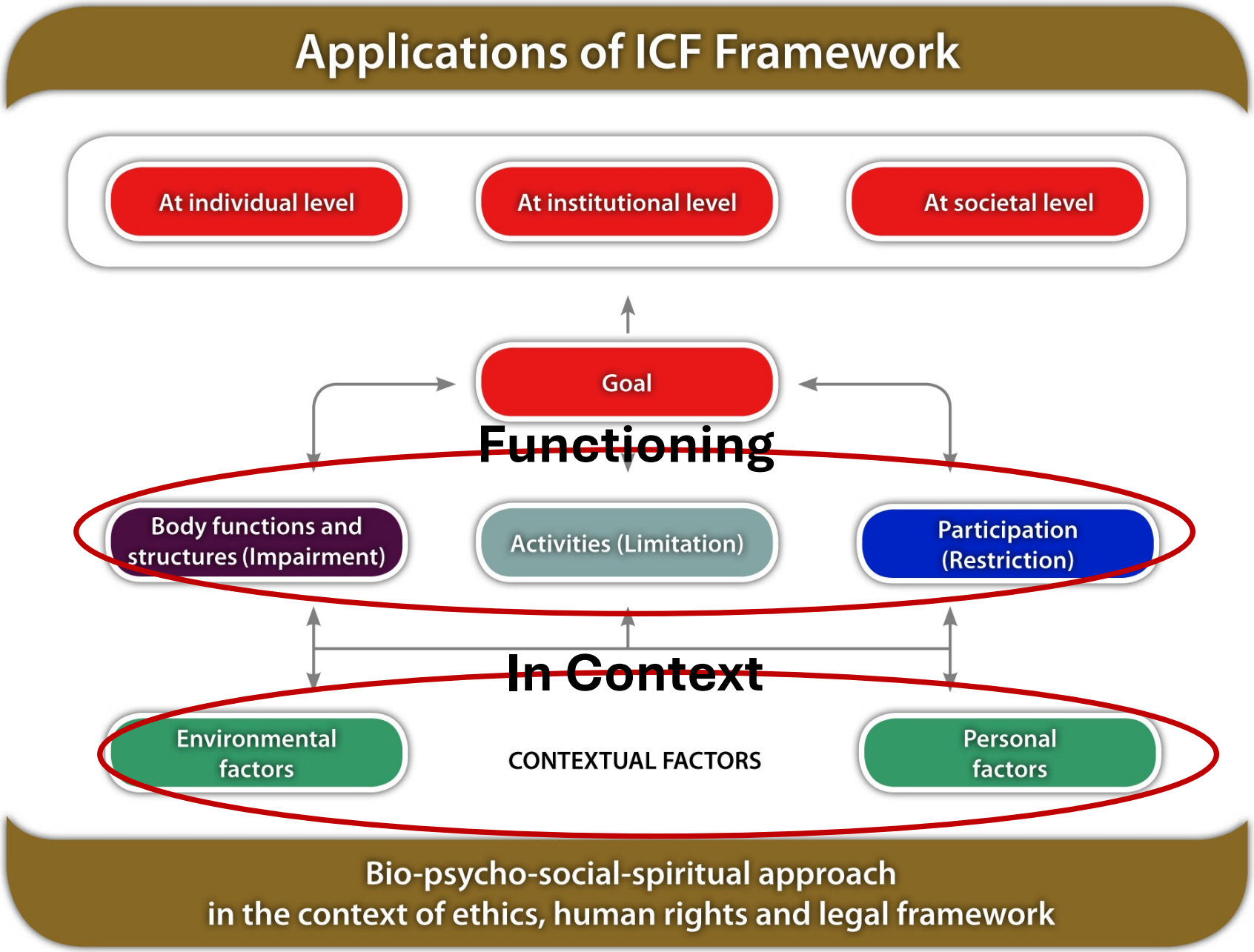
Personal factors (positive and negative) influencing health and well-being

Background of individual, features of the individual that are not part of a health condition or health state.
Includes gender, race, age, fitness, lifestyle, habits, upbringing, coping styles, ideas, fears, expectations, social background, education, profession, past and current life experience and life events, behaviour patterns, temperament, and other characteristics, all or any of which may play a role in functioning at any level.

- Part of the ICF framework
- Not a classification, but a list in ICF
- Politically sensitive issue in 2001: may put ‘blame’ on person, or not?
- Various lists in circulation and in development
- Debate continues if it should be coded…



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Entrustable Professional Activities

- EPA 1. Conduct an OT evaluation and formulate an OT problem list
- EPA 2. Co-produce goals and develop an intervention plan that targets participation
- EPA 3. Deliver occupation-focused interventions for common public sector presentations
- EPA 4. Recommend, fabricate, adapt, and train in assistive technology and environmental modifications within constraints
- EPA 5. Provide group and community-based interventions and health promotion
- EPA 6. Work effectively in an interprofessional team and manage referrals and handovers
- EPA 7. Document, report, and communicate clinical reasoning for continuity, safety, and accountability
- EPA 8. Identify safeguarding and risk issues and act appropriately
- EPA 9. Use evidence to improve care and participate in quality improvement or service development

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The human functioning revolution: implications for health systems and sciences

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Abstract

The World Health Organization (WHO) concept of human functioning represents a new way of thinking about health that has wide-ranging consequences. This article explicates this paradigm shift, illustrates its potential impact, and argues that societies can profit by implementing functioning as the third indicator of health, complementing morbidity and mortality. Human functioning integrates biological health (the bodily functions and structures that constitute a person's intrinsic health capacity) and lived health (a person's actual performance of activities in interaction with their environment). It is key to valuing health both in relation to individual well-being and societal welfare—operationalizing the United Nations Sustainable Development Goal (SDG) 3 principle that health is a public good. Implementing functioning as defined and conceptualized in the International Classification of Functioning, Disability and Health (ICF) could profoundly benefit practices, research, education, and policy across health systems and health strategies and help integrate health and social systems. It also offers a foundation for reconceptualizing multidisciplinary health sciences and for augmenting epidemiology with information derived from peoples' lived experiences of health. A new interdisciplinary science field—human functioning sciences—itself holds the promise to integrate research inputs and methods from diverse biomedical and social disciplines to provide a more comprehensive understanding of human health. To realize these opportunities, we must address formidable methodological, implementation, and communication challenges throughout health systems and broader society. This endeavor is vital to orientate health systems toward what matters most to people about health, to unlock the societal economic investment in health that is essential for individual and population-level well-being, and to drive progress toward achieving the SDGs.

KEYWORDS

functioning, health, well-being, health system, sustainable development goals

Some ICF training projects underway…

- Synthesis of The Occupational Therapy Practice Framework (OTPF-4) and the International Classification of Functioning (ICF): Analysing Overlaps, Divergences, and Gaps, to support re-curriculation and design an ICF-based occupational therapy conceptual framework.
- Mapping the ICF concepts into the Model of Human Occupation (MOHO) to identify the gaps, strengths and weaknesses, to facilitate understanding clients.
- Aligning the ICF to the CBR (community-based rehabilitation) model, CBID (community-based inclusive development), and occupation-based community development (OBCD): looking beyond the individual towards inclusive community development.
- The development of a paediatric occupational therapy curriculum incorporating the ICF
- Addressing fieldwork anxiety in occupational therapy students using the ICF Framework
- Finalisation of OTASA occupational therapy clinical protocols to align with ICF (as well as ICD-11 and ICHI)


untitled
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Thank You
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- Ten Cate O. Nuts and Bolts of Entrustable Professional Activities. Journal of Graduate Medical Education, March 2013