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Executive Summary

This document aims to report the work carried out in Activity 3.1 “Design of the overall Visual Disability Rehabilitation (VDRn) blended training path”.

A **Glossary** is provided in order to clarify the terms used in the document, both related to the educational sector and related to the Visual Disability Rehabilitation one.

An **Introduction** provides an overall description of the Activity and its relations with the other activities of the project.

Section 2 depicts the Methodology used to implement the Activity**,** outlining the 3 main steps performed by partners under the guidance of SI4LIFE.

Section 3 outlines the main results achieved: cALLIOPE Curriculum and the overall design table.

Section 4 introduces a short clarification about the role of Work Based Learning in cALLIOPE blended training path.

Some **Conclusions** are provided summing up the contents of the document.

Annex 1 includes the cALLIOPE Curriculum, detailing the description of the 78 Learning Outcomes identified by partners.

Reviewer history

REVIEWER NAME	EXTERNAL REVIEWER	ORGANISATION	DATE OF APPROVAL
Ivan Chorbev	NO	UKIM	26/06/2026
Carina Dantas	YES	SHINE 2Europe	29/06/2026

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Fondazione David Chiossone (FDC)	C	17/05/2026 18/06/2026	cALLIOPE CURRICULUM Overall design table
University of Valladolid (UVa)	C	17/05/2026 18/06/2026	cALLIOPE CURRICULUM Overall design table
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Serena Alvino	A	16/06/2026	Introduction, Conclusions, Section 4
Roberta Ferrara	A	17/06/2026	Review of Introduction, Conclusions, Section 4
Serena Alvino	A	19/06/2026	Overall design table

* Status indicates if:

A - Author (including author of revised deliverable)

C - Contributor

IF - Internal Feedback (within the partner organization)

Glossary

Educational terms

Competences	The proven ability to use knowledge, personal, social and methodological skills in a work or study environment and also for professional and personal development. In the context of the EQF, competence is described in terms of responsibility and autonomy. [European Council, 2017]
Cluster of Competences	A set of related or interdependent competences (knowledge, skills, and attitudes) grouped together because they are typically required to perform a broader, complex task or specific job role effectively. [Cedefop 2024), *Terminology of European education and training policy]*.
Core Competences	The fundamental skills, knowledge, and attitudes that are essential for personal fulfilment, employability, social inclusion, and active citizenship. [Council of the European Union, *Recommendation on Key Competences for Lifelong Learning,* 2018]
Curriculum	The inventory of activities implemented to design, organise and plan an education or training action, including definition of learning objectives, content, methods (including assessment) and material, as well as arrangements for training teachers and trainers. [Cedefop, 2011].
ECTS European Credit Transfer and Accumulation System	A learner-centred system for credit accumulation and transfer, based on the principle of transparency of the learning, teaching and assessment processes. Its objective is to facilitate the planning, delivery and evaluation of study programmes and student mobility by recognising learning achievements and qualifications and periods of learning. [European Commission, *ECTS Users' Guide,* 2018]

EQF European Qualifications Framework	A common European reference framework whose main purpose is the translation of national qualifications across Europe. It supports lifelong learning and mobility by allowing individuals and employers to better understand and compare the qualifications levels of different countries and education systems. [European Commission, *Recommendation on the EQF*, 2008]
LOs Learning Outcomes	Statements regarding what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and responsibility and autonomy; Council of the European Union, Recommendation (2017/C 189/03)
Micro-credentials	The record of the learning outcomes that a learner has acquired following a small volume of learning. These outcomes have been assessed against transparent and clear standards. They offer a flexible, targeted way to help people develop the knowledge, skills and competences they need for personal and professional development. [Council of the European Union, *Recommendation on a European approach to micro-credentials for lifelong learning and employability*, (2022/C 243/02)]
Units of Learning Outcomes	Component of a qualification, consisting of a coherent set of knowledge, skills and competence, which can be assessed and validated. A unit of a learning outcome (also called learning outcomes unit, unit or module) is a component of a qualification consisting of a coherent set of knowledge, skills and competence which can be assessed and validated […]. This presupposes that the learning outcomes units are structured comprehensively and logically and are thus verifiable. Learning outcomes units can be specific to a single qualification or common to several qualifications and may also describe so-called additional qualifications which are not part of a formal qualification or curriculum. [ECVET, FAQ, Units; https://www.ecvet-secretariat.eu/en/faq-page#t2n969]
Ways of Learning	By “ways of learning”, in cALLIOPE project, we conventionally refer to 3 main types of training: *presence* learning, *online* learning and *work-based* learning

Visual Disability Rehabilitation terms

Assistive computer programs	This generally refers to AT devices or approaches that are based on computer technology designed to improve or retain the functional capacity and independence of people with disabilities or impairments that affect their ability to function independently in daily life. This may include hardware, software, and computer peripherals (e.g., adaptive computer peripherals, such as alternative mice or keyboards) that assist people with disabilities in accessing computers or other information technologies. Other examples include text-to-speech (TTS) software designed to help people with print disabilities such as include blindness, dyslexia or any type of visual impairment, learning disability or other physical condition that impedes the ability to read.
Assistive devices	In cALLIOPE project, we conventionally refer to: • Mobility aids, such as wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices. • Hearing aids to help people hear or hear more clearly.

	• Cognitive aids, including computer or electrical assistive devices, to help people with memory, attention, or other challenges in their thinking skills. • Computer software and hardware, such as voice recognition programs, screen readers, and screen enlargement applications, to help people with mobility and sensory impairments use computers and mobile devices. • Tools such as automatic page turners, book holders, and adapted pencil grips to help learners with disabilities participate in educational activities. • Closed captioning to allow people with hearing problems to watch movies, television programs, and other digital media. • Physical modifications in the built environment, including ramps, grab bars, and wider doorways to enable access to buildings, businesses, and workplaces. • Lightweight, high-performance mobility devices that enable persons with disabilities to play sports and be physically active.[4] • Adaptive switches and utensils to allow those with limited motor skills to eat, play games, and accomplish other activities. • Devices and features of devices to help perform tasks such as cooking, dressing, and grooming; specialized handles and grips, devices that extend reach, and lights on telephones and doorbells are a few examples.
Assistive technologies (AT)	AT refers to any device or system that helps to improve or retain the functional capacity and independence of people with disabilities or impairments that affect their ability to function independently in daily life. AT can include a broad range of devices or approaches and can be divided into high, medium and low-tech categories: • 'low-tech' refers to unsophisticated and largely non-electronic devices • 'medium-tech' devices are more complicated but are used by those by individuals with some degree of independent functioning (e.g., adaptive computer peripherals, such as alternative mice or keyboards) • high-tech' devices include sophisticated communication and computer control systems.
Biopsychosocial approach	The biopsychosocial approach to healthcare is based on an interdisciplinary model at the interface of biology, psychology, and socio-environmental understanding and practice. The approach involves an understanding these factors interact in topics ranging from health and disease to human development.
Individual rehabilitation plans (IRP)	An individualized rehabilitation plan (IRP) is a health care approach that addresses the unique needs of the individual in need of rehabilitative services and identify specific services to be provided to them. It generally involves a written plan developed in partnership with the care recipient outlining goals and objectives and actions that will foster recovery and independence. It may identify barriers and facilitators to recovery and independence and identify particular skills and strengths of the care recipient relevant to their rehabilitation. The IRP may describe the specific role of the therapist or other member of the MDT in supporting fulfilment o the goals.

Multidisciplinary team (MDT)	A multidisciplinary team (MDT) is a group of health professionals of different disciplines or professions (e.g. optician, ophthalmologist, occupational therapist, psychiatrist, etc.), each providing specific services to the care recipient. MDT care is generally comprised of at least one care recipient (e.g. a visually impaired person) and multiple health professionals who care, collaborate and communicate together to address as many aspects of a care recipient's needs as possible.
Orientation and mobility (O&M) techniques	O&M refers to the skills and techniques required by those who are blind or have low vision (i.e., visually impaired people) to safely and purposefully traverse environments of varying complexity. The skills, techniques and sequence of instruction used to teach O&M may vary and will be dependent upon the learner's needs, abilities and long-term goals. Specific techniques used in O&M include cane techniques, use of a human guide, self-protection, directional ability, and familiarization. Additionally, O&M may include strategies for indoor and outdoor travel, including those required for crossing streets, planning routes and using public transport.
People with other health conditions affecting vision	This refers to people who have enduring or acute health conditions which indirectly affect vision health and may be a target of management with a view to improving or preventing further deterioration of vision function. This includes common conditions such as diabetes, hypertension, measles, Lyme disease, liver disease, sickle cell disease and others.
Physical technical aids	These refer to any non-electronic device that can help people with a disability in their daily routine to increase, maintain, or improve the ability that their impairment (i.e., sight loss) has compromised. Such aids may support orientation and mobility, reading, effective communication, and other functions that enable individuals to understand and interact with people around them.
VDRn	Visual Disability Rehabilitation
VDR	Visual Disability Rehabilitator. A Professional Profile and an EU Curriculum for VDR has been developed by oMERO Project, co-financed by Erasmus Plus Programme (2020-2023)
Visually impaired person (VIP)	A visually impaired person (VIP) refers to an individual with a degree of vision impairment that impacts on their daily life. This can include an individual who experiences a range of levels of sight loss, including moderate sight loss, severe sight loss and blindness.

1 Introduction

This document is aimed to describe the results of Activity 3.1, led by SI4LIFE, and the process carried out by the Partnership in order to release them.

Activity 3.1 aims to design the overall cALLIOPE's VDRn blended training path, starting from the instantiation of the oMERO curriculum. This training path will be flexible and modular, integrating both online and in-person training to ensure a learning-outcome oriented approach that supports a comprehensive learning experience for students.

As depicted in Figure 1, Activity 3.1 is strictly connected with the outputs of WP2 (A2.2 and A2.3) and with the future development of A2.4 (Mechanisms and rules for personalised learning paths), A3.2 (Micro-credentials definition, personalised learning paths certification and quality assurance) and A3.3 (Educational materials design and translation based on innovative educational strategies)

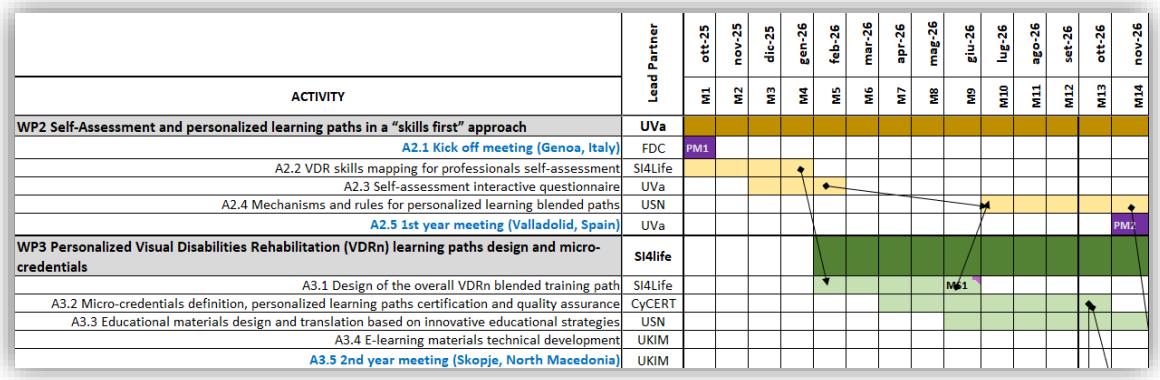


Figure 1: the main connections of A3.1 with other WPs and activities

In particular, in order to identify the competences addressed by cALLIOPE during Activity 2.2, Partners addressed many issues concerning the future design of the learning paths, such as the "way of learning" (presence, distance, WBL) which may be more suitable to address each of them; "clusters of competences" have been also defined, grouping competences by topic and paving the way for the identification of future units and micro-credentials.

The overall design of cALLIOPE's VDRn blended training path actually sets the bases for the identification of micro-credentials in A3.2, which runs partially in parallel with A3.1, and for the design of the educational materials delivered by cALLIOPE which will be implemented in A3.3.

As clarified in the project proposal, cALLIOPE builds upon the foundations laid by the oMERO project, with the aim of proving sustainability to its important project results in a skills-first approach. Thus A3.1 started from oMERO Curriculum and a selection of its Core Competences (identified by A2.2) to shape the design of a new cALLIOPE Curriculum and to define the related training paths.

2 Methodology

This section presents the methodology used to carry out A3.1 – Design of the overall Visual Disability Rehabilitation (VDRn) blended training path, starting from the **input received by** A2.2 – VDR skills mapping for professionals' self-assessment**.**

The process has been conducted through 3 main steps, described in the following sections:

Step 1: definition of cALLIOPE's Learning Outcomes

Step 2: definition of the Units of Learning Outcomes and the ways of learning

Step 3: estimation of the number of ECTS for each Unit

2.1 Step 1: definition of cALLIOPE's Learning Outcomes

As a first preliminary step to the learning path design, SI4LIFE, dressing the role of WP/Activity leader and expert on oMERO project Curriculum, performed an analysis on this important document by mapping the competences addressed by cALLIOPE (identified in A2.2 and based on oMERO Core Competences) against oMERO Learning Outcomes. This process led to the identification of the possible Learning Outcomes addressed by cALLIOPE.

As clarified in Figure 2, each oMERO LO addresses one or more Core Competences; the LO code, actually, mirrors the addressed competences making this link formalized and clear.

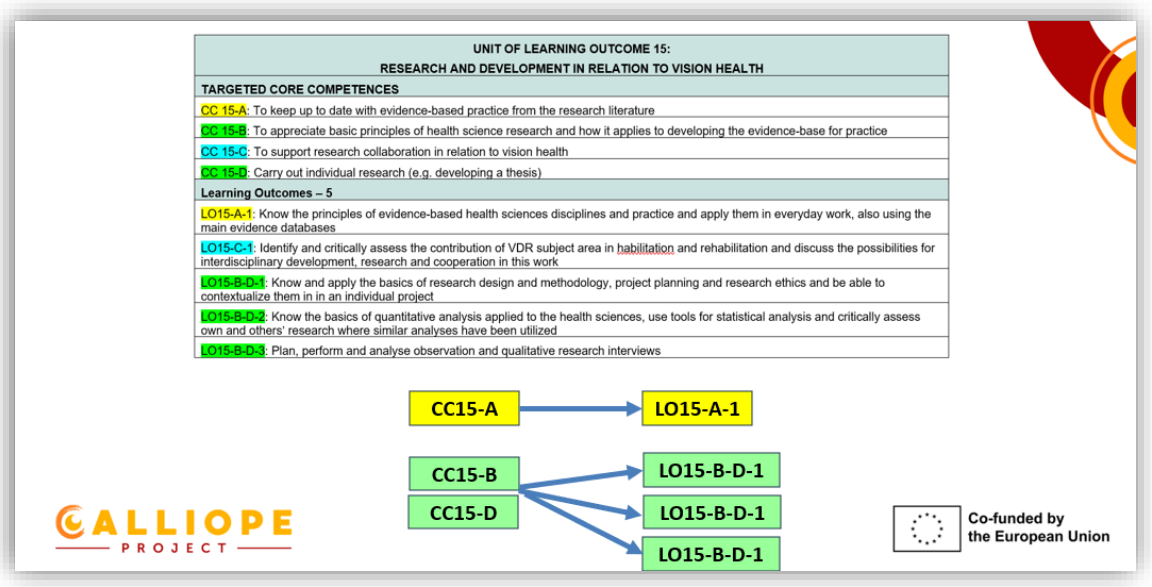


Figure 2: The link of oMERO LOs with the addressed Core Competences, mirrored by the LO's code.

The mapping of the Competences addressed by cALLIOPE against oMERO LOs allowed to point out some critical situations; in particular, a "mis-overlap" was identified when a LO addressed more than one Competence (e.g. LO15-B-D-1 in Figure 2), but only one or some of them were included in the cALLIOPE training path.

SI4LIFE produced a table (see Figure 3) pointing out when the identified Clusters of Competences "fully overlap" with oMERO LOs and when some "mis-overlap" occurred; in the latter case, oMERO LOs have been labelled as "critical" in order to be analysed in detail and to assure two types of interventions:

a) if, after the analysis, the "mis-overlap" was deemed not meaningful to the purpose of the project, the LO has been included in the final CALLIOPE Curriculum, as it was in oMERO;
b) if, after the analysis, the need for a change was identified, a new LO has been created (with a code including a prefix "CAL", e.g."CAL-LOx-X-X").

CLUSTER OF COMPETENCES	CORE COMPETENCES (CCS)	LOs fully addressed	LOs partially addressed	
Vision Referral Analysis	CC 1-A: To understand and evaluate the referral information of visually impaired persons	LO1-A-1		**Full overlap between cALLIOPE and oMERO**
Promote Equity, Diversity and Inclusion in different settings	CC 6-H: To foster social inclusion of the VIC in educational settings	LO7-E-1 LO11-E-F-1	LO6-G-H-1 (CC6-G not addressed by Calliope)	**Mis-overlap between cALLIOPE and oMERO**
	CC 7-E: To raise awareness among work colleagues and management about visual disability			
	CC 11-E: To work in a multicultural environment in health care			
	CC 11-F: To promote inclusion and other principles of equity and diversity			

Figure 3: a screenshot of the table produced by SI4LIFE depicting the mapping of oMERO LOs against cALLIOPE's Clusters of Competences

Such work has been divided among partners, so that each of them worked on some LOs; a final approval of modifications was formalized in an online meeting. After this meeting, SI4LIFE worked at the creation of the **cALLIOPE Curriculum** (included as **Annex 1**).

2.2 Step 2: definition of the Units of Learning Outcomes and the ways of learning

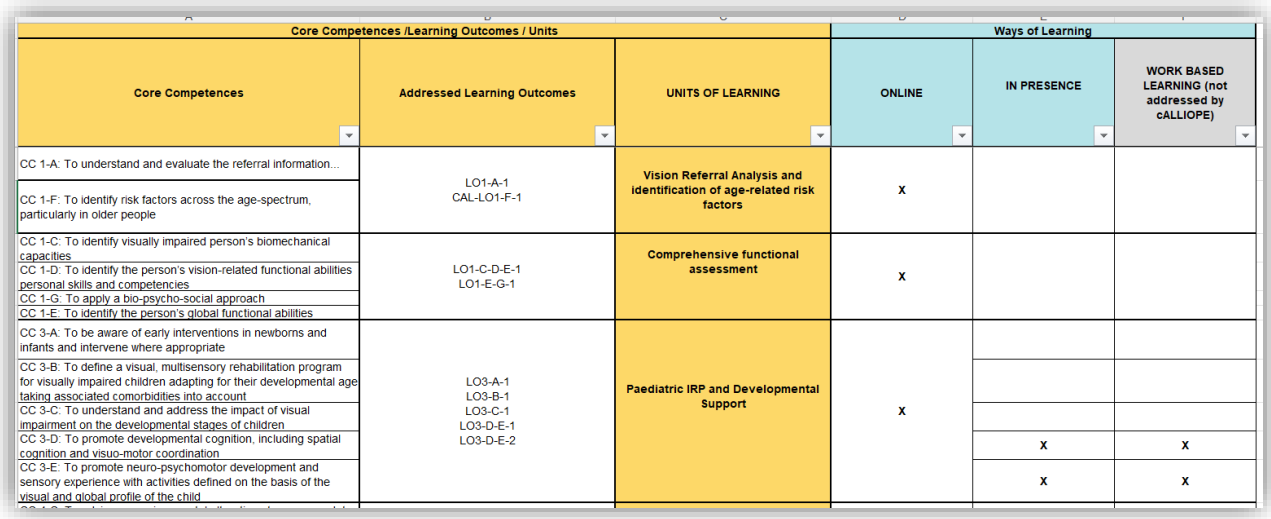
Once Learning Outcomes have been defined, partners met online to discuss about the definition of possible Units and Modules. In order to shape the cALLIOPE Curriculum (Annex 1), partners agreed that the Clusters of Competences identified in A2.2 may be mirrored into Units of Learning Outcomes, grouping all the LOs addressing each cluster.

Units of LOs have been identified as the "basic elements", the "Lego bricks" **of the cALLIOPE's training path**, which may be assembled into bigger elements, corresponding to modules and certified as micro-credentials. As defined in the project proposal, micro-credentials will be identified in A3.2; they may certify a small volume of learning corresponding to Units or to a set of them, equivalent to a module.

In addition, for each Unit of LOs, specific "ways of learning"[1] have been identified in order to assure the possibility to certify the training provided through micro-credentials for each of them. Based on the preliminary discussions developed in A2.2, SI4LIFE developed a table detailing the **expected ways of learning for each Unit**; in the same Unit, different competences may be targeted in different ways, as shown in the portion of the table depicted in

Figure 4.

[1] By "ways of learning", in cALLIOPE project, we conventionally refer to 3 main types of training: *presence* learning, *online* learning and *work-based* learning.



Core Competences /Learning Outcomes / Units			Ways of Learning		
Core Competences	**Addressed Learning Outcomes**	**UNITS OF LEARNING**	**ONLINE**	**IN PRESENCE**	**WORK BASED LEARNING (not addressed by cALLIOPE)**
CC 1-A: To understand and evaluate the referral information...	LO1-A-1 CAL-LO1-F-1	**Vision Referral Analysis and identification of age-related risk factors**	**X**		
CC 1-F: To identify risk factors across the age-spectrum, particularly in older people					
CC 1-C: To identify visually impaired person's biomechanical capacities	LO1-C-D-E-1 LO1-E-G-1	**Comprehensive functional assessment**	**X**		
CC 1-D: To identify the person's vision-related functional abilities personal skills and competencies					
CC 1-G: To apply a bio-psycho-social approach					
CC 1-E: To identify the person's global functional abilities					
CC 3-A: To be aware of early interventions in newborns and infants and intervene where appropriate	LO3-A-1 LO3-B-1 LO3-C-1 LO3-D-E-1 LO3-D-E-2	**Paediatric IRP and Developmental Support**	**X**		
CC 3-B: To define a visual, multisensory rehabilitation program for visually impaired children adapting for their developmental age taking associated comorbidities into account					
CC 3-C: To understand and address the impact of visual impairment on the developmental stages of children					
CC 3-D: To promote developmental cognition, including spatial cognition and visuo-motor coordination				X	X
CC 3-E: To promote neuro-psychomotor development and sensory experience with activities defined on the basis of the visual and global profile of the child				X	X

Figure 4: A screenshot from the table depicting the ways of learning for each cALLIOPE's Unit

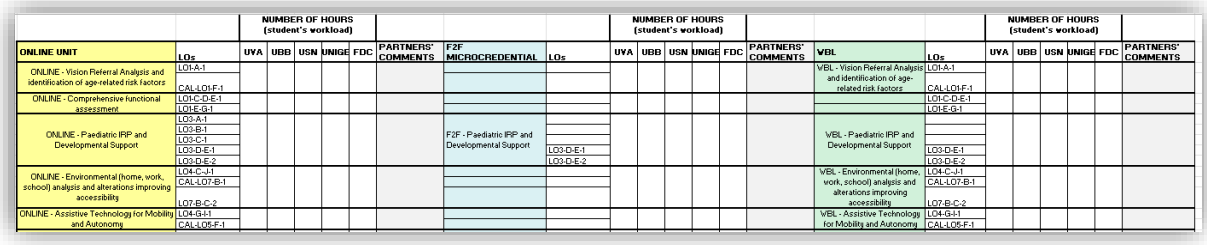
As clarified in Section 4, Work-Based Learning (WBL) is not addressed by the project (as was the case of oMERO), but it is only warmly suggested as a possible integration of the presence and online learning; this possibility will rely on cALLIOPE network (which will be developed in A5.4) , but it is not actually organized as a part of the training path.

In a few online meetings, partners discussed the proposed table and approved the final agreed version.

2.3 Step 3: estimation of the number of ECTS for each Unit

The third step implied the estimation of the number of credits which may be awarded at the completion of each Unit in a Higher Education certification system, complying with the *European Credit Transfer and Accumulation System.*

In order to reach a consensus about such numbers, starting from the table approved in step 2, SI4LIFE drafted and shared with partners another table to identify a suggested "student workload" (in terms of hours of work) for each Unit and way of learning (see Figure 5).



		NUMBER OF HOURS (student's workload)								NUMBER OF HOURS (student's workload)								NUMBER OF HOURS (student's workload)					
ONLINE UNIT	**LOs**	**UVA**	**UBB**	**USN**	**UNIGE**	**FDC**	**PARTNERS' COMMENTS**	**F2F MICROCREDENTIAL**	**LOs**	**UVA**	**UBB**	**USN**	**UNIGE**	**FDC**	**PARTNERS' COMMENTS**	**VBL**	**LOs**	**UVA**	**UBB**	**USN**	**UNIGE**	**FDC**	**PARTNERS' COMMENTS**
ONLINE - Vision Referral Analysis and identification of age-related risk factors	LO1-A-1 CAL-LO1-F-1															VBL - Vision Referral Analysis and identification of age-related risk factors	LO1-A-1 CAL-LO1-F-1						
ONLINE - Comprehensive functional assessment	LO1-C-D-E-1 LO1-E-G-1																LO1-C-D-E-1 LO1-E-G-1						
ONLINE - Paediatric IRP and Developmental Support	LO3-A-1 LO3-B-1 LO3-C-1 LO3-D-E-1 LO3-D-E-2							F2F - Paediatric IRP and Developmental Support	 LO3-D-E-1 LO3-D-E-2							VBL - Paediatric IRP and Developmental Support	 LO3-D-E-1 LO3-D-E-2						
ONLINE - Environmental (home, work, school) analysis and alterations improving accessibility	LO4-C-J-1 CAL-LO7-B-1 LO7-B-C-2															VBL - Environmental (home, work, school) analysis and alterations improving accessibility	LO4-C-J-1 CAL-LO7-B-1 LO7-B-C-2						
ONLINE - Assistive Technology for Mobility and Autonomy	LO4-G-1 CAL-LO5-F-1															VBL - Assistive Technology for Mobility and Autonomy	LO4-G-1 CAL-LO5-F-1						

Figure 5: A screenshot from the table allowing for the identification of a suggested "student workload" for each Unit and way of learning

Each partner specified its own suggestions for the identification of the students workload and then Si4LIFE identified an average number of hours and the corresponding number of ECTS (estimating 1 ECTS = about 25 hours of students workload). These data have been included in the ***overall design table***, described in Section 3.2**.**

3 Main results

3.1 CALLIOPE Curriculum

The cALLIOPE Curriculum presented in this document (see Annex 1):

- draws inspiration from **oMERO project Curriculum for Visual Disability Rehabilitation (VDR)**;
- is "**learning outcome oriented**" and compliant with **the main EU standard and tools for VET in HE**, such as ECTS, EQF, etc.;
- **targets professionals at EQF6 level with a first degree in the healthcare sector;**
- includes Learning Outcomes aimed at developing competences and skills at **EQF6 level;**
- **is general and "across-the-border"**, since it is supposed to play a reference role for VDR training in a skills-first approach at EU level;
- **complies with a micro-credential accreditation approach.**

oMERO Curriculum was co-designed by the partners of the project[2] and was based on a Professional Profile derived from a Delphi study involving about 30 experts in the VDR filed. In cALLIOPE the Curriculum has been refined for project purposes, as described in Section 2.1, with the contribution of the authors of this document under the supervision of SI4LIFE.

cALLIOPE Curriculum includes **78 Learning Outcomes**, grouped into **26 Units of Learning Outcomes** (see Table 1), mirroring the Clusters of Competences addressed by cALLIOPE.

LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES
LO1-A-1 CAL-LO1-F-1	**Vision Referral Analysis and identification of age-related risk factors**
LO1-C-D-E-1 LO1-E-G-1	**Comprehensive functional assessment**
LO3-A-1 LO3-B-1 LO3-C-1 LO3-D-E-1 LO3-D-E-2	**Paediatric IRP and Developmental Support**
LO4-C-J-1 CAL-LO7-B-1 LO7-B-C-2	**Environmental (home, work, school) analysis and alterations improving accessibility**
LO4-G-I-1 CAL-LO5-F-1	**Assistive Technology for Mobility and Autonomy**
LO8-D-1	**Support the use of braille**
LO8-A-1 LO8-A-2	**Support the use of optical technical aids**
LO9-E-1 LO3-H-1	**Managing "red flags" and referrals**
LO10-A-1 LO10-A-2 LO10-B-1	**Individualized Rehab Program (IRP) for Adults: Planning, Implementation and Adaptation**

[2] Istituto David Chiossone per i Ciechi e gli Ipovedenti Onlus Associazione (Italy), Università degli Studi di Genova (Italy), Mutualité Française PACA SSAM (France), Lietuvos Sveikatos Mokslu Universitetas (Lithuania), SI4LIFE - Scienza e Impresa Insieme per Migliorare la Qualità della Vita Scrl (Italy), The Provost, Fellows, Foundation Scholars & the other members of Board of the College of the Holy & Undivided Trinity of Queen Elizabeth near Dublin (Ireland), Umea Universitet (Sweden), Université Côte d'Azur (France)

LO2-A-B-C-D-1 LO2-A-B-C-D-2	
LO3-F-1 LO3-G-1	**Family Support in Paediatric Vision Rehab**
LO4-E-1 LO4-E-2 LO4-H-K-J-1	**OM prerequisites**
LO4-A-1 CAL-LO4-A-3 LO4-D-1 CAL-LO4-H-K-J-2	**O&M techniques - INDOOR**
LO4-A-1 CAL-LO4-A-4 LO4-B-1 LO4-B-2 LO4-B-3 LO4-L-1 CAL-LO4-H-K-J-3	**O&M techniques - OUTDOOR**
LO4-F-1 LO4-A-1 LO4-A-2	**White Cane Instruction Specialist**
LO5-G-1 LO5-H-1 LO5-A-C-F-1 LO5-B-D-E-J-1 LO5-B-D-E-J-2	**Skills for Independent Daily Living (ADL) Support**
LO6-A-1 LO6-B-1 LO6-C-D-E-1 LO6-C-D-E-2 LO6-F-1 LO6-G-H-1	**Support in Educational Settings (VIC)**
LO7-A-1 LO7-A-2 LO7-B-C-1 LO7-B-C-2 LO7-D-1	**Occupational Inclusion**
LO8-B-1 LO8-B-2 LO8-C-1 LO8-C-2 LO8-E-F-1	**Digital Accessibility and Assistive Technology Instruction**
LO12-E-2 LO12-E-3 LO13-A-C-1 LO13-A-C-2 LO13-A-C-3 LO13-B-1	**Communication, Collaboration and Coordination in multidisciplinary teams**
LO9-B-C-D-1 LO9-B-C-D-2 LO9-B-C-D-3	**Empowerment and motivational coaching**
LO11-A-D-1 LO10-A-1 LO16-A-1 LO16-D-1	**Professional and Legal Compliance**
LO7-E-1 LO11-E-F-1 LO6-G-H-1	**Promote Equity, Diversity and Inclusion in different settings**
LO12-A.1 LO 12-C-1 LO12-B-F-1	**Educational and training skills**

LO13-B-1 LO12-B-F-1 LO1-B-F-1/ LO12-A-H-I-1	**Communication with VIPs and Collaborative Therapeutic Relationship**
LO14-A-B-C-D-1	**Clinical Records and Data Compliance**
LO15-A-1 CAL-LO15-B-1 CAL-LO15-B-2 CAL-LO15-B-3	**Evidence-Based Practice and Basic Health Research.**

Table 1 The list of the LOs included in cALLIOPE Curriculum grouped by Units

Each LO is characterized by an alphanumerical code which mirrors the oMERO project Core Competence(s) it is related to. For instance**,** LO3-D-E-2 targets CC3-D and CC3-E and is the second out of two LOs targeting this couple of CCs. In such a way this code keeps a mapping of each LO against the targeted competences. **LOs integrated or modified within cALLIOPE project have a prefix "CAL"** (e.g. CAL-LO7-B-1) and keep the same code of the oMERO LO from which draw inspiration.

Each LO is described in terms of **Knowledge, Skills and Personal and Transversal Competences**. The level of "*responsibility and autonomy*", which is an important element for the definition of the EQF level, is described in the "Personal and Transversal Competences" field (to underline these dimensions, words referring to "responsibility and autonomy" are in CAPITAL LETTER).

3.2 The overall design table

The ***overall design table*** (

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 1-A: To understand and evaluate the referral information…	LO1-A-1 CAL-LO1-F-1	**Vision Referral Analysis and identification of age-related risk factors**	X	0,5		
CC 1-F: To identify risk factors across the age-spectrum, particularly in older people						
CC 1-C: To identify visually impaired person's biomechanical capacities	LO1-C-D-E-1 LO1-E-G-1	**Comprehensive functional assessment**	X	0,5		
CC 1-D: To identify the person's vision-related functional abilities personal skills and competencies						
CC 1-G: To apply a bio-psycho-social approach						
CC 1-E: To identify the person's global functional abilities						
CC 3-A: To be aware of early interventions in newborns and infants and intervene where appropriate	LO3-A-1 LO3-B-1 LO3-C-1 LO3-D-E-1 LO3-D-E-2	**Paediatric IRP and Developmental Support**	X	0,6		0,4
CC 3-B: To define a visual, multisensory rehabilitation program for visually impaired children adapting for their developmental age taking associated comorbidities into account						
CC 3-C: To understand and address the impact of visual impairment on the developmental stages of children						
CC 3-D: To promote developmental cognition, including spatial cognition and visuo-motor coordination					X	
CC 3-E: To promote neuro-psychomotor development and sensory experience with activities defined on the basis of the visual and global profile of the child					X	
CC 4-C: To advise on environmental alterations to accommodate visual impairment	LO4-C-J-1 CAL-LO7-B-1 LO7-B-C-2	**Environmental (home, work, school) analysis and alterations improving accessibility**	X	0,3		
CC 7-B: To adapt the occupational environment						
CC 4-G: To introduce and support the use of mobility technological aids	LO4-G-I-1 CAL-LO5-F-1	**Assistive Technology for Mobility and Autonomy**	X	0,4		
CC 4-I: To recommend, advise one, and instruct the use, of mobility and orientation aids and assists						
CC 5-F: To instruct on use of aids and devices in everyday life activities						

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 8-D: To introduce and support the use of braille	LO8-D-1	Support the use of braille	X	0,2	X	0,4
CC 8-A: To support the use of optical technical aids	LO8-A-1 LO8-A-2	Support the use of optical technical aids	X	0,5		
CC 9-E: To recognize mental health 'red flags' and to make appropriate referrals to specialized support services CC 3-H: To prevent the negative effects of visual impairment on neuro-psychomotor development such as signs of psychopathological risk	LO9-E-1 LO3-H-1	Managing "red flags" and referrals	X	0,2		
CC 2-A: To develop a tailored vision rehabilitation program CC 2-B: To implement a tailored vision rehabilitation program CC 2-D: To support treatment strategies for vision-related conditions CC 2-C: To adapt rehabilitation techniques to the VIP capabilities CC 10-A: To be aware of and be guided by relevant clinical guidelines CC 10-B: To respond to the individual's changing health profile	LO10-A-1 LO10-A-2 LO10-B-1 LO2-A-B-C-D-1 LO2-A-B-C-D-2	Individualized Rehab Program (IRP) for Adults: Planning, Implementation and Adaptation	X	0,8		
CC 3-F: To support and inform parents and relatives also providing indications on how to adapt different living environments to visual skills CC 3-G: To support the parent-child relationship from the outset	LO3-F-1 LO3-G-1	Family Support in Paediatric Vision Rehab	X	0,2		
CC 4-E: To instruct in body awareness techniques CC 4-K: To perform indoor and outdoor exploration techniques	LO4-E-1 LO4-E-2 LO4-H-K-J-1	OM prerequisites	X	0,5	X	0,5
CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors CC 4-D: To teach and implement conducting techniques CC 4-H: To instruct environmental research and exploration techniques	LO4-A-1 CAL-LO4-A-3 LO4-D-1 CAL-LO4-H-K-J-2	O&M techniques - INDOOR	X X	0,5	X	0,5

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 4-L: To instruct the use of public transport	CAL-LO4-H-K-J-3				X	
CC 4-F: To instruct the use of the white cane CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors	LO4-F-1 LO4-A-1 LO4-A-2	White Cane Instruction Specialist			X	0,7
CC 5-K: To support multisensory recognition techniques	LO5-G-1 LO5-H-1 LO5-A-C-F-1 LO5-B-D-E-J-1 LO5-B-D-E-J-2	Skills for Independent Daily Living (ADL) Support	X	0,7	X	0,5
CC 5-J: To support order and organization in everyday habits to facilitate autonomy			X			
CC 5-I: To instruct safety and good practices in relation to everyday activities in relevant environments			X		X	
CC 5-A: To instruct an individual to manage self-care and personal hygiene			X			
CC 5-B: To foster independence in everyday activities						
CC 5-C: To apply ergotherapy techniques			X			
CC 5-E: To support autonomy in everyday life activities			X			
CC 5-G: To instruct housekeeping techniques and activities			X			
CC 5-H: To instruct techniques for cooking and food management			X			
CC 6-A: To support the analysis of learning needs	LO6-A-1 LO6-B-1 LO6-C-D-E-1 LO6-C-D-E-2 LO6-F-1 LO6-G-H-1	Support in Educational Settings (VIC)	X	0,7		0,6
CC 6-B: To provide advice and support in educational settings for VIC					X	
CC 6-C: To provide assistance to the learning process			X			
CC 6-D: To provide specialized activities and strategies related to learning			X			
CC 6-E: To manage resources and aids for didactic purposes			X			
CC 6-F: To support student discipline in relation to the impact of the individual's visual impairment on their behaviour					X	
CC 6-H: To foster social inclusion of the VIC in educational settings			X			

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 7-A: To support the conduct of an occupational analysis	LO7-A-1 LO7-A-2 LO7-B-C-1 LO7-B-C-2 LO7-D-1	Occupational Inclusion	X	0,4		
CC 7-B: To adapt the occupational environment			X			
CC 7-C: To provide personalized activities and strategies related to occupation			X			
CC 7-D: To facilitate engagement in meaningful occupational activity						
CC 8-B: To instruct digital literacy (computer basics) specific for VIP	LO8-B-1 LO8-B-2 LO8-C-1 LO8-C-2 LO8-E-F-1	Digital Accessibility and Assistive Technology Instruction	X	0,6		
CC 8-C: To introduce and support the use of assistive computer programs			X			
CC 8-E: To develop knowledge of assistive technologies techniques in rehabilitation			X			
CC 8-F: To recommend, advise on, and instruct the use, of assistive devices						
CC 12-E: To communicate effectively in the health sector	LO12-E-2 LO12-E-3 LO13-A-C-1 LO13-A-C-2 LO13-A-C-3 LO13-B-1	Communication, Collaboration and Coordination in multidisciplinary teams	X	0,3		0,3
CC 13-A: To oversee and coordinate the rehabilitation programme of the VIP, taking account of the input of other health and social care professionals involved			X			
CC 13-C: To work in multidisciplinary teams					X	
CC 9-A: To develop a collaborative relationship					X	
CC 9-B: To apply techniques to enhance motivation and engagement with the program	LO9-B-C-D-1 LO9-B-C-D-2 LO9-B-C-D-3	Empowerment and motivational coaching	X	0,3		
CC 9-C: To encourage recognition of progress						
CC 9-D: To encourage self-monitoring and empowerment						
CC 11-A: To adhere to the organization guidelines and protocols	LO11-A-D-1 LO10-A-1 LO16-A-1 LO16-D-1	Professional and Legal Compliance		0,3		
CC 11-C: To comply with quality standards relating to health practice						
CC 11-D: To comply with health care laws and regulations			X			
CC 16-A: To ensure visually impaired persons safety			X			
CC 16-D: To be aware of and abide by the code of practice of the overseeing professional body			X			

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 6-H: To foster social inclusion of the VIC in educational settings	LO7-E-1 LO11-E-F-1 LO6-G-H-1	Promote Equity, Diversity and Inclusion in different settings	X	0,4		
CC 7-E: To raise awareness among work colleagues and management about visual disability						
CC 11-E: To work in a multicultural environment in health care						
CC 11-F: To promote inclusion and other principles of equity and diversity			X			
CC 12-A: To apply teaching strategies	LO12-A.1 LO 12-C-1 LO12-B-F-1	Educational and training skills		0,4		
CC 12-B: To assist patient's learning process			X			
CC-12-J: To manage students and trainers / CC12-C to keep contact with educators and teachers			X			
CC 12-B: To assist patient's learning process	LO13-B-1 LO12-B-F-1 LO1-B-F-1/ LO12-A-H-I-1	Communication with VIPs and Collaborative Therapeutic Relationship	X	0,3		
CC 13-B: To develop a collaborative therapeutic relationship with the visually-impaired						
CC 1-B: To advise on vision improvement conditions						
CC 15-A: To keep up to date with evidence-based practice from the research literature	LO15-A-1 CAL-LO15-B-1 CAL-LO15-B-2 CAL-LO15-B-3	Evidence-Based Practice and Basic Health Research.	X	0,3		
CC 15-B: To appreciate basic principles of health science research and how it applies to developing the evidence-base for practice						
		TOTAL		10,5		4

Table 2) summarizes all the design elements of the VDRn blended learning path defined in A3.1

In particular it depicts:

- the competences addressed by cALLIOPE;
- the Learning Outcomes pursued by the training path;
- the Units grouping cALLIOPE's LOs;
- the ways of learning identified for each Unit;
- the suggested number of ECTS to be awarded at the completion of each Unit through a specific way of learning (presence and online[3]).

[3] Credits suggested for WBL implementation are described in Section 4

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 1-A: To understand and evaluate the referral information…	LO1-A-1 CAL-LO1-F-1	**Vision Referral Analysis and identification of age-related risk factors**	X	0,5		
CC 1-F: To identify risk factors across the age-spectrum, particularly in older people						
CC 1-C: To identify visually impaired person's biomechanical capacities	LO1-C-D-E-1 LO1-E-G-1	**Comprehensive functional assessment**	X	0,5		
CC 1-D: To identify the person's vision-related functional abilities personal skills and competencies						
CC 1-G: To apply a bio-psycho-social approach						
CC 1-E: To identify the person's global functional abilities						
CC 3-A: To be aware of early interventions in newborns and infants and intervene where appropriate	LO3-A-1 LO3-B-1 LO3-C-1 LO3-D-E-1 LO3-D-E-2	**Paediatric IRP and Developmental Support**	X	0,6		0,4
CC 3-B: To define a visual, multisensory rehabilitation program for visually impaired children adapting for their developmental age taking associated comorbidities into account						
CC 3-C: To understand and address the impact of visual impairment on the developmental stages of children						
CC 3-D: To promote developmental cognition, including spatial cognition and visuo-motor coordination					X	
CC 3-E: To promote neuro-psychomotor development and sensory experience with activities defined on the basis of the visual and global profile of the child					X	
CC 4-C: To advise on environmental alterations to accommodate visual impairment	LO4-C-J-1 CAL-LO7-B-1 LO7-B-C-2	**Environmental (home, work, school) analysis and alterations improving accessibility**	X	0,3		
CC 7-B: To adapt the occupational environment						
CC 4-G: To introduce and support the use of mobility technological aids	LO4-G-I-1 CAL-LO5-F-1	**Assistive Technology for Mobility and Autonomy**	X	0,4		
CC 4-I: To recommend, advise one, and instruct the use, of mobility and orientation aids and assists						
CC 5-F: To instruct on use of aids and devices in everyday life activities						

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 8-D: To introduce and support the use of braille	LO8-D-1	**Support the use of braille**	X	0,2	X	0,4
CC 8-A: To support the use of optical technical aids	LO8-A-1 LO8-A-2	**Support the use of optical technical aids**	X	0,5		
CC 9-E: To recognize mental health 'red flags' and to make appropriate referrals to specialized support services CC 3-H: To prevent the negative effects of visual impairment on neuro-psychomotor development such as signs of psychopathological risk	LO9-E-1 LO3-H-1	**Managing "red flags" and referrals**	X	0,2		
CC 2-A: To develop a tailored vision rehabilitation program CC 2-B: To implement a tailored vision rehabilitation program CC 2-D: To support treatment strategies for vision-related conditions CC 2-C: To adapt rehabilitation techniques to the VIP capabilities CC 10-A: To be aware of and be guided by relevant clinical guidelines CC 10-B: To respond to the individual's changing health profile	LO10-A-1 LO10-A-2 LO10-B-1 LO2-A-B-C-D-1 LO2-A-B-C-D-2	**Individualized Rehab Program (IRP) for Adults: Planning, Implementation and Adaptation**	X	0,8		
CC 3-F: To support and inform parents and relatives also providing indications on how to adapt different living environments to visual skills CC 3-G: To support the parent-child relationship from the outset	LO3-F-1 LO3-G-1	**Family Support in Paediatric Vision Rehab**	X	0,2		
CC 4-E: To instruct in body awareness techniques CC 4-K: To perform indoor and outdoor exploration techniques	LO4-E-1 LO4-E-2 LO4-H-K-J-1	**OM prerequisites**	X	0,5	X	0,5
CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors CC 4-D: To teach and implement conducting techniques CC 4-H: To instruct environmental research and exploration techniques	LO4-A-1 CAL-LO4-A-3 LO4-D-1 CAL-LO4-H-K-J-2	**O&M techniques - INDOOR**	X X	0,5	X	0,5

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 4-L: To instruct the use of public transport	CAL-LO4-H-K-J-3				X	
CC 4-F: To instruct the use of the white cane CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors	LO4-F-1 LO4-A-1 LO4-A-2	White Cane Instruction Specialist			X	0,7
CC 5-K: To support multisensory recognition techniques	LO5-G-1 LO5-H-1 LO5-A-C-F-1 LO5-B-D-E-J-1 LO5-B-D-E-J-2	Skills for Independent Daily Living (ADL) Support	X	0,7	X	0,5
CC 5-J: To support order and organization in everyday habits to facilitate autonomy			X			
CC 5-I: To instruct safety and good practices in relation to everyday activities in relevant environments			X		X	
CC 5-A: To instruct an individual to manage self-care and personal hygiene			X			
CC 5-B: To foster independence in everyday activities						
CC 5-C: To apply ergotherapy techniques			X			
CC 5-E: To support autonomy in everyday life activities			X			
CC 5-G: To instruct housekeeping techniques and activities			X			
CC 5-H: To instruct techniques for cooking and food management			X			
CC 6-A: To support the analysis of learning needs	LO6-A-1 LO6-B-1 LO6-C-D-E-1 LO6-C-D-E-2 LO6-F-1 LO6-G-H-1	Support in Educational Settings (VIC)	X	0,7		0,6
CC 6-B: To provide advice and support in educational settings for VIC					X	
CC 6-C: To provide assistance to the learning process			X			
CC 6-D: To provide specialized activities and strategies related to learning			X			
CC 6-E: To manage resources and aids for didactic purposes			X			
CC 6-F: To support student discipline in relation to the impact of the individual's visual impairment on their behaviour					X	
CC 6-H: To foster social inclusion of the VIC in educational settings			X			

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 7-A: To support the conduct of an occupational analysis	LO7-A-1 LO7-A-2 LO7-B-C-1 LO7-B-C-2 LO7-D-1	Occupational Inclusion	X	0,4		
CC 7-B: To adapt the occupational environment			X			
CC 7-C: To provide personalized activities and strategies related to occupation			X			
CC 7-D: To facilitate engagement in meaningful occupational activity						
CC 8-B: To instruct digital literacy (computer basics) specific for VIP	LO8-B-1 LO8-B-2 LO8-C-1 LO8-C-2 LO8-E-F-1	Digital Accessibility and Assistive Technology Instruction	X	0,6		
CC 8-C: To introduce and support the use of assistive computer programs			X			
CC 8-E: To develop knowledge of assistive technologies techniques in rehabilitation			X			
CC 8-F: To recommend, advise on, and instruct the use, of assistive devices						
CC 12-E: To communicate effectively in the health sector	LO12-E-2 LO12-E-3 LO13-A-C-1 LO13-A-C-2 LO13-A-C-3 LO13-B-1	Communication, Collaboration and Coordination in multidisciplinary teams	X	0,3		0,3
CC 13-A: To oversee and coordinate the rehabilitation programme of the VIP, taking account of the input of other health and social care professionals involved			X			
CC 13-C: To work in multidisciplinary teams					X	
CC 9-A: To develop a collaborative relationship					X	
CC 9-B: To apply techniques to enhance motivation and engagement with the program	LO9-B-C-D-1 LO9-B-C-D-2 LO9-B-C-D-3	Empowerment and motivational coaching	X	0,3		
CC 9-C: To encourage recognition of progress						
CC 9-D: To encourage self-monitoring and empowerment						
CC 11-A: To adhere to the organization guidelines and protocols	LO11-A-D-1 LO10-A-1 LO16-A-1 LO16-D-1	Professional and Legal Compliance		0,3		
CC 11-C: To comply with quality standards relating to health practice						
CC 11-D: To comply with health care laws and regulations			X			
CC 16-A: To ensure visually impaired persons safety			X			
CC 16-D: To be aware of and abide by the code of practice of the overseeing professional body			X			

Core Competences / Learning Outcomes / Units			Ways of Learning and planned ECTS			
ADDRESSED CORE COMPETENCES	LEARNING OUTCOMES	UNITS OF LEARNING OUTCOMES	ONLINE	suggested ECTS	IN PRESENCE	suggested ECTS
CC 6-H: To foster social inclusion of the VIC in educational settings	LO7-E-1 LO11-E-F-1 LO6-G-H-1	Promote Equity, Diversity and Inclusion in different settings	X	0,4		
CC 7-E: To raise awareness among work colleagues and management about visual disability						
CC 11-E: To work in a multicultural environment in health care						
CC 11-F: To promote inclusion and other principles of equity and diversity			X			
CC 12-A: To apply teaching strategies	LO12-A.1 LO 12-C-1 LO12-B-F-1	Educational and training skills		0,4		
CC 12-B: To assist patient's learning process			X			
CC-12-J: To manage students and trainers / CC12-C to keep contact with educators and teachers			X			
CC 12-B: To assist patient's learning process	LO13-B-1 LO12-B-F-1 LO1-B-F-1/ LO12-A-H-I-1	Communication with VIPs and Collaborative Therapeutic Relationship	X	0,3		
CC 13-B: To develop a collaborative therapeutic relationship with the visually-impaired						
CC 1-B: To advise on vision improvement conditions						
CC 15-A: To keep up to date with evidence-based practice from the research literature	LO15-A-1 CAL-LO15-B-1 CAL-LO15-B-2 CAL-LO15-B-3	Evidence-Based Practice and Basic Health Research.	X	0,3		
CC 15-B: To appreciate basic principles of health science research and how it applies to developing the evidence-base for practice						
		TOTAL		10,5		4

Table 2: Overall design table

4 Hints for WBL implementation

The overall design of the cALLIOPE VDRn blended learning path, summarized in the table presented in Section 3.2, envisages two main ways of learning, presence and online learning. This choice derives from the need to formalize and certify a learning path which can be sustained and replicated even after the end of the project.

Anyway, Work-Based Learning (WBL), which was considered fundamental in oMERO project, is warmly suggested to complete the learning experience. cALLIOPE platform, delivered by the project, will suggest to users possible local initiatives, linked to the cALLIOPE Network, which would allow to be engaged in WBL. In order to shape a framework for this additional learning experience, cALLIOPE partners identified a list of Units of Learning (pointing out specific LOs) which may be integrated through WBL and, for each of them, suggested a number of ECTS to be awarded once the experience is completed. Table 3 summarizes this information.

WBL	**LOs**	**Suggested ECTS**
Vision Referral Analysis and identification of age-related risk factors	LO1-A-1	0,5
	CAL-LO1-F-1	
Paediatric IRP and Developmental Support	LO3-D-E-1	0,6
	LO3-D-E-2	
Environmental (home, work, school) analysis and alterations improving accessibility	LO4-C-J-1	0,4
	CAL-LO7-B-1	
	LO7-B-C-2	
Assistive Technology for Mobility and Autonomy	LO4-G-I-1	0,3
	CAL-LO5-F-1	
Individualized Rehab Program (IRP) for Adults: Planning, Implementation and Adaptation	LO10-B-1	1,3
	LO2-A-B-C-D-1	
	LO2-A-B-C-D-2	
O&M techniques – OUTDOOR	LO4-L-1	0,9
White Cane Instruction Specialist	LO4-F-1	0,4
	LO4-A-1	
	LO4-A-2	
Skills for Independent Daily Living (ADL) Support	LO5-A-C-F-1	0,8
	LO5-B-D-E-J-1	
	LO5-B-D-E-J-2	
Support in Educational Settings (VIC)	LO6-B-1	0,6
	LO6-F-1	
Occupational Inclusion	LO7-A-1	0,7
	LO7-A-2	
	LO7-B-C-1	
	LO7-B-C-2	
	LO7-D-1	
Digital Accessibility and Assistive Technology Instruction	LO8-C-1	0,6
	LO8-C-2	
	LO8-E-F-1	
	LO13-A-C-1	0,6

Communication, Collaboration and Coordination in multidisciplinary teams	LO13-A-C-2	
	LO13-A-C-3	
Empowerment and motivational coaching	LO9-B-C-D-1	0,2
	LO9-B-C-D-2	
	LO9-B-C-D-3	
Professional and Legal Compliance	LO10-A-1	0,2
	LO11-A-D-1	
Promote Equity, Diversity and Inclusion in different settings	LO11-E-F-1	0,3
	LO7-E-1	
Educational and training skills	LO12-A-1	0,3
Clinical Records and Data Compliance	LO14-A-B-C-D-1	0,1
Evidence-Based Practice and Basic Health Research	CAL-LO15-B-1	0,2
	CAL-LO15-B-2	
	CAL-LO15-B-3	
TOTAL		**9**

Table 3: the Units of Learning which may be integrated through WBL and the suggested a number of ECTS.

5 Conclusions

Activity A3.1, led by SI4LIFE, has resulted in the overall design of cALLIOPE VDRn blended learning path, described in this document.

In particular, partners defined through a collaborative work and many online discussions:

- **78 Learning Outcomes** pursued by the learning path, described in the cALLIOPE Curriculum in terms of knowledge, skills and personal and transversal competences;
- **26 Units of Learning Outcomes**, grouping the above mentioned LOs and characterized by specific **ways of learning** (presence, online and WBL)
- an estimation the **number of ECTS** to be awarded once each Unit is mastered.

During this Activity a number of choices have been taken by partners affecting the next tasks of the project. Units of LOs have been identified as the “basic elements” (*Lego bricks*), of the cALLIOPE’s training path, which may be assembled into bigger elements, corresponding to modules and certified as micro-credentials. The overall design of the cALLIOPE VDRn blended learning path envisages two main ways of learning, presence and online learning, while WBL is only suggested: this choice derives from the need to formalize and certify a learning path which can be sustainable in the future.

Based on these decisions, micro-credentials will be identified in A3.2; they may certify a small volume of learning corresponding to Units or to a set of them, equivalent to a module. Learning materials will be designed and developed in A3.3 taking into consideration the estimated student workload suggested for each way of learning. HE institutions will certify micro-credentials awarding the suggested ECTS.

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Quality Control Check list

Quality control Check list		
Generic minimum quality standards	**Achieved (yes/no)**	**If no, please explain why**
Document summary is provided (with adequate synopsis of contents)?	YES	
Compliant with procedure format standards (including all relevant logos and Eu-disclaimer)?	YES	
Language, grammar and spelling are acceptable?	YES	
Objectives of the application are covered?	YES	
Work deliverable relates to is adequately covered?	YES	
Comprehensiveness is acceptable (no missing sections, missing references, unexplained arguments)?	YES	
Usability is acceptable (deliverable provides clear information in a form that is useful to the reader)?	YES	
Check list completed and approved by: IVAN CHORBEV 26/06/2026		

The reviewer fills out the checklist for each review.

Annex 1: cALLIOPE Curriculum

UNIT OF LEARNING OUTCOMES: **Vision Referral Analysis and identification of age-related risk factors**
TARGETED CORE COMPETENCES
CC 1-A: To understand and evaluate the referral information of visually impaired persons
CC 1-F: To identify risk factors across the age-spectrum, particularly in older people
Learning Outcomes (2)
LO1-A-1: Interpret referral information according to the anatomy and physiology of the eye, visual function and reduced visual capacities, expression and terms in basic optics, cognitive and neurological processes as a basis for visual perception
CAL-LO1-F-1: Identify risk factors across the age-spectrum, particularly in older people

<table>
<tr><th colspan="2">LO1-A-1
Interpret referral information according to the anatomy and physiology of the eye, visual function and reduced visual capacities, expression and terms in basic optics, cognitive and neurological processes as a basis for visual perception</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Define the anatomy of the eyes and describe their role in visual function and physiology.
Describe the tools and techniques for evaluating visual function and identify the method used by orthoptist or ophthalmologist to assess visual acuity.
Classify the level of residual visual function and reduced visual capacities
Recognize and explain the terms used in basic optics including abbreviations and notations that describe visual function and refractive error.
Describe assessment methods and tools for special needs applied by psychologists, educators and other professionals.
Describe the main visual pathologies (congenital, acquired), and the main consequences on functional vision
Describe the basics of ocular diseases, systemic and neurological diseases related to the impaired vision
Define and describe cognitive and neurological processes in visual perception.
Understand the anatomy and physiology of the eyes of newborns and infants and know the most common diseases/conditions that cause blindness in childhood and be able to recognize them memorize the anatomy and physiology of the eyes of newborns and infants</td><td>SKILLS
He/she is able to:
Estimate from referrals individual’s visual function and vision problems
Estimate from referrals individual’s cognitive function
Associate the anatomical part of the eye affected with the nature of the visual impairment and its functional consequences
Interpret and integrate data provided by professionals (medical, ophthalmological and optometric in developing VIP Individual rehabilitation plan (IRP) and intervention strategies.
Relate cognitive and neurological disorders with low vision and the interaction of these factors.
Interpret residual visual function related to age and concurrent disabilities</td></tr>
</table>

● Describe most common diseases and conditions that cause blindness in childhood and distinguish prenatal, perinatal and postnatal onsets ● Discriminate between congenital or acquired, hereditary or ex novo, degenerative or stable, conditions that cause blindness in infants and newborns	
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● AUTONOMOUSLY summarize the referral information. ● Collaborate with other professionals in discussing referral information. ● Apply critical thinking to identify special needs of the VIP according to referral information. ● Integrate knowledge from different fields and adopting a multidisciplinary approach.	

CAL-LO1-F-1 **Identify risk factors across the age-spectrum, particularly in older people**	
KNOWLEDGE He/she is able to: ● Identify and outline the risk factors for visual impairment related to environmental conditions and comorbidities. ● Underline possible interdisciplinary approaches to vision health challenges and related policies	

● Define the visual implications of other related pathologies such as diabetes, eye injuries, neurological conditions on vision remediation and rehabilitation.	
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Apply specialized problem-solving skills. ● Collaborate with other members of the multidisciplinary team to address and solve VIP problems.	

UNIT OF LEARNING OUTCOMES: **Comprehensive functional assessment**
TARGETED CORE COMPETENCES
CC 1-C: To identify visually impaired person’s biomechanical capacities
CC 1-D: To identify the person’s vision-related functional abilities personal skills and competencies
CC 1-E: To identify the person’s global functional abilities
CC 1-G: To apply a bio-psycho-social approach
Learning Outcomes (2)
LO1-C-D-E-1: Draft a first anamnesis and case history based on personal/familiar interviews
LO1-E-G-1: Develop an individualised global support program based on the biopsychosocial approach within the MDT, taking into account the psychological/social/biological factors of the visual disability situation and their impact on the person's autonomy capacities and life habits

<table>
<tr><th colspan="2">LO1-C-D-E-1
Draft a first anamnesis and case history based on personal/familiar interviews</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Select and apply appropriate interviewing techniques and strategies.
Outline the components of first anamnesis protocol.
Identify and describe in detail visual needs and possible health problems drafted from professional referrals, demonstrating highly specialized knowledge about them.</td><td>SKILLS
He/she is able to:
Prepare the interview taking into account the needs and life habits of the VIP
Adapt and facilitate the protocol according to the age of the VIP, especially the ageing person
Effectively manage the personal/familiar interview to obtain accurate, unbiased information for the first anamnesis and case history
Devote adequate time to the VIP and their families/supporters when expressing health-related concerns and feelings.</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to:
Demonstrate empathy, genuine interest, compassion and a nonjudgmental behaviour during personal/familiar interviews and support VIP
Demonstrate a critical understanding of VIP health problems and special needs.
TAKE RESPONSIBILITY on cooperation with VIP and their families in order to detect VIP health problems and special needs.
Compose the first anamnesis document AUTONOMOUSLY.
Act respectfully</td></tr>
</table>

<table>
<tr><th colspan="2">LO1-E-G-1
Develop an individualised global support program based on the biopsychosocial approach within the MDT, taking into account the psychological/social/biological factors of the visual disability situation and their impact on the person's autonomy capacities and life habits</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Define and describe the biopsychosocial concept, demonstrating highly specialized knowledge.
State and outline the principles of ICF tools.
Identify and outline the most common used tools for global functional ability assessment.
Describe the impact and the implications of global functional ability on autonomies and relationships in daily life autonomies and relationships.
Explain the influence of individual environment to physical and cognitive functioning.
Relate vision ability and function with personal environmental conditions.</td><td>SKILLS
He/she is able to:
Apply biopsychosocial approach in daily work
Apply ICF tools in VIP rehabilitation.
Collect data regarding the social environment of VIP and its interactions between personal factors (disability/capacity), environmental factors (facilitators/obstacles) and life habits (social participation/disability)
Address and discuss the barriers of VIP in daily life autonomies and relationships.
Consider VIP strengths and weakness adopting a biopsychosocial approach and address them in IRP.
Draft global functioning individual profiles and discuss them within the multidisciplinary team</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to:
AUTONOMOUSLY use of tools to draft functioning individual profiles.
Demonstrate a critical understanding of age, related pathologies and environmental conditions as a whole affecting VIP person
Collaborate in the MDT team to address VIP problems related to autonomy and relationships.
Act as part of a professional team.</td></tr>
</table>

UNIT OF LEARNING OUTCOMES: **Paediatric IRP and Developmental Support**
TARGETED CORE COMPETENCES
CC 3-A: To be aware of early interventions in newborns and infants and intervene where appropriate
CC 3-B: To define a visual, multisensory rehabilitation program for visually impaired children adapting for their developmental age taking associated comorbidities into account
CC 3-C: To understand and address the impact of visual impairment on the developmental stages of children
CC 3-D: To promote developmental cognition, including spatial cognition and visuo-motor coordination
CC 3-E: To promote neuro-psychomotor development and sensory experience with activities defined on the basis of the visual and global profile of the child
Learning Outcomes (5)
LO3-A-1: Evaluate the developmental stage and related individual capabilities of the visually impaired child (VIC), through observation and referrals in collaboration with the MDT
LO3-B-1: Define a visual, multisensory rehabilitation program (IRP) for VIC suitable for their developmental age taking associated comorbidities into account
LO3-C-1: Know and contextualize the impact of vision impairment on the developmental stages of the normo-typical child, as well as their cognitive development, including spatial cognition and visual-motor coordination
LO3-D-E-1: Promote neuro-psychomotor development and sensory experience cooperating with the MDT and implementing activities tailored on child's visual and global profile and by applying multidisciplinary techniques which stimulate complex cognitive functioning
LO3-D-E-2: Promote and develop confidence, interests, abilities, hand skills and coordination of VIC in the educational context

<table>
<tr><th colspan="2">LO3-A-1
Evaluate the developmental stage and related individual capabilities of the visually impaired child (VIC), through observation and referrals in collaboration with the MDT</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
Analyse developmental psychology stages and psychomotor progresses in normo-typical child and/or VIC
Describe main psycho-pedagogic and psycho-educational approaches meant to support the development of newborns and infants with vision impairment
Be aware of the global intervention and MDT contributions supporting developmental stages in VIC (newborns and infants)
Define fair and appropriate ways to respect the place of parents and family
Depict different child autonomous activities depending on the developmental stages (relational, psychomotor, communication, sleeping and feeding patterns)
Describe and recognize multi-disability conditions in newborn and infants particularly related to visual impairment
List principal motor, psychological and sensorial disabilities associated to visual impairment in multi-disabled infants
Describe most common diseases and conditions that cause multi--disability related to vision loss in childhood and distinguish prenatal, perinatal and postnatal onsets
Discriminate between congenital or acquired, hereditary or ex novo, degenerative or stable, conditions that cause multi-disability related to vision loss in infants and newborns
Describe observation methods of the child and the child-caregiver relationship</td><td>SKILLS

He/she is able to:
Report properly the observations of the child and relate to clinical referrals and developmental stages in collaboration with the MDT
Involve parents and family and be able to explain the IPR in simple and accessible terms
Evaluate and organize the intervention setting accordingly to individual capabilities and developmental stage
Point out and support individual capabilities in the various lifetime contexts and evaluate the related differences in VIP functioning and autonomies
Show awareness of relational needs related to age, developmental age and concomitant disabilities
Manage relationship with the child and familiar settings
Adapt rehabilitation intensity and frequency to individual multi-disability conditions
Distinguish developmental support interventions from those intended for subsistence and well-being; applying accordingly
Evaluate the developmental stage and related individual capabilities of the normo-typical child and the VIC pointing out possible delays
Apply observation methods of the VIC and the child-caregiver relationship</td></tr>
</table>

• Describe the basics of relationship theory, intersubjectivity levels, communication stages, psychomotor development (postural steps, coordination, movement and walking, play skills from sensorimotor to functional to symbolic) • List and comprehend main child developmental psychometric tests and observation criteria, adopted within the local health system and in the MDT, related to ages and disabilities	
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Establish a relationship with caregivers and family • Perform context adaptation • Collaborate with the MDT	

LO3-B-1 **Define a visual, multisensory rehabilitation program (IRP) for VIC suitable for their developmental age taking associated comorbidities into account**	
KNOWLEDGE He/she is able to: • Discuss developmental stage and related individual capabilities of the VIC or multi-disabled, pointing out feasible goals • Describe a variety of multisensory tools and activities adapted to child and on individual capabilities (cognitive, structural or functional) • Define and describe the main rehabilitation approaches that can be used with VIC, demonstrating highly specialized knowledge. • Describe the main objective areas to work on through individual rehabilitation plans	SKILLS He/she is able to: • Select the most suitable rehabilitation approaches adapting them to the VIC in collaboration with the MDT and make changes if necessary • Design specific multisensorial interventions in the child life context, adapting to individual capabilities, modulating over time and intensity • Select and apply tools and activities feasible for the psycho-sensorial child characteristics

• Define, for each specific goal, how long and how often the rehabilitation activity should take place • Identify possible success indicators related to activities and individual goals • Identify indicators of compliance	• Collect the information necessary from the MDT in the evaluation phase for the definition of the rehabilitation project • Evaluate sustainability from psychological interviews, global functioning profile and medical issues • Focus on the limits and potential of the VIP and identify individual achievable goals, based on them, adapting the IRP • Propose on activities frequency and location • Evaluate multisensory stimulations, giving opportune feedback to MDT about efficacy, goals achieved and individual preferences
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Personalize interventions • Intervene in a realistic and concrete way	

LO3-C-1 **Know and contextualize the impact of vision impairment on the developmental stages of the normo-typical child, as well as their cognitive development, including spatial cognition and visual-motor coordination**	
KNOWLEDGE He/she is able to: • Describe the main characteristics of developmental stages and related individual capabilities of the normo-typical child and the VIC • Describe and apply observation methods of the child and the child-caregiver relationship • Acquire main concepts of relationship, intersubjectivity levels, communication stages, psychomotor development (postural steps, coordination, movement, and walking, play skills from sensorimotor to functional to symbolic) • List and comprehend main child developmental vision and psychometric tests and observation criteria, adopted within the local health system and in the MDT, related to ages and disabilities • Describe visual function in mild-medium and severe impairment • Discuss impact of different conditions on colour and contrast sensibility, visual acuity and field of view • Recognize main visual function concepts as pursuit, tracking and fixation • Describe optical aids and assistive technologies and other functional supports for VIC according to MDT and IPR	SKILLS He/she is able to: • Evaluate the developmental stage and related individual capabilities of the normo-typical child and the VIC, pointing out possible delays • Observe the impact or vision impairment in different life contexts and in harmonic development achievements, intervening to reduce the possible gap • Contextualize and try to reduce secondary effects of visual disability (isolation, stereotypies, reduced autonomies) • Be aware of residual visual function during rehabilitation with the VIC according to the IPR • Adapt intervention to the individual characteristics of functional vision, considering work-distance and spatial orientation, ambient and focused illumination, in order to optimize performance

PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to: • Personalize interventions • Be aware of the need of tailoring

LO3-D-E-1 **Promote neuro-psychomotor development and sensory experience cooperating with the MDT and implementing activities tailored on child's visual and global profile and by applying multidisciplinary techniques which stimulate complex cognitive functioning**	
KNOWLEDGE He/she is able to: • Describe complex cognitive functioning • Describe the effects and importance of sensory vicariance onto localization competences, spatial perception, emptiness, distance and orientation concepts in VIC development • Describe techniques and related activities to support neuro-psychomotor coordination, pointing cognition and visuo-motor coordination, adapted for VIC • Discuss basics of and contextualize in daily work the following: developmental delay; and motor, sensory, cognitive disabilities; and behavioural and communication disorders • Be aware of professional approach and intervention in the MDT in order to point out overlapping areas or mutual support • Be aware of risks connected to a correct spatial perception, localization and orientation in child autonomies development	SKILLS He/she is able to: • Adapt interventions and contextualize in daily work, taking account of developmental delays, behavioural and communication disorders • Recognize the importance of sensory vicariance and consequently train localization competences, spatial perception, emptiness, distance and orientation concepts supporting VIC development • Apply the proper technique and related activities to support neuro-psychomotor coordination, especially cognition and visuo-motor coordination, adapted for VIC • Collaborate on intervention fields that require multidisciplinary approach, in order to support complex cognitive functioning, adapting to the MDT characteristics • Share information and deploy common projects in the interests of the VIC

PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Be realistic and concrete

LO3-D-E-2 **Promote and develop confidence, interests, abilities, hand skills and coordination of VIC in the educational context**	
KNOWLEDGE He/she is able to: • Describe educational techniques and tools that can support and stimulate abilities, hand skills and coordination in VIC • Discuss visual-motor coordination principles • List free time and sport activities suitable for VIC and ages, that can stimulate individual child abilities and interests	SKILLS He/she is able to: • Interpret personal interests in order to foster confidence and commitment, recording individual needs and sharing in the MDT • Promote stimulating activities, related to individual child's interest and abilities, focusing on coordination and hand skills, supporting the educational contexts • Provide examples and explanations of suitable activities, stimulating abilities in different educational contexts
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Promote self-empowerment • Contextualize competences	

UNIT OF LEARNING OUTCOMES: **Environmental (home, work, school) analysis and alterations improving accessibility**
TARGETED CORE COMPETENCES
CC 4-C: To advise on environmental alterations to accommodate visual impairment
CC 7-B: To adapt the occupational environment
Learning Outcomes (3)
LO4-C-J-1: Analyse and evaluate living settings and environments to improve accessibility, applying the principles of accessibility and ergonomic principles in environmental settings for VIP and advise and suggest environmental alterations or solutions for VIPs
CAL-LO7-B-1: Advise and suggest tools and operating solutions to improve personal efficacy in the work process, suggest how to adapt the occupational process to suit the VIP, taking into account the purpose of intervention and the environment, manage tools and the work environment accordingly
LO7-B-C-2: Advise and suggest to VIP and managers environmental alterations or solutions to improve accommodations and safety

LO4-C-J-1 **Analyse and evaluate living settings and environments to improve accessibility, applying the principles of accessibility and ergonomic principles in environmental settings for VIP and advise and suggest environmental alterations or solutions for VIPs**	
KNOWLEDGE He/she is able to: • Outline the main regulations in terms of generalized accessibility and those specifically dedicated to VIPs in terms of blindness and low vision • Outline the requirements for accessibility outdoor or in specific public areas as airports and stations, crossroads etc. • Outline and describe in detail the tools of compensation and accessibility and the environmental alterations or solutions for visually impaired person (both indoor and outdoor)	SKILLS He/she is able to: • Analyse and evaluate living settings and environments to improve accessibility • Evaluate and suggest on activities and ambient illumination • Identify danger zones on the pathway (isolated steps, stairs), accessibility in common areas, elevators, risks of contact in a place (shelves at head height), advise on lighting, signage

• Describe the main ergonomic principles in environmental settings for VIPs	• Use the BIP sound (voice remote control for traffic lights), GPS, electronic cane, guidance strips, vigilance strips and is able to teach their use • Collaborate with OM specialists if they already exist in a particular region
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with the MDT • Collaborate with other actors such as users associations, town hall, etc.	

CAL-LO7-B-1 **Advise and suggest tools and operating solutions to improve personal efficacy in the work process, suggest how to adapt the occupational process to suit the VIP, taking into account the purpose of intervention and the environment, manage tools and the work environment accordingly**	
KNOWLEDGE He/she is able to: • Outline different means of visual compensations available to improve personal efficacy in the work process (contrast and colour sensitivity, light sensitivity, size and style of characters) • Outline the different means of tactile and auditory compensations available to improve personal efficacy in the work process • Outline the work process analysis, underlining activities, responsibility, and control hyperarchy • Outline time management in the workflow and operative goals setting	SKILLS He/she is able to: • Inform the VIP about technical aids that may be useful in their work • Browse and select tools and operating solutions, specific and non-specific for VIPs, in order to solve practical problems and support the work process • Evaluate feasibility issues between environment, tools, activities and occupational relationships • Acknowledge personal efficacy collaborating with the VIP and the management

• Recall essential Personal Protective Equipment (PPE) use and maintenance • Estimate risk factors linked to professional roles for VIP and consider new occupational opportunities, including work related stress	• Identify and eliminate danger and risks in the work process and surroundings • Acknowledge correct application of safety rules at work, use of IPDs (Individual Protection Disposals), emergency regulations and responsibilities
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • To support self-esteem when professional environments require it • Manage relationships and local networking	

LO7-B-C-2 **Advise and suggest to VIP and managers environmental alterations or solutions to improve accommodations and safety**	
KNOWLEDGE He/she is able to: • Define and classify the main problems that can be encountered in in the workplace setting in terms of environment, population, risks, lights, well-being at work • Outline the main environmental alterations or solutions to improve work accommodation and safety • Represent the work process analysis, extended to the setting and building/area where the job is settled • Represent everyday life needs linked to occupational activities (resting, mobility, refreshments) • Summarize laws supporting occupational inclusion, accessibility and barriers, including facilitations for employers and available public services	SKILLS He/she is able to: • Evaluate environmental accessibility and barriers in order to identify possible environmental alterations or solutions to improve accommodations and safety • Advise employer's management on possible or mandatory solutions related to accessibility and safety • Keep updated about solutions to improve workplace setting and safety solutions

• Comprehend laws and rules linked to employers' safety and professional risks.	
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with employers and managers	

UNIT OF LEARNING OUTCOMES: **Assistive Technology for Mobility and Autonomy**
TARGETED CORE COMPETENCES
CC 4-G: To introduce and support the use of mobility technological aids
CC 4-I: To recommend, advise one, and instruct the use, of mobility and orientation aids and assists
CC 5-F: To instruct on use of aids and devices in everyday life activities
Learning Outcomes (2)
LO4-G-I-1: Teach the use of mobility aids, including technological ones, integrating them with the proper OM techniques and safety alerts
CAL-LO5-F-1: Know the techniques, strategies, and compensatory aids for personal care, eating and clothing for VIP

LO4-G-I-1 **Teach the use of mobility aids, including technological ones, integrating them with the proper OM techniques and safety alerts**	
KNOWLEDGE He/she is able to: • Describe in detail the main mobility aids and their characteristics, including technological ones. • Describe in detail the advantages and limits of the main mobility aids, including technological ones. • Outline the main mobile applications useful for orientation and transportation	SKILLS He/she is able to: • Analyse precisely the needs, capacities and motivation of the VIP in terms of ICTs • Teach the VIP how to use the main mobility aids, including technological ones • Integrate the use of mobility aids with the proper OM techniques and safety alerts • Evaluate when tools such as GPS, beepers can be recommended
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with the MDT	

CAL-LO5-F-1 **Know the techniques, strategies, and compensatory aids for personal care, eating and clothing for VIP**	
KNOWLEDGE He/she is able to: • Identify and define the main tasks in each of the 3 areas (personal care, eating and clothing) and outline the executive functions necessary to carry out each task, as well as the memory and movement skills needed by a person with a visual impairment to perform such tasks. • Understand the different impacts on the activities of daily living according to congenital or acquired visual deficiencies in these 3 domains, and their functional or social consequences in daily life.	SKILLS He/she is able to: • Prepare and conduct sessions according to the identified VIP's needs (e.g. ease, postural maintenance, praxis) • Implement all rehabilitation techniques related to all tasks concerning personal care, feeding, clothing, stimulating multisensory recognitions and tailoring activities • Inform the VIP about the main assistive and compensatory devices and equipment which can be useful for personal care, eating and clothing

• Describe the principles of mental representation and perceptive coding useful and applicable in each of the 3 domains, and all the tasks that refer to them. • Identify and describe the main assistive and compensatory devices and equipment which can be useful for personal care, eating and clothing • Identify all the items related to personal care, eating and clothing and organize a learning protocol according to the desires, needs, abilities and life habits of the VIP • Understand the triad person-occupation-environment (roles, life habits, definitions of occupations, different environmental spheres)	• Prepare and conduct sessions according to the elements collected on the person accompanied (gestural organization, personal autonomy, social autonomy) by means of interviews or observations.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • To demonstrate adaptation and flexibility throughout the rehabilitation session	

UNIT OF LEARNING OUTCOMES: **Support the use of braille**
TARGETED CORE COMPETENCES
CC 8-D: To introduce and support the use of braille
Learning Outcomes (1)
LO8-D-1: Know braille basics and be able to instruct and exercise braille writing and reading

LO8-D-1 **Know braille basics and be able to instruct and exercise braille writing and reading**	
KNOWLEDGE He/she is able to: ● Memorize the braille alphabet and code rules, ● Describe electric braille screen readers. ● Identify systematic tactile strategies to explore and interpret various tactile graphics, diagrams, and drawings. ● Experiment with various methods and materials to approach braille and tactile graphs, different supports and printing solutions	SKILLS He/she is able to: ● Compare the various braille technologies available, testing a variety of low- and high-tech devices for accessing, producing, and using braille ● Plan and perform a sequential process to learn the braille code and formatting rules in writing and reading ● Suggest and train strategies to increase speed and accuracy in recognizing braille characters, basic word processing concepts and line scanning techniques ● Promote useful everyday life application and support literacy providing texts and documents ● Support braille devices and interfaces in personal or professional contexts ● Help VIP and his family master braille writing and reading

PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to: ● Act with accountability and in compliance with legal requirements. ● Define your own professional identity through interaction with other professionals. ● Define VDR role in the team while gaining an understanding of commitment in the workplace. ● Act as part of a professional team.

UNIT OF LEARNING OUTCOMES: **Support the use of optical technical aids**
TARGETED CORE COMPETENCES
CC 8-A: To support the use of optical technical aids
Learning Outcomes (2)
LO8-A-1: Know refractive and clinical optics principles, binocular vision and ocular motility, fixation and accommodation and their application in VIP rehabilitation
LO8-A-2: Train the use of optical technical aids and devices (refractive lenses, prisms, filters, telescope and magnifiers), in collaboration with the MDT, evaluating environmental and light setting, focus distance and fixation strategies to improve vision

<table>
<tr><th colspan="2">LO8-A-1
Know refractive and clinical optics principles, binocular vision and ocular motility, fixation and accommodation and their application in VIP rehabilitation</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
Describe refractive errors and their principles of optical correction.
Describe vision characteristics (binocular/monocular), eye mobility, accommodation and methods of fixation assessment.
Detail refractive disorders and their correction
Recognize basic organ systems, with special emphasis on the ocular and visual system, and their inter-relationships to the body as a whole</td><td>SKILLS

He/she is able to:
Apply special skills in clinical optics in order to be able to competently cooperate with professionals of this field in the process of observation of VIP.
Apply precisely the recommendations contained in a functional vision assessment
Monitor the symptoms of eye diseases, use them to identify changes and help manage them.
Monitor eye movements, fixation, document and inform vision care specialists (such as ophthalmologists) about changes.
Support the person in dealing with changes in his body.
Collaborate with loved ones, caregivers.
Plan and implement targeted prevention measures to reduce complications of the disease.
Monitor changes in chronic ocular and other eye diseases.
Explain the processes and results to the carers and family so that they clearly understand.</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:
Ensure horizontal communication between disciplines.
Collaborate with other MDT professionals.
Collaborate with social care professionals and service providers and other stakeholders.</td></tr>
</table>

<table>
<tr><th colspan="2">LO8-A-2
Train the use of optical technical aids and devices (refractive lenses, prisms, filters, telescope and magnifiers), in collaboration with the MDT, evaluating environmental and light setting, focus distance and fixation strategies to improve vision</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Describe the main optical technical aids and devices which can be used to support VIPs, their main characteristics and aims
Describe light sensing research methods and entoptic phenomenon.
Describe the methods of fixation and its influence on visual acuity, focus distance and fixation strategies
Classify and describe spherical and cylindrical lenses, prisms.
Describe the use of filters, telescopes and magnifiers in VIP rehabilitation and describe the major diseases, refractive errors to which these optical devices apply.
Understand geometric and visual optics.
Outline recommendations about the use of optical lenses, prisms, filters, telescope and magnifiers for VIPs</td><td>SKILLS
He/she is able to:
Teach to use optical technical means and devices in cooperation with ophthalmologists, optometrists, opticians, special educators, social workers and rehabilitators.
Monitor and provide long-term care for VIP in collaboration with other members of the MDT.
Organize VIP care at home.
Apply and recommend the use of optical lenses for VIP to correct refractive errors, glare, amblyopia.
Apply and recommend the use of prismatic optical correction for VIP in case of diplopia, glare.
Apply and recommend the use of magnifiers or telescopes for VIP in severe visual deficits.
Apply and recommend the use of photochromic filters in order to front contrast sensitivity (CS), adaptation time, glare, photophobia
Support the use of optical technical means in particularly poor vision, leaving only light perception.
Support the use of optical technical means in the case of eccentric fixation.
Evaluate environmental and light setting, focus distance and fixation strategies to improve vision
Follow clinical instructions and health effects of social circumstances</td></tr>
</table>

PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with family members to identify health problems and assess health needs. • Demonstrate an internal and interdisciplinary team approach. • Write reports autonomously.

UNIT OF LEARNING OUTCOMES: **Managing "red flags" and referrals**
TARGETED CORE COMPETENCES
CC 9-E: To recognize mental health ‘red flags’ and to make appropriate referrals to specialized support services
CC 3-H: To prevent the negative effects of visual impairment on neuro-psychomotor development such as signs of psychopathological risk
Learning Outcomes (2)
LO9-E-1: Be aware of mental health ‘red flags’ related to visual impairment and disability and be able to raise them within the MDT
LO3-H-1: Identify as ‘red flags’ the psychopathological risks in childhood development in the context of vision impairment in order to refer appropriately to the MDT

<table>
<tr><th colspan="2">LO9-E-1
Be aware of mental health ‘red flags’ related to visual impairment and disability and be able to raise them within the MDT</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
Recognize, name mental health "red flags".
Identify, name "red flags" of mental health for visually impaired people.
Explain and interpret social, economic and the totality of environmental conditions affecting the mental health of the VIP.
Identify and illustrate the cultural background of VIPs and families (ethnicity, religion, morals and customs, minority, etc.)
Explain when and where to seek appropriate psychosocial assistance.
Know the available referral persons and network to contact in case of psychological distress</td><td>SKILLS

He/she is able to:
Identify signs of psychosocial distress (anxiety, depression, social isolation, suicidal ideation) in collaboration with the MDT
Identify signs of social distress (e.g. loss of autonomy in daily routines) in collaboration with the MDT
Evaluate VIPs and their families’ strengths and areas of
concern social, economic and cultural factors.
Discuss VIPs mental health issues with MDT and refer the VIP for qualitative special care.</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:
Refer to a specific cultural and community context. Demonstrate an intra and interdisciplinary team approach to detect health problems of individuals within the context of their cultures and communities.</td></tr>
</table>

<table>
<tr><th colspan="2">LO3- H-1
Identify as ‘red flags’ the psychopathological risks in childhood development in the context of vision impairment in order to refer appropriately to the MDT</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Recall the main psychopathologies with infant onset and development and those strictly related to disability
Discriminate psychopathologies driven from genetic structure o reacting to individual context</td><td>SKILLS
Point out “red flags” associated to possible psychopathological symptoms in VIC: anxiety and mood disorders (depressive, maniacal, restlessness, anhedonia, psycho-motor disturbances, apathy) linked to age, developmental age and personal history
Point out “red flags” associated to possible eating disorders and sleep disturbances in child and young VIP
Be aware of the psychopathological risks in childhood development in the context of vision impairment and point out ‘red flags’ to refer appropriately to the MDT
Refer to the MDT in the proper way</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to:
Constantly monitor VIC’s attitudes and behaviours</td></tr>
</table>

UNIT OF LEARNING OUTCOMES: **Individualized Rehab Program (IRP) for Adults: Planning, Implementation and Adaptation**
TARGETED CORE COMPETENCES
CC 2-A: To develop a tailored vision rehabilitation program
CC 2-B: To implement a tailored vision rehabilitation program
CC 2-C: To adapt rehabilitation techniques to the VIP capabilities
CC 2-D: To support treatment strategies for vision-related conditions
CC 10-A: To be aware of and be guided by relevant clinical guidelines
CC 10-B: To respond to the individual's changing health profile
Learning Outcomes (5)
LO2-A-B-C-D-1: Know the basic multidisciplinary activities of a vision rehabilitation program, related to vision health, and plan their implementation and assessment, in collaboration with the MDT
LO2-A-B-C-D-2: Identify individual achievable goals and activities tailored on the needs of the VIP, implementing IRP and adapting rehabilitation approaches in collaboration with the MDT
LO10-A-1: Be aware of relevant clinical guidelines related to general health and concurrent health concerns, supported by the wider healthcare system, as well as international, national, regional and local policies and quality standard settled by the health care community and be able to apply them in daily practice
LO10-A-2: Know about prevalence, treatment, rehabilitation, prognosis and management of loss of function after stroke and other diseases and be able to contextualize this knowledge in daily work
LO10-B-1: Understand wider healthcare system referrals and be able to tailor IRP to the individual's changing health profile in collaboration with the MDT

<table>
<tr><th colspan="2">LO2-A-B-C-D-1:
Know the basic multidisciplinary activities of a vision rehabilitation program, related to vision health, and plan their implementation and assessment, in collaboration with the MDT</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Describe in detail the basic multidisciplinary activities of a vision rehabilitation program related to vision health
Define, describe and master habilitation and rehabilitation approaches, demonstrating highly specialized knowledge.
Explain the relation of the eye and visual function to body structures.
Describe the main characteristics of an Individual Rehabilitation Plan (IRP) and identifies which ones can be tailored on the user (and at which level)
Define and describe the main rehabilitation techniques, demonstrating highly specialized knowledge
Understand treatments related to vision health and other health conditions related to vision health which can be integrated in IRPs
Describe the fallout and consequences of poorly managed eye health in clear, understandable but scientific language.
Describe vision training techniques and appropriate use</td><td>SKILLS
He/she is able to:
Collect the information necessary from the MDT in the evaluation phase for the definition of the rehabilitation project
Select the most suitable habilitation and rehabilitation approaches according to visual function and global function
Deploy a specific program into everyday life skills and needs, and related to visual function rehabilitation
Plan the implementation of the most suitable multidisciplinary activities in collaboration with the MDT
Critically assess the contents of an IRP, establishing objective and subjective indicators
Monitor the progress of the disease and the visual consequences related to it, taking into account the difficulties reported by the disabled person
Understand treatments related to vision health and other health conditions and follow adherence of treatment within an IRP</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
Describe specific rehabilitation activities in professional but not overly technical language.
Effectively collaborate with the MDT team
Is aware of importance of tailoring</td></tr>
</table>

LO2-A-B-C-D-2: **Identify individual achievable goals and activities tailored on the needs of the VIP, implementing IRP and adapting rehabilitation approaches in collaboration with the MDT**	
KNOWLEDGE He/she is able to: • Outline the tests and questionnaires to be administered to VIP, and methodological approaches, in order to detect personal goals • Define and describe the main rehabilitation approaches that can be used with VIP, demonstrating highly specialized knowledge, selecting related activities on individual preferences • Describe the main objective areas to work on through individual rehabilitation plans • Define, for each specific goal, how long and how often the rehabilitation activity should take place • Identify possible success indicators related to activities and individual goals • Identify indicators of compliance	SKILLS He/she is able to: • Select and use the tests and questionnaires to be administered to the VIP to detect personal needs and goals • Evaluate sustainability from psychological interviews, global functioning profile and medical issues • Focus on the limits and potential of the VIP and identify individual achievable goals, based on them, adapting the IRP • Conduct the negotiation phase of the rehabilitation goals by discussing them with the VIP, the MDT and the family or carers, to the extent that the VIP would like them to be involved. • Establish a rehabilitation agreement • Select the most suitable rehabilitation approaches adapting them to the VIP in collaboration with the MDT and make changes if necessary • Monitor the progress of visual and health conditions, taking into account the difficulties reported by the disabled person, and report to MDT in order to modify and update IRP • Evaluate the success of the planned rehabilitation activity and redefine the rehabilitation project in case of goals not achieved • Consider any communication, cognitive or mood problems and implement relevant strategies, such as using communication tools, education or motivational interview techniques to engage the clients, depending on their needs.

	• Define, for each specific goal, how long and how often the rehabilitation activity should take place
PERSONAL AND TRANSVERSAL COMPETENCES • Apply active listening • Use reflective questions • Effectively collaborate with the MDT team • Is aware of importance of tailoring	

LO10-A-1 **Be aware of relevant clinical guidelines related to general health and concurrent health concerns, supported by the wider healthcare system, as well as international, national, regional and local policies and quality standard settled by the health care community and be able to apply them in daily practice**	
KNOWLEDGE He/she is able to: ● Identify, describe in detail health promotion guidelines and procedures related to general health, demonstrating highly specialized knowledge of them. ● Identify and explain conditions and/or behaviours that are detrimental to general health. ● Describe the basic principles of health promotion. ● Describe health prevention and education guidelines ● Deepen general health risk factors across the age spectrum, particularly related to elderly age ● master the main orientations of the UN, WHO and the European Charter on disability ● Demonstrate a pragmatic vision of the historical evolution of the "Concept of Disability" in order to understand where international,	SKILLS He/she is able to: ● Identify conditions and/or general health hazards. ● Apply health promotion and education guidelines in daily practice. ● Integrate multidisciplinary knowledge to improve and promote general health and prevent disease and injury. ● Continuously monitor the implementation process and evaluate the results of selected health and wellbeing strategies. ● Estimate possible side effects of medications on rehabilitation process. ● Give information people to take preventive behaviour.

national and local policies have come from and why they exist today. ● Master the current regulations and quality standards about visual impairment and disability (Blindness: Braille, NTIC, tactile supports, mobility orientation; low vision: environmental adaptations, NTIC, individualized adapted supports) ● Outline basics of universal accessibility in the field of visual impairment. ● Outline the concept of “seamless care pathway" which emphasizes the need for collaborative support between the various health and social-health stakeholders in the specific territory	
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Take responsibility for setting conditions and/or health risk behaviors. ● Empower individuals to strengthen and promote health and prevent disease and injury. LO09 ● Collaborate with other members of the MDT to identify health risks. ● Collaborate with other professionals in the MDT. ● Collaborate with social care professionals and service providers.	

LO10-A-2 **Know about prevalence, treatment, rehabilitation, prognosis and management of loss of function after stroke and other diseases and be able to contextualize this knowledge in daily work**	
KNOWLEDGE He/she is able to:	SKILLS He/she is able to:

● Name systemic diseases and possible comorbidities affecting vision ● Describe functional implications imposed by ocular diseases, systemic diseases and comorbidities on visual system ● Define and identify appropriate health care procedures, treatment and rehabilitation strategies for VIPs after stroke and other chronic diseases, demonstrating highly specialized knowledge of them. ● Identify the elements that need to be monitored to evaluate the specific environment and possible risk factors. ● Outline possible measures necessary to implement an effective post-stroke rehabilitation plan.	● Select appropriate health care procedures, treatment and rehabilitation strategies for VIPs after stroke and other chronic diseases, in collaboration with the MDT. ● Apply the principles of vision training in daily life with users affected by stroke and other diseases which have an impact on vision ● Teach family and VIPs to monitor their illness on their own. ● Evaluate VIP strengths for self-monitoring. ● Reinforce family strengths for self-monitoring and self-assessment. ● Encourage VIPs to play a more active role in monitoring, controlling, and managing their health in chronic diseases.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Ensure horizontal communication between disciplines. ● Adopt a collaborative attitude with MDT, with social care professionals and service providers and other stakeholders. ● Organize collaboration with the VIPs and his or her environment so that he or she has significant responsibility for basic monitoring and choice of measures.	

<table>
<tr><th colspan="2">LO10-B-1
Understand wider healthcare system referrals and be able to tailor IRP to the individual’s changing health profile in collaboration with the MDT</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
● Understand the main wider healthcare system referrals
● Define the importance of IRP characteristics in changing a person’s health profile.
● Describe how an IRP can be adapted to individual’s changing health profile
● Define the relationship between visual health and general health.</td><td>SKILLS

He/she is able to:
● Interpret and evaluate the main wider healthcare system referrals
● Adapt IRPs to individual’s changing health profile</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

● Establish your professional identity as a specialist by interacting with other professionals.
● Define the role of VDR in a team, while understanding commitment in the workplace.
● Act as a part of professional team.
● Collaborate with social care professionals and service providers.</td></tr>
</table>

UNIT OF LEARNING OUTCOMES: **Family Support in Paediatric Vision Rehab**
TARGETED CORE COMPETENCES
CC 3-F: To support and inform parents and relatives also providing indications on how to adapt different living environments to visual skills
CC 3-G: To support the parent-child relationship from the outset
Learning Outcomes (2)
LO3-F-1: Know and apply the principles of an ergonomic living environment for VIPs and collaborate with parents in preparing the environment for a VIC
LO3-G-1: Contribute to the involvement of parents (and relatives) in the IRP of a VIC and to enhance coping attitudes, supporting parent-child relationship

LO3-F-1 **Know and apply the principles of an ergonomic living environment for VIPs and collaborate with parents in preparing the environment for a VIC**	
KNOWLEDGE He/she is able to: • Describe characteristics of accessible living environment and ergonomics, related to everyday activities and autonomies • Describe all the techniques of low vision compensation for ergonomics, adaptation of the living environment and environmental accessibility. • Describe all the techniques specific to the adaptation of the congenitally or early-onset blindness: Braille, raised supports, tactile adaptations, environmental accessibility	SKILLS He/she is able to: • Instruct and train parents and relatives in order to support VIC autonomies in life context • Involve parents and relatives into IPR teaching them criteria and training their observation of accessible and safe environment setting, giving support and advice when needed, in order to settle awareness and strategies to be applied in different contexts • Point out and share with family members typical risk factors of domestic and environmental contexts, suggesting opportune adaptations

	• Establish priorities and levels of achievement in coherence with the IPR and child's developmental stage to foster and share in collaboration with parents
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Intervene gently without being intrusive • Act without preconceived approach	

LO3-G-1 **Contribute to the involvement of parents (and relatives) in the IRP of a VIC and to enhance coping attitudes, supporting parent-child relationship**	
KNOWLEDGE He/she is able to: • Describe the psychological attitude of parents and implications of disabled child parenting • Recall the normo-typical mother-child relationship and underline critical signs and risks	SKILLS • Listen to parents' needs, requests and signs (not expressed), conducting them to a shared objective and motivating • Evaluate signs of suffering, fatigue and help requests coming from the family context, intervening accordingly and referring to MDT • Involve parents and relatives into IPR teaching them criteria and training their observation of accessible and safe environment setting, giving support and advice when needed, in order to settle awareness and strategies to be applied in different contexts

PERSONAL AND TRANSVERSAL COMPETENCES
- Intervene gently without being intrusive
- Act without preconceived approach

UNIT OF LEARNING OUTCOMES: **Orientation & Mobility: Prerequisites**
TARGETED CORE COMPETENCES
CC 4-E: To instruct in body awareness techniques
CC 4-K: To perform indoor and outdoor exploration techniques
Learning Outcomes (3)
LO4-E-1: Implement the main body awareness techniques, stimulate self-awareness in body perceptions and enhance the appropriate body posture in the VIP, being aware of the importance of perception and of the impact of vicarious senses in the ability to move in the physical environment with visual impairment and blindness
LO4-E-2: Stimulate VIPs through sensory exercises in terms of kinaesthetic, proprioceptive, mass (auditory and thermal), auditory, and tactile information
LO4-H-K-J-1: Know environmental scanning, indoor/outdoor exploration principles and strategies for VIPs and teach them, taking into account personal residual vision, different conditions and settings and safety issues

LO4-E-1 **Implement the main body awareness techniques, stimulate self-awareness in body perceptions and enhance the appropriate body posture in the VIP, being aware of the importance of perception and of the impact of vicarious senses in the ability to move in the physical environment with visual impairment and blindness**

KNOWLEDGE	SKILLS
He/she is able to: • Outline and describe in detail the main body awareness techniques • Describe the concept of body perception; • Master the main techniques to stimulate self-awareness in body perceptions • Master the main techniques to enhance the appropriate body posture • Describe concepts of sensoriality, body schema, perceptive coding, sensorial intermodality, mental representation • Describe how to use the different perceptions to understand the environment • Describe the impact of vicarious senses in the ability to move in the physical environment with visual impairment of blindness	He/she is able to: • Apply the main body awareness techniques • Stimulate self-awareness in body perceptions • Enhance the appropriate body posture in VIP • Evaluate the pre-requisites of locomotion (knowledge of body parts, body awareness, orientation, laterality, proprioception...) • Cooperate, if necessary, with a psychomotor therapist, an orthoptist, a physiotherapist to stimulate and work on body awareness and the links between body - vision - mobility. • Create perceptive experiences and visual strategies
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with the MDT • Collaborate with other actors such as users associations, private carers, etc.	

LO4-E-2 **Stimulate VIPs through sensory exercises in terms of kinaesthetic, proprioceptive, mass (auditory and thermal), auditory, and tactile information**	
KNOWLEDGE He/she is able to: • Outline and describe in detail the main sensory exercises in terms of kinaesthetic, proprioceptive, mass (auditory and thermal), auditory, and tactile information	SKILLS He/she is able to: • Stimulate VIPs through sensory exercises in terms of kinaesthetic, proprioceptive, mass (auditory and thermal), auditory, and tactile information • Be able to solicit and stimulate the senses indoors and outdoors. • Stimulate the creation of a sensory heritage • Invest dynamically and constructively in the simulations • Select or produce artifacts and stimuli for exercise
PERSONAL AND TRANSVERSAL COMPETENCES • Adapt his/her action to the VIP person according to his/her health and age • Take time to prepare and identify the locations in order to establish a progression in the learning process.	

LO4-H-K-J-1 **Know environmental scanning and indoor/outdoor exploration principles and strategies for VIPs and teach them, taking into account personal residual vision, different conditions and settings and safety issues**	
KNOWLEDGE He/she is able to: • Describe environmental scanning and indoor/outdoor exploration principles and strategies for VIPs • Be aware of how available visual capacities, different conditions and settings and safety issues influence environmental scanning and indoor/outdoor exploration • To know the tools to improve visual perception	SKILLS He/she is able to: • Implement environmental scanning and indoor/outdoor exploration principles and strategies • Teach VIPs how to implement environmental scanning and indoor/outdoor exploration principles and strategies • Design and propose to VIPs indoor and outdoor exercises on fixation, pursuit and saccades to detect and identify obstacles, on improving decoding.

	• Enrich, adapt and develop the rehabilitation techniques according to the needs of the person in a specific context: urban displacement, sports activities, cultural activities etc. • Raise awareness of compensatory senses and techniques for indoor/outdoor exploration • Collaborate with OM specialists if they already exist in a particular region
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with MDT	

UNIT OF LEARNING OUTCOMES: **Orientation & Mobility techniques - INDOOR**
TARGETED CORE COMPETENCES
CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors
CC 4-D: To teach and implement conducting techniques
CC 4-H: To instruct environmental research and exploration techniques
Learning Outcomes (4)
LO4-A-1: Investigate, analyse, and assess mobility capabilities and goals in visually impaired or blind people, based on visual function, individual and contextual factors, including compensation needs
CAL-LO4-A-3: Implement orientation and mobility (OM) techniques for indoors
LO4-D-1: Implement in different settings the main conducting techniques for VIPs and teach them to VIPs' relatives and carers

CAL-LO4-H-K-J-2: Know environmental scanning, indoor exploration principles and strategies for VIPs and teach them, taking into account personal residual vision, different conditions and settings and safety issues

LO4-A-1 **Investigate, analyse, and assess mobility capabilities and goals in visually impaired or blind people, based on visual function, individual and contextual factors, including compensation needs**	
KNOWLEDGE He/she is able to: • Describe the concept of sensoriality: the five senses and proprioception. • Describe orientation and spatial concepts • Describe the main anatomical and neurophysiological mechanisms at work in multisensory perception (Sensory inter-modality) • Describe the protocols for the evaluation of competencies, skills, pre-requisites. • Be aware of the importance of individual and contextual factors in the evaluation of mobility capabilities, including needs compensation. • Outline the main characteristics of an evaluation report • Master the items of the evaluation grid by taking into account motor, sensory, visual and cognitive skills, movement techniques, factors related to behaviour, possible associated disorders or environmental factors	SKILLS He/she is able to: • Implement the protocols for the evaluation of competencies, skills, pre-requisites. • Prepare and carry out an interview with the VIP (accompanied or not by his/her family or carers). • To prepare and carry out a functional evaluation adapted to the person's profile (blind or visually impaired), investigating, analysing, and assessing mobility capabilities and habits • Write an evaluation report, taking into account individual and contextual factors, as well as needs compensation. • Evaluate orientation skills and body awareness, (concepts of position, awareness of the relationship between the moving body and spatial relationships, notion of reversibility), spatial concepts (conceiving the shape, position, dimension, direction of objects)
PERSONAL AND TRANSVERSAL COMPETENCES • Be able to create a climate of trust and security, adapted to the age of the VIP. • Be able to develop a relationship adapted to the desires and needs of the person, while respecting his/her lifestyle. • Collaborate with the multidisciplinary team and the VIP's entourage. • Be able to choose the most suitable place to carry out the evaluation (known or unknown place, inside or outside)	

• Identify signs of fatigue, respecting tolerance thresholds

CAL-LO4-A-3 **Implement orientation and mobility (OM) techniques for indoors**	
KNOWLEDGE He/she is able to: • Master the general principles of preparing and leading a session, according to the age and personality of the VIP. • Master all the prerequisites and abilities necessary for each OM learning. • Define and describe the different techniques of moving around indoors and the skills to acquire, demonstrating highly specialized knowledge. • Depicts the main characteristics of suitable and secure place to practice the techniques. • Know the main characteristics of effective educational tools (models, plans, etc.) adapted to the possibilities and needs of the VIP.	SKILLS He/she is able to: • Deploy a plan of implementation for orientation and mobility techniques, specifying goals and indoors locations • Enhance the development of motor, gestural and sensory skills, visual strategies, spatial orientation (mental and spatial representation). • Select routes requiring all the skills. • Monitor work progression taking into account the person's abilities and limitations. • Design, develop or produce educational tools (models, plans, etc.) adapted to the possibilities and needs of the VIP.
PERSONAL AND TRANSVERSAL COMPETENCES • Be empathetic, to listen to the VIP and his family (his relatives). • Create a climate of trust to talk with the VIP enhancing motivation. • Identify signs of fatigue, respecting tolerance thresholds	

LO4-D-1 **Implement in different settings the main conducting techniques for VIPs and teach them to VIPs' relatives and carers**

KNOWLEDGE	SKILLS
He/she is able to: • Describe body, spatial and environmental concepts useful in guiding techniques. • Describe the skills required for orientation and mental representation. • Outline and describe all the methods, techniques and procedures related to all environmental and social situations encountered. • Know how to evaluate the proper place of the VIP and the guide in social interactions and other activities (e.g. administrative, shopping). • Describe protection and positioning techniques for unassisted movement, locating objects, and/or becoming familiar with a new place. • Describe the techniques for retrieving fallen objects.	He/she is able to: • Master the main techniques and codes of indoor movement: basic, narrow passage, reverse direction, change of side, passage of doors, up and down stairs, elevator, escalator, seats (chairs), transfer techniques (care environment and elderly) • Master all the techniques and codes of outdoor movement: getting out of a vehicle, public transportation, urban environment, street crossings, public establishments, stores and supermarkets. • Support and develop the VIP's sensory skills, including available functional visual skills. • Explain and assist the VIP in gathering environmental information by interpreting the movements and codes issued by the guide. • Train VIP stratégies to manage stressful situations (noise, crowds, obstructions, élévation changes).
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Know how to invest dynamically and constructively in the simulations and make them a major training lever • Be rigorous in the explanation and transmission of instructions and techniques	

CAL-LO4-H-K-J-2
Know environmental scanning, indoor exploration principles and strategies for VIPs and teach them, taking into account personal residual vision, different conditions and settings and safety issues

KNOWLEDGE	SKILLS
He/she is able to: • Describe environmental scanning and indoor exploration principles and strategies for VIPs • Be aware of how available visual capacities, different conditions/settings and safety issues influence environmental scanning and indoor exploration • To know the tools to improve visual perception	He/she is able to: • Implement environmental scanning and indoor exploration principles and strategies • Teach VIPs how to implement environmental scanning and indoor exploration principles and strategies • Design and propose to VIPs indoor exercises on fixation, pursuit and saccades to detect and identify obstacles, on improving decoding. • Enrich, adapt and develop the rehabilitation techniques according to the needs of the person in a specific context • Raise awareness of compensatory senses and techniques for indoor exploration • Collaborate with OM specialists if they already exist in a particular region
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with MDT	

UNIT OF LEARNING OUTCOMES: **Orientation & Mobility techniques - OUTDOOR**
TARGETED CORE COMPETENCES
CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors
CC 4-B: To instruct city mapping, viability, and topography principles
CC 4-H: To instruct environmental research and exploration techniques

CC 4-L: To instruct the use of public transport
Learning Outcomes (7)
LO4-A-1: Investigate, analyse, and assess mobility capabilities and goals in visually impaired or blind people, based on visual function, individual and contextual factors, including compensation needs
CAL-LO4-A-4: Implement orientation and mobility (OM) techniques for outdoors
LO4-B-1: Know and apply the basics of spatial cognition and mental representation in orientation, as well as the basics in topography, and instruct the use of maps and how to construct environmental representations
LO4-B-2: Teach traffic laws and urban mobility principles as well as route planning in settings of different complexity (known, unknown, travelling), considering seasonal variation (i.e. weather conditions)
LO4-B-3: Know how to verbalize the environment according to the user's needs and to be able to teach it to VIP
LO4-L-1: Evaluate the use of public transport in relation to personal abilities and goals, in collaboration with the MDT, and teach about public transport mobility planning in settings of different complexities (known, unknown, travelling)
CAL-LO4-H-K-J-3: Know environmental scanning, outdoor exploration principles and strategies for VIPs and teach them, taking into account personal residual vision, different conditions and settings and safety issues

LO4-A-1 **Investigate, analyse, and assess mobility capabilities and goals in visually impaired or blind people, based on visual function, individual and contextual factors, including compensation needs**	
KNOWLEDGE He/she is able to: • Describe the concept of sensoriality: the five senses et proprioception. • Describe orientation and spatial concepts • Describe the main anatomical and neurophysiological mechanisms at work in multisensory perception (Sensory inter-modality)	SKILLS He/she is able to: • Implement the protocols for the evaluation of competencies, skills, pre-requisites. • Prepare and carry out an interview with the VIP (accompanied or not by his/her family or carers).

• Describe the protocols for the evaluation of competencies, skills, pre-requisites. • Be aware of the importance of individual and contextual factors in the evaluation of mobility capabilities, including needs compensation. • Outline the main characteristics of an evaluation report • Master the items of the evaluation grid by taking into account motor, sensory, visual and cognitive skills, movement techniques, factors related to behaviour, possible associated disorders or environmental factors	• To prepare and carry out a functional evaluation adapted to the person's profile (blind or visually impaired), investigating, analysing, and assessing mobility capabilities and habits • Write an evaluation report, taking into account individual and contextual factors, as well as needs compensation. • Evaluate orientation skills and body awareness, (concepts of position, awareness of the relationship between the moving body and spatial relationships, notion of reversibility), spatial concepts (conceiving the shape, position, dimension, direction of objects)
PERSONAL AND TRANSVERSAL COMPETENCES • Be able to create a climate of trust and security, adapted to the age of the VIP. • Be able to develop a relationship adapted to the desires and needs of the person, while respecting his/her lifestyle. • Collaborate with the multidisciplinary team and the VIP's entourage. • Be able to choose the most suitable place to carry out the evaluation (known or unknown place, inside or outside) • Identify signs of fatigue, respecting tolerance thresholds	

CAL-LO4-A-4 **Implement orientation and mobility (OM) techniques for outdoors**	
KNOWLEDGE He/she is able to: • Master the general principles of preparing and leading a session, according to the age and personality of the VIP. • Master all the prerequisites and abilities necessary for each OM learning. • Define and describe the different techniques of moving around outdoors and the skills to acquire, demonstrating highly specialized knowledge.	SKILLS He/she is able to: • Deploy a plan of implementation for orientation and mobility techniques, specifying goals and outdoor locations • Enhance the development of motor, gestural and sensory skills, visual strategies, spatial orientation (mental and spatial representation). • Select routes requiring all the skills.

• Depicts the main characteristics of suitable and secure place to practice the techniques. • Know the main characteristics of effective educational tools (models, plans, etc.) adapted to the possibilities and needs of the VIP.	• Set up travel techniques (home, workplace, travel techniques gaining programme...) taking into account the context of the person's life to • Monitor work progression taking into account the person's abilities and limitations. • Design, develop or produce educational tools (models, plans, etc.) adapted to the possibilities and needs of the VIP.
PERSONAL AND TRANSVERSAL COMPETENCES • Be empathetic, to listen to the VIP and his family (his relatives). • Create a climate of trust to talk with the VIP enhancing motivation. • Identify signs of fatigue, respecting tolerance thresholds	

LO4-B-1 **Know and apply the basics of spatial cognition and mental representation in orientation, as well as the basics in topography, and instruct the use of maps and how to construct environmental representations**	
KNOWLEDGE He/she is able to: • Describe the characteristics (deficits and strengths) of congenital or acquired VIPs • Describe the body, spatial and environmental concepts • Describe the sensory and cognitive skills (memory, comprehension, reasoning) useful for mental representation • Outline the main tools that promote material mental representation (such as design tactile maps, relief maps, contrasting visual maps, optical aids, specific software, etc.) and their characteristics	SKILLS He/she is able to: • Devote time for exploration, verbalization, construction of what is perceived, experienced for a better understanding (mental management) • Design and use tools that promote material mental representation, such as tactile maps, relief maps, contrasting visual maps, optical aids, specific software • Enhance and scaffold the development of cognitive functions such as attention, analysis, deduction, memorization.

• Outline the advantages and limits of substitution and sensory compensation means • Describe the cognitive resources to access the mental representation	• Know how to invest dynamically and constructively in the simulations
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with the MDT, especially for congenital VIPs, and orthoptists for the design of plans for the visually impaired • Be flexible • Devote time to preparation, which is essential for the identification and creation of tools	

LO4-B-2 **Teach traffic laws and urban mobility principles as well as route planning in settings of different complexity (known, unknown, travelling), considering seasonal variation (i.e. weather conditions)**	
KNOWLEDGE He/she is able to: • Describe the highway code • Describe the danger factors (postures, VIP attitudes) • Describe how to perform street analysis • Describe how to perform the analysis of street crossings • Describe the notions of urban configurations • Identifies the complexity of different contexts in the VIP's perspective, considering seasonal variation (i.e. weather conditions)	SKILLS He/she is able to: • Teach traffic regulations, signs and signals, how a crossroads works, cycles, streets with or without pedestrian lights. • Teach how to use sensory stimulation (auditory, tactile, kinaesthetic...) • Teach urban mobility principles • Teach how to plan a route
PERSONAL AND TRANSVERSAL COMPETENCES • Be able to create a climate of trust and security, adapted to the age of the VIP. • Be able to develop a relationship adapted to the desires and needs of the person, while respecting his/her lifestyle. • Identify signs of fatigue, respecting tolerance thresholds	

LO4-B-3 **Know how to verbalize the environment according to the user's needs and to be able to teach it to VIP**	
KNOWLEDGE He/she is able to: • Describe the procedures about how to verbalize the environment and how to personalize them according to the VIP's needs	SKILLS He/she is able to: • Support the VIP and teach him about how to verbalize the environment according to their own needs
PERSONAL AND TRANSVERSAL COMPETENCES • Listen to the needs of the person, adapting one's pedagogy.	

LO4-L-1 **Evaluate the use of public transport in relation to personal abilities and goals, in collaboration with the MDT, and teach about public transport mobility planning in settings of different complexities (known, unknown, travelling)**	
KNOWLEDGE He/she is able to: • Master the main techniques for VIPs taking public transport • Master the main techniques for VIPs discovering places and large spaces such as train stations, airports, tramway and subway stations • Be aware of peculiarities of settings characterized by different complexity level (known, unknown, travelling)	SKILLS • Observe how the VIP uses transportation • Set a strategy to plan a trip and use transports, selecting information, waypoint and landmarks • Evaluate the person in a transport situation • Teach to VIPs how to use of public transport in relation to personal abilities and goals • Teach to VIPs how to ask for help
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with MDT	

CAL-LO4-H-K-J-3 **Know environmental scanning, outdoor exploration principles and strategies for VIPs and teach them, taking into account personal residual vision, different conditions and settings and safety issues**	
KNOWLEDGE He/she is able to: • Describe environmental scanning and outdoor exploration principles and strategies for VIPs • Be aware of how available visual capacities, different conditions and settings and safety issues influence environmental scanning and outdoor exploration • To know the tools to improve visual perception	SKILLS He/she is able to: • Implement environmental scanning and outdoor exploration principles and strategies • Teach VIPs how to implement environmental scanning and outdoor exploration principles and strategies • Design and propose to VIPs outdoor exercises on fixation, pursuit and saccades to detect and identify obstacles, on improving decoding. • Enrich, adapt and develop the rehabilitation techniques according to the needs of the person in a specific context: urban displacement, sports activities, cultural activities etc. • Raise awareness of compensatory senses and techniques for outdoor exploration • Collaborate with OM specialists if they already exist in a particular region
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with MDT	

UNIT OF LEARNING OUTCOMES: **White Cane Instruction Specialist**
TARGETED CORE COMPETENCES

CC 4-A: To apply orientation and mobility techniques, for indoors and outdoors
CC 4-F: To instruct the use of the white cane
Learning Outcomes (3)
LO4-A-1: Investigate, analyse, and assess mobility capabilities and goals in visually impaired or blind people, based on visual function, individual and contextual factors, including compensation needs
LO4-A-2: Implement orientation and mobility (OM) techniques, for indoors and outdoors
LO4-F-1: Know the different white cane models and techniques for indoor and outdoor and be able to teach them to VIPs and their carers effectively in different settings and growing complexity, considering safety alerts

LO4-A-1 **Investigate, analyse, and assess mobility capabilities and goals in visually impaired or blind people, based on visual function, individual and contextual factors, including compensation needs**	
KNOWLEDGE He/she is able to: • Describe the concept of sensoriality: the five senses and proprioception. • Describe orientation and spatial concepts • Describe the main anatomical and neurophysiological mechanisms at work in multisensory perception (Sensory inter-modality) • Describe the protocols for the evaluation of competencies, skills, pre-requisites. • Be aware of the importance of individual and contextual factors in the evaluation of mobility capabilities, including needs compensation. • Outline the main characteristics of an evaluation report	SKILLS He/she is able to: • Implement the protocols for the evaluation of competencies, skills, pre-requisites. • Prepare and carry out an interview with the VIP (accompanied or not by his/her family or carers). • To prepare and carry out a functional evaluation adapted to the person's profile (blind or visually impaired), investigating, analysing, and assessing mobility capabilities and habits • Write an evaluation report, taking into account individual and contextual factors, as well as needs compensation. • Evaluate orientation skills and body awareness, (concepts of position, awareness of the relationship between the moving body and spatial relationships, notion of reversibility), spatial concepts (conceiving the shape, position, dimension, direction of objects)

• Master the items of the evaluation grid by taking into account motor, sensory, visual and cognitive skills, movement techniques, factors related to behaviour, possible associated disorders or environmental factors	

PERSONAL AND TRANSVERSAL COMPETENCES

- Be able to create a climate of trust and security, adapted to the age of the VIP.
- Be able to develop a relationship adapted to the desires and needs of the person, while respecting his/her lifestyle.
- Collaborate with the multidisciplinary team and the VIP's entourage.
- Be able to choose the most suitable place to carry out the evaluation (known or unknown place, inside or outside)
- Identify signs of fatigue, respecting tolerance thresholds

LO4-A-2 **Implement orientation and mobility (OM) techniques, for indoors and outdoors**	
KNOWLEDGE He/she is able to: • Master the general principles of preparing and leading a session, according to the age and personality of the VIP. • Master all the prerequisites and abilities necessary for each OM learning. • Define and describe the different techniques of moving around indoors/outdoors and the skills to acquire, demonstrating highly specialized knowledge. • Depicts the main characteristics of suitable and secure place to practice the techniques. • Know the main characteristics of effective educational tools (models, plans, etc.) adapted to the possibilities and needs of the VIP.	SKILLS He/she is able to: • Deploy a plan of implementation for orientation and mobility techniques, specifying goals and locations (indoor and outdoor) • Enhance the development of motor, gestural and sensory skills, visual strategies, spatial orientation (mental and spatial representation). • Select routes requiring all the skills. • Set up travel techniques (home, workplace, travel techniques gaining programme...) taking into account the context of the person's life to • Monitor work progression taking into account the person's abilities and limitations. • Design, develop or produce educational tools (models, plans, etc.) adapted to the possibilities and needs of the VIP.

PERSONAL AND TRANSVERSAL COMPETENCES

- Be empathetic, to listen to the VIP and his family (his relatives).
- Create a climate of trust to talk with the VIP enhancing motivation.
- Identify signs of fatigue, respecting tolerance thresholds

LO4-F-1 **Know the different white cane models and techniques for indoor and outdoor and be able to teach them to VIPs and their carers effectively in different settings and growing complexity, considering safety alerts**	
KNOWLEDGE He/she is able to: • Describe the different models of white canes and explain how to introduce the characteristics of the tool to VIPs • Describe the characteristics, functions and techniques of the cane used in indoor and outdoor environments • Describe the main safety alerts with respect to the use of cane	SKILLS He/she is able to: • Present the characteristics of the cane (handle, shaft, tip) in a language tailored on the user and explain its functions • Suggest the most suitable cane based on the VIP's height, obstacle detection (different rotating tips), style (different handles for better grip) and strength. • To indicate the functions of the cane: explore, protect and inform the visually impaired (white cane, yellow cane). • Teach the diagonal, arc, 3-step and stair techniques • Implement the techniques progressively, taking into account the VIP and his/her visual pathology (blind or visually impaired). • Carry out a practical training to relatives and other caregivers about how to assist people with visual impairment in the use of canes

PERSONAL AND TRANSVERSAL COMPETENCES

- Take into account the person's fatigue.
- Create a climate of confidence
- To adapt the pedagogy
- Be attentive to the needs of caregivers

UNIT OF LEARNING OUTCOMES: Skills for Independent Daily Living (ADL) Support
TARGETED CORE COMPETENCES
CC 5-A: To instruct an individual to manage self-care and personal hygiene
CC 5-B: To foster independence in everyday activities
CC 5-C: To apply ergotherapy techniques
CC 5-E: To support autonomy in everyday life activities
CC 5-G: To instruct housekeeping techniques and activities
CC 5-H: To instruct techniques for cooking and food management
CC 5-I: To instruct safety and good practices in relation to everyday activities in relevant environments
CC 5-J: To support order and organization in everyday habits to facilitate autonomy
CC 5-K: To support multisensory recognition techniques
Learning Outcomes (5)
LO5-A-C-F-1: Know the techniques, strategies, and compensatory aids for personal care, eating and clothing for VIP and be able to teach them, applying the main ergotherapy techniques relevant to VIPs
LO5-B-D-E-J-1: Evaluate and assess personal goals regarding autonomy and independence according to visual disability and personal circumstances and deploy, in collaboration with the MDT, and foster a program of personal independence that is achievable and that supports self-care, healthy choices and adherence to medical interventions
LO5-B-D-E-J-2: Teach and support skills related to autonomy and independence, such as the ones needed for money management, document management, social participation, hobby and leisure activities management, asking for help
LO5-G-1: Instruct housekeeping techniques and activities
LO5-H-1: Teach grocery shopping strategies, food maintenance and techniques for cooking

LO5-A-C-F-1 **Know the techniques, strategies, and compensatory aids for personal care, eating and clothing for VIP and be able to teach them, applying the main ergotherapy techniques relevant to VIPs**	
KNOWLEDGE He/she is able to: • Identify and define the main tasks in each of the 3 areas (personal care, eating and clothing) and outline the executive functions necessary to carry out each task, as well as the memory and movement skills needed by a person with a visual impairment to perform such tasks. • Understand the different impacts on the activities of daily living according to congenital or acquired visual deficiencies in these 3 domains, and their functional or social consequences in daily life. • Describe the principles of mental representation and perceptive coding useful and applicable in each of the 3 domains, and all the tasks that refer to them. • Identify and describe the main assistive and compensatory devices and equipment which can be useful for personal care, eating and clothing • Identify all the items related to personal care, eating and clothing and organize a learning protocol according to the desires, needs, abilities and life habits of the VIP • Understand the triad person-occupation-environment (roles, life habits, definitions of occupations, different environmental spheres) • Describe the main ergotherapy techniques relevant to VIPs	SKILLS He/she is able to: • Prepare and conduct sessions according to the identified VIP's needs (e.g. ease, postural maintenance, praxis) • Implement all rehabilitation techniques related to all tasks concerning personal care, feeding, clothing, stimulating multisensory recognitions and tailoring activities • Inform the VIP about the main assistive and compensatory devices and equipment which can be useful for personal care, eating and clothing • Apply the main ergotherapy techniques relevant to VIPs • Prepare and conduct sessions according to the elements collected on the person accompanied (gestural organization, personal autonomy, social autonomy) by means of interviews or observations.

PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- To demonstrate adaptation and flexibility throughout the rehabilitation session

LO5-B-D-E-J-1 **Evaluate and assess personal goals regarding autonomy and independence according to visual disability and personal circumstances and deploy, in collaboration with the MDT, and foster a program of personal independence that is achievable and that supports self-care, healthy choices and adherence to medical interventions**	
KNOWLEDGE He/she is able to: • Outline possible goals regarding autonomy and independence according to visual disability and personal circumstances which can be proposed in a VIP's support program • Describe how a support program of personal independence should be defined in order to be achievable • Describe how to support VIPs' self-care, healthy choices and adherence to medical interventions	SKILLS He/she is able to: • Evaluate and assess personal goals regarding autonomy and independence according to visual disability and personal circumstances • Deploy and support a program of personal independence that is achievable, in collaboration with the MDT • Support self-care, healthy choices and adherence to medical interventions
PERSONAL AND TRANSVERSAL COMPETENCES • To cooperate with family members or other carers to assess the person's primary needs • To demonstrate an interdisciplinary team approach • To demonstrate flexible and responsive communication to contextual demands	

LO5-B-D-E-J-2 **Teach and support skills related to autonomy and independence, such as the ones needed for money management, document management, social participation, hobby and leisure activities management, asking for help**

KNOWLEDGE	SKILLS
He/she is able to: • Identify and define the main tasks in each of the 4 areas (money management, document management, social participation, hobby and leisure activities) and outline the executive functions necessary to carry out each task, as well as the memory and movement skills needed by a person with a visual impairment to perform such tasks. • Identify and describe the main assistive and compensatory devices and equipment which can be useful to support autonomy and independence in the above mentioned 4 areas • Understand the different impacts on the activities of daily living according to congenital or acquired visual deficiencies in these domains, and their functional or social consequences in daily life.	He/she is able to: • Prepare and conduct sessions according to the identified VIP's needs (e.g. ease, postural maintenance, praxis) • Implement all rehabilitation techniques related the main tasks concerning money management, document management, social participation, hobby and leisure activities management • Inform and train the VIP about the main assistive and compensatory devices and equipment which can be useful for money management, document management, social participation, hobby and leisure activities management • Invest dynamically and constructively in role-playing situation • Use a person-centred approach in order to have a broader understanding of the main difficulties that the person may encounter in the management of his/her financial resources, social participation and leisure activities.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • To collaborate with the multidisciplinary team or external partners	

LO5-G-1 **Instruct housekeeping techniques and activities**	
KNOWLEDGE	SKILLS
He/she is able to: • Identify and define the main tasks concerning housekeeping and outline the executive functions necessary to carry out each task,	He/she is able to: • Prepare and conduct sessions according to the identified VIP's needs (e.g. ease, postural maintenance, praxis)

as well as the memory and movement skills needed by a person with a visual impairment to perform such tasks. • Understand the different impacts on the activities of daily living according to congenital or acquired visual deficiencies in housekeeping tasks , and their functional or social consequences in daily life. • Describe the principles of mental representation and perceptive coding useful and applicable in housekeeping tasks • Identify and describe the main assistive and compensatory devices and equipment which can be useful for housekeeping tasks • Identify all the items related to domestic functions and organize a learning protocol accordingly according to the desires, needs, abilities and life habits of the VIP	• Implement all rehabilitation techniques related to all tasks concerning housekeeping tasks • Inform the VIP about the main assistive and compensatory devices and equipment which can be useful for housekeeping tasks • Invest dynamically and constructively in role-playing situations • Adopt a person-centered approach based on the person's experience and life habits • Identify all the cultural, psychological and social parameters related to the living environment and the respect of the person's intimacy
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with the multidisciplinary team	

LO5-H-1 **Teach grocery shopping strategies, food maintenance and techniques for cooking**	
KNOWLEDGE He/she is able to: • Identify and define the main tasks concerning grocery shopping strategies, food maintenance and cooking and outline the executive functions necessary to carry out each task, as well as the memory and movement skills needed by a person with a visual impairment to perform such tasks.	SKILLS He/she is able to: • Prepare and conduct sessions according to the identified VIP's needs (e.g. ease, postural maintenance, praxis) • Implement all rehabilitation techniques related to all tasks concerning grocery shopping strategies, food maintenance and cooking

• Understand the different impacts on the activities of daily living according to congenital or acquired visual deficiencies in grocery shopping strategies, food maintenance and cooking, and their functional or social consequences in daily life. • Describe the principles of mental representation and perceptive coding useful and applicable in grocery shopping strategies, food maintenance and cooking • Identify and describe the main assistive and compensatory devices and equipment which can be useful for grocery shopping strategies, food maintenance and cooking • Identify all the items related to domestic functions and organize a learning protocol accordingly according to the desires, needs, abilities and life habits of the VIP • Transpose knowledge about these domains into new ones	• Inform the VIP about the main assistive and compensatory devices and equipment which can be useful for grocery shopping strategies, food maintenance and cooking • Invest dynamically and constructively in role-playing situations • Adopt a person-centered approach based on the person's experience and life habits • Identify all the cultural, psychological and social parameters related to the living environment and the respect of the person's intimacy
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with the multidisciplinary team	

UNIT OF LEARNING OUTCOMES: Support in Educational Settings (VIC)
TARGETED CORE COMPETENCES
CC 6-A: To support the analysis of learning needs
CC 6-B: To provide advice and support in educational settings for VIC
CC 6-C: To provide assistance to the learning process
CC 6-D: To provide specialized activities and strategies related to learning
CC 6-E: To manage resources and aids for didactic purposes
CC 6-F: To support student discipline in relation to the impact of the individual’s visual impairment on their behaviour
CC 6-H: To foster social inclusion of the VIC in educational settings
Learning Outcomes (6)

LO6-A-1: Define, monitor and assess educational needs within the MDT, considering settings and tools according to level and type of visual impairment and personal circumstances
LO6-B-1: Analyse personal and environmental factors (including environmental alterations and safety solutions) that enhance participation and learning opportunities and advise teachers and principals
LO6-C-D-E-1: Assist teachers in the learning process, support the management of tools, activities and environment and implement specialized learning activities and educational materials for VIC, collaborating with teachers
LO6-C-D-E-2: Train VIC to use specific resources and aids for didactic purposes, collaborating with teachers
LO6-F-1: Advise and educate VIC to appropriate behaviour related to activities and relationships expected in formal educational contexts
LO6-G-H-1: Raise awareness and inform students on how to relate with a visually impaired peer

<table>
<tr><th colspan="2">LO6-A-1
Define, monitor and assess educational needs within the MDT, considering settings and tools according to level and type of visual impairment and personal circumstances</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
• Outline the process to identify educational needs in VIC, considering personal and contextual elements
• Describe the main assessment methods and tools which can be used to define VIP’s educational needs
• Describe how to report the progress on the fulfilment of educational needs
• Define the different actors, personal and environmental factors around the child according to their age and visual disability
• Identify precisely the respective roles of the professional and the parents, the siblings, the family and other carers</td><td>SKILLS

He/she is able to:
• Transfer knowledge about developmental psychology and pedagogy to professional practice and to the needs of VIC.
• Choose the most appropriate assessment methods and tools to define VIP’s educational needs
• Write reports which are understandable to family and carers
• Monitor educational needs in collaboration with the MDT</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:
• Collaborate with the multidisciplinary team
• Act respecting of the intimacy and habits of the child and his relatives.</td></tr>
</table>

<table>
<tr><th colspan="2">LO6-B-1
Analyse personal and environmental factors (including environmental alterations and safety solutions) that enhance participation and learning opportunities and advise teachers and principals</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
Describe criteria to analyse personal and environmental factors (including environmental alterations and safety solutions) that enhance participation and learning opportunities
Outline key training programs which could promote inclusion based on the age of the children supported.
Assess the needs in terms of accessibility, adapted tools for work and learning</td><td>SKILLS

He/she is able to:
Analyse personal and environmental factors (including environmental alterations and safety solutions) that enhance participation and learning opportunities
Identify from the beginning of the child's support, and with the parents, the issues that facilitate, or not, inclusion in the school setting
Gather information from teachers to gain insight into the limitations and possibilities of their work.
Evaluate the potential impact of the environment on child participation and engagement through observation, evaluation, discussion.
Collaborate with existing training programs that foster inclusion and understanding of VIP needs among principals and teachers
Adapt and apply key training programs, adapt and promote inclusion based on the age of the children supported.</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:
Act respecting of the intimacy and habits of the child and his relatives.</td></tr>
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<table>
<tr><th>LO6-C-D-E-1</th></tr>
</table>

Assist teachers in the learning process, support the management of tools, activities and environment and implement specialized learning activities and educational materials for VIC, collaborating with teachers	
KNOWLEDGE He/she is able to: • Describe how to contribute to the learning process in a formal learning setting (e.g. school) and which kind of support a VDR can provide to the management of tools, activities and environment • To know and reflect on all the possible developments of visual and non-visual stimulation supports, within the framework of documents and various school learning supports • Describe the main characteristics of specialized learning activities and educational materials for VIC which could be design and implemented in a formal learning context • Outline the main principles and specificities related to relief supports and their standardization (cartography, diagrams, tables etc.)	SKILLS He/she is able to: • Design specialized learning activities and educational materials tailored on the VIP • Implement activities, also based on specific educational materials, tailored on the VIP, configuring them in the specific educational context (classroom) • Be creative in using, adapting and proposing multiple visual, tactile, sound and multisensory supports • To know how to support an optimal exploitation of cognitive and sensory potentialities, and applicable techniques for the realization of school tasks • Integrate key stakeholders into the child rehabilitation session when appropriate.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Act respecting of the intimacy and habits of the child and his relatives.	

LO6-C-D-E-2 **Train VIC to use specific resources and aids for didactic purposes, collaborating with teachers**

KNOWLEDGE	SKILLS
He/she is able to: • Outline and describe specific resources and aids which can be used for didactic purposes • Describe methods and techniques to integrate these aids into formal learning paths	He/she is able to: • Train VIC to use specific resources and aids for didactic purposes, naming them and collaborate with teachers
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Act respecting of the intimacy and habits of the child and his relatives.	

LO6-F-1 **Advise and educate VIC to appropriate behaviour related to activities and relationships expected in formal educational contexts**	
KNOWLEDGE	SKILLS
He/she is able to: • Outline the main wrong behaviours which could be enacted by VIC in formal educational context, and which could affect his/her inclusion • Outline the main wrong behaviours which could be enacted by VIC in formal educational context, and which could affect the fulfilment of educational needs • Raise awareness and teach children social skills such as how to look at the person speaking.	He/she is able to: • Educate VIC to appropriate behaviours related to activities and relationships expected in formal educational contexts

PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: Act respecting of the intimacy and habits of the child and his relatives.

LO6-G-H-1 **Raise awareness and inform students on how to relate with a visually impaired peer**	
KNOWLEDGE He/she is able to: • Outline the assessment process to be carried out in order to identify the need to educate students about how to relate with a visually impaired peer • Outline the main methods and techniques to raise awareness and inform students on how to relate with a visually impaired peer	SKILLS He/she is able to: • Assess the need of an educational intervention about how to relate with a visually impaired peer • Raise awareness and inform students on how to relate with a visually impaired peer
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • To apply the most appropriate communication techniques to convey information to others. • To collaborate with the multidisciplinary team	

UNIT OF LEARNING OUTCOMES: **Occupational Inclusion**
TARGETED CORE COMPETENCES
CC 7-A: To support the conduct of an occupational analysis

CC 7-B: To adapt the occupational environment
CC 7-C: To provide personalized activities and strategies related to occupation
CC 7-D: To facilitate engagement in meaningful occupational activity
Learning Outcomes (5)
LO7-A-1: Know the basics of ergonomics related to visually impaired people and apply them in daily work, assessing the work process, the activities, the occupational settings and the tools according to visual disability and personal conditions
LO7-A-2: Assess occupational sustainability for VIPs according to the individual rehabilitation plan (IRP)
LO7-B-C-1: Advise and suggest tools and operating solutions to improve personal efficacy in the work process, suggest how to adapt the occupational process to suit the VIP, taking into account the purpose of intervention and the environment, and train the VIP to suit to the work process, manage tools and the work environment accordingly
LO7-B-C-2: Advise and suggest to VIP and managers environmental alterations or solutions to improve accommodations and safety
LO7-D-1: Support and empower VIPs to advance in their occupational context

LO7-A-1 **Know the basics of ergonomics related to visually impaired people and apply them in daily work, assessing the work process, the activities, the occupational settings and the tools according to visual disability and personal conditions**	
KNOWLEDGE He/she is able to: • Identify the psychosocial risks related to the situation of disability in the workplace • Define and classify the main problems that can be encountered in the workplace in terms of environment, population, risks, lights, well-being at work. • Identify the impact of various anatomical attributes on proper safe working practice, related to environment and activities	SKILLS He/she is able to: • Gather and evaluate information about the VIP in the workplace. • Analyse the person's work situation and his/her material and human environment • Advice the VIP in the workplace in order to improve, if necessary, the workstation, the postures, the frequency of work, the efforts, the computer station, the orientation towards the lights, the mental load, compensations by specialized technical aids for VIPs

• Explain the impact of various ergonomic principles (anatomical, physiological, anthropometric and psychological) on proper safe working practice and on human factors, work organisation and culture. • Master the process of analyzing the tasks of a workstation • Identify elements of the job description in an occupational analysis • Represent the work process analysis, underlining activities, responsibility and control hierarchy • Discuss human resource management's role in supporting workplace health, ergonomics and safety • Summarize the laws designed to prevent bias and discrimination in hiring and legal protection of diversity • Compare benefits and challenges linked to diversity and inclusion	• Identify the possible problems associated with the VIP (on the motor, auditory, psychological level) which can intervene in the daily and professional life of a person. • Collect data to produce a report • Evaluate the impact of various personal attributes (anatomical, physiological, anthropometric and psychological) on proper safe working practice, related to possible environment and work process • Assess and manage workplace ergonomic and efficiency issues using an appropriate assessment strategy, incorporating the principles of the 'hierarchy of controls' in a range of occupational settings.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with the multidisciplinary team and the actors of the different workplaces. • Integrate professional monitoring into its practice • Apply observation skills and evaluation objectivity	

LO7-A-2 **Assess occupational sustainability for VIPs according to the individual rehabilitation plan (IRP)**	
KNOWLEDGE He/she is able to: • Outline the main bodies present in medium and large companies.	SKILLS He/she is able to: • Estimate which partners/stakeholders the professional can work with

• Outline the procedure and protocol for internal and external reclassification • Represent personal competences assessment issues, strength and weakness • Summarize laws supporting diversity and occupational inclusion, focusing on employee facilitations and rules	• Perform observation and interviews related to sustainability of role/activities • Assess personal skills related to sustainability of role/activities • Create, adjust and support the achievement of career developmental goals and action plans, taking into account personal conditions, occupational settings and possible adaptations.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with the multidisciplinary team and the other actors of the social-health field, associations, work committee... • Apply observation skills and evaluation objectivity	

LO7-B-C-1 **Advise and suggest tools and operating solutions to improve personal efficacy in the work process, suggest how to adapt the occupational process to suit the VIP, taking into account the purpose of intervention and the environment, and train the VIP to suit to the work process, manage tools and the work environment accordingly**	
KNOWLEDGE He/she is able to: • Outline different means of visual compensations available to improve personal efficacy in the work process (contrast and color sensitivity, light sensitivity, size and style of characters) • Outline the different means of tactile and auditory compensations available to improve personal efficacy in the work process • Represent the work process analysis, underlining activities, responsibility, and control hyperarchy	SKILLS He/she is able to: • Inform the VIP about technical aids that may be useful in their work. • Browse and select tools and operating solutions, specific and non-specific for VIPs, in order to solve practical problems and support the work-process • Evaluate feasibility issues between environment, tools, activities and occupational relationships

• Represent time management in the workflow and operative goals setting • Recall essential Individual Protection Disposals (IPD) use and maintenance • Estimate risk factors linked to professional roles for VIP and consider new occupational opportunities, including work related stress	• Suggest on personal efficacy collaborating with the VIP and the management • Train the VIP to the activities and tools of the work process • Train the VIP to management and organizational issues according to personal needs and convenient adaptations • Train VIP to personal efficiency and workflow cooperation with colleagues and time management • Cooperate with management and safety consultant in order to identify and eliminate danger and risks in the work process and surroundings • Accompany the person in the new organization • Teach and verify correct application of safety rules at work, use of IPDs (Individual Protection Disposals), emergency regulations and responsibilities • Support training and employee's updating sessions, suggesting media, tools or accessible materials
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • To support self-esteem when professional environments require it • Manage relationships and local networking	

LO7-B-C-2

Advise and suggest to VIP and managers environmental alterations or solutions to improve accommodations and safety

KNOWLEDGE	SKILLS
He/she is able to: • Define and classify the main problems that can be encountered in in the workplace setting in terms of environment, population, risks, lights, well-being at work • Outline the main environmental alterations or solutions to improve work accommodation and safety • Represent the work process analysis, extended to the setting and building/area where the job is settled • Represent everyday life needs linked to occupational activities (resting, mobility, refreshments) • Summarize laws supporting occupational inclusion, accessibility and barriers, including facilitations for employers and available public services • Comprehend laws and rules linked to employers' safety and professional risks.	He/she is able to: • Evaluate environmental accessibility and barriers in order to identify possible environmental alterations or solutions to improve accommodations and safety • Advise employer's management on possible or mandatory solutions related to accessibility and safety • Keep updated about solutions to improve workplace setting and safety solutions
PERSONAL AND TRANSVERSAL COMPETENCES • Collaborate with employers and managers	

LO7-D-1

Support and empower VIPs to advance in their occupational context

KNOWLEDGE	SKILLS
He/she is able to: • Describe the main techniques for users' empowerment • Describe how to foster VIP's self-awareness	He/she is able to: • Apply the main techniques for users' empowerment through the VIP's engagement in meaningful occupational activities • Support VIP's self-awareness in the realization of his/her professional task • Accompany the person in the transfer of functional and cognitive skills acquired in their life context through environmental role playing. • Evaluate education and career opportunities in collaboration with the VIP • Give examples and support to complete a job application, cover letter and resume (CV) • Suggest on personal efficacy and empowerment, taking to account personal interests and skills
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with employers and managers	

UNIT OF LEARNING OUTCOMES: **Digital Accessibility and Assistive Technology Instruction**
TARGETED CORE COMPETENCES
CC 8-B: To instruct digital literacy (computer basics) specific for VIP
CC 8-C: To introduce and support the use of assistive computer programs
CC 8-E: To develop knowledge of assistive technologies techniques in rehabilitation

CC 8-F: To recommend, advise on, and instruct the use, of assistive devices
Learning Outcomes (5)
LO8-B-1: Teach VIPs about computer basics, operating systems, e-mail and communicating programs, web and office suite, according to personal needs and goals
LO8-B-2: Know the main standards regarding digital accessibility issues for VIPs and ergonomics
LO8-C-1: Know, use and teach how to use the main computer based assistive programs and select the appropriate systems considering the needs of the VIP and the IRP
LO8-C-2: Know the procedures, rules, laws for the acquisition of assistive computer programs, technologies and devices
LO8-E-F-1: Know the up-to-date assistive technologies and devices for VIPs and research trends, evaluate their use related to personal abilities and goals, according with the MDT and teach VIPs to use them

LO8-B-1 **Teach VIPs about computer basics, operating systems, e-mail and communicating programs, web and office suite, according to personal needs and goals**	
KNOWLEDGE He/she is able to: • Describe how to teach VIP about computer basics, operating systems, e-mail, communication applications, web and office suite according to personal needs and goals, • Describe key monitoring and reporting programs to document their practice. • Compare and select the proper methods, strategies and tools to teach VIP computer literacy. • Differentiate between operating system and application softwares;	SKILLS He/she is able to: • Teach VIP about computer basics, operating systems, e-mail and communicating programs, web and office suite • Teach and support operative devices interfaces, touchscreens and shortcuts, keyboards and touch typing • Support organising and customising the graphic environment of an operating system; navigation options and choice of software, managing file and folders • Train and support software choice related to personal issues and activities (web browsing, communicating and office), installing and operating, common actions and shortcut

	• Train and support internet information research, raising awareness about the web policies, navigation options and layouts, language and efficiency principles • Support specific requested software functioning acknowledgement and training; i.e. shopping, banking, information or schooling areas selected by VIP • Provide technical support to learners, in a confident manner, as a confident user of ICT across a range of media and applications
PERSONAL AND TRANSVERSAL COMPETENCES ● Apply critical thinking and specialized problem-solving skills using advanced information technology. ● Act responsibly and in compliance with legal requirements. ● Adapt to VIP's personal needs and goals: ● Be respectful.	

LO8-B-2 **Know the main standards regarding digital accessibility issues for VIPs and ergonomics**

KNOWLEDGE	SKILLS
He/she is able to: • List and describe the main standards related to digital VIP accessibility. • List and describe the main standards related to ergonomics issues. • Describe computer systems based on personal needs and/or physical limitations • Describe benefits of conversational Multimodal AI platforms and head-mounted natural language processors	He/she is able to: • Evaluate websites and web-based/mobile applications according to standards about accessibility issues for VIPs • Evaluate devices and ICTs according to standards about ergonomics for VIPs • Implement specialized problem-solving skills to apply evidence-based information to VIP issues in daily practice. • Integrate theory, evidence and clinical solutions to improve and innovate in ergonomics. • Critically assess the need for digital ergonomics. • Deepen the skills of VIPs at an early age to prevent the development of bad habits and start teaching access to digital printing.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Autonomously evaluate websites, web-based/mobile applications, devices and ICTs • Foster the acceptability and compliance of the evidence-based process. • Encourage healthcare team members to implement evidence-based practice.	

LO8-C-1

Know, use and teach how to use the main computer based assistive programs and select the appropriate systems considering the needs of the VIP and the IRP

KNOWLEDGE	SKILLS
He/she is able to: • Describe the main computer based assistive aids according to VIP needs and their main characteristics • Identify the specific for VIP hardware and software, components of a computer and/or similar electronic devices, exploring their functioning and considering ergonomic principles, and keep updated on market	He/she is able to: • Select the proper computer aids according to VIP needs and the IRP • Use the main computer based assistive aids • Teach the VIP to use the main computer based assistive aids • Teach and support special devices application and assistive programs: verbal keyboard feedback. • Help integrate text-to-speech output (e.g. “Apple iOS“/ “VoiceOver“/”Talkback“). • Master the hand manoeuvres, gestures used for smartphone or tablet.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with other MDT professionals. • Collaborate with social care professionals and providers. • Foster VIP’s acceptability and compliance with implemented actions set. • Demonstrate professional accountability in independent practice in multiple settings with multiple stakeholders.	

LO8-C-2 **Know the procedures, rules, laws for the acquisition of assistive computer programs, technologies and devices**

KNOWLEDGE	SKILLS
He/she is able to: • Describe the procedures, rules, laws for the acquisition of computer programs, technologies and devices • Summarize laws supporting occupational and social inclusion, linked to digital accessibility and barriers, including economic facilitations and procedures for acquisition of assistive computer programs, technologies and devices	He/she is able to: • Teach VIP and their families how to purchase computer aids. • Inform individuals and families about the benefits of assistive computer programs, technologies and devices in terms of independence and time savings.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Collaborate with other MDT professionals. ● Disseminate the role of computer-assisted programs in health monitoring. ● Have a positive attitude towards information technology that supports remote health monitoring. ● Demonstrate the ability to continue learning about information technology.	

LO8-E-F-1

Know the up-to-date assistive technologies and devices for VIPs and research trends, evaluate their use related to personal abilities and goals, according with the MDT and teach VIPs to use them

KNOWLEDGE	SKILLS
He/she is able to: ● List and describe in detail the latest assistive technologies and devices for VIPs. ● Differentiate assistive technologies according to the intellectual abilities of the VIP. ● Differentiate assistive technologies according to the residual visual acuity of the VIP. ● Differentiate assistive technologies according to the consumption goals of the VIP. ● Describe research trends in assistive technologies and devices for VIPs.	He/she is able to: ● Evaluate and select assistive technologies and devices for VIPs taking into account personal abilities and goals, according with the MDT. ● Use the latest assistive technologies and equipment for VIPs at home, in education and outdoors. ● Apply specialized problem-solving skills in conjunction with MDT when applying standards. ● Introduce the latest assistive technologies and devices for VIPs to be most integrated into daily practice. ● Provide guidance on how to integrate assistive technologies for health promotion and education. ● Use assistive technologies and devices for VIPs, differentiated according to the person's visual balance. ● Teach the use of useful items and assistive devices, integrated with technologies and techniques and safety alerts ● Keep up-to-date with respect to research trends on assistive technologies
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Continuously improve his/her knowledge of assistive devices for VIPs.	

UNIT OF LEARNING OUTCOMES: **Communication, Collaboration and Coordination in multidisciplinary teams**
TARGETED CORE COMPETENCES

CC 9-A: To develop a collaborative relationship
CC 12-E: To communicate effectively in the health sector
CC 13-A: To oversee and coordinate the rehabilitation programme of the VIP, taking account of the input of other health and social care professionals involved
CC 13-C: To work in multidisciplinary teams
Learning Outcomes (6)
LO12-E-2: Browse, search, filter and manage data, information and digital content, evaluating them according to the specific context of application
LO12-E-3: Interact, share and collaborate through variety of digital technologies and select appropriate digital communication means for a given context
LO13-A-C-1: Be aware of the main roles and responsibilities of the team members and work coherently, maximizing the added value of each professional and identifying possibilities for interdisciplinary development, research and cooperation
LO13-A-C-2: Know the characteristics of successful teams and the main strategies for overcoming barriers to effective teamwork and contextualize them in daily work, also applying the proper communication and mutual support techniques for health-care teams
LO13-A-C-3: Identify and collaborate with the network of caregivers and stakeholders (formal and informal) involved in the VIP's rehabilitation program
LO13-B-1: Develop a collaborative therapeutic relationship with the VIPs, establishing a relationship of trust and respecting their own rhythm

LO12-E-2 **Browse, search, filter and manage data, information and digital content, evaluating them according to the specific context of application**

KNOWLEDGE He/she is able to:	SKILLS He/she is able to:
• Illustrate information needs, • Outline how to organise the searches of data, information and content in digital environments. • Describe how to access to these data, information and content, and how to navigate between them. • Describe how to organise personal search strategies. • Outline the main national/regional healthcare tools for users' record • Know the main tools supporting the creation of a data collection (e.g. electronic sheets) in order to record client's history, also in compliance with national/regional healthcare tools for users' record	• Perform the analysis, comparison and evaluation of sources of data, information and digital content. • Perform the analysis, interpretation and evaluation of data, information and digital content. • Organise information, data and content to be easily stored and retrieved. • Organise information, data and content in a structured environment. • Use basic tools supporting the creation of a data collection (e.g. electronic sheets) in order to record client's history, also in compliance with national/regional healthcare tools for users' record
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Enact knowledge and skills AUTONOMOUSLY, according to his/her own needs, and solving well-defined and non-routine problems • Have a positive attitude towards ICT technologies in health • AUTONOMOUSLY integrate ICT tools in daily practice	

LO12-E-3 **Interact, share and collaborate through variety of digital technologies and select appropriate digital communication means for a given context**

KNOWLEDGE	SKILLS
He/she is able to: • Outline the main digital technologies and routine appropriate digital communication means for his/her own working context. • Outline the main appropriate digital technologies to share data, information and digital content in his/her own working context. • Outline well-defined and routine digital tools and technologies for collaborative processes. • Explain how to act as an intermediary for sharing information and content through well-defined and routine digital technologies. • Illustrate well-defined and routine referencing and attribution practices. • Clarify well-defined and routine behavioural norms and know-how while using digital technologies and interacting in digital environments. • Express well-defined and routine communication strategies adapted to an audience and • Describe well-defined and routine cultural and generational diversity aspects to consider in digital environments. • Discriminate a range of well-defined and routine digital identities.	He/she is able to: • Perform well-defined and routine interactions with digital technologies • Select well-defined and routine appropriate digital communication means for his/her own working context. • Select well-defined and routine appropriate digital technologies to share data, information and digital content. • Select well-defined and routine digital tools and technologies for collaborative processes. • Apply “netiquette” rules daily
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Enact knowledge and skills AUTONOMOUSLY and solving non-routine, complex operational problems within the interdisciplinary setting	

<table>
<tr><th colspan="2">LO13-A-C-1
Be aware of the main roles and responsibilities of the team members and work coherently, maximizing the added value of each professional and identifying possibilities for interdisciplinary development, research and cooperation</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Depending on the country, identify the obligations and protocols put in place in terms of care and support pathways
Outline the main roles and responsibilities of the social and health care professionals involved in the VIP rehabilitation path
Outline the main roles and responsibilities of other relevant stakeholders for VIPs, such as the educational ones
Outline the specific roles and responsibilities that frame and regulate a service (director, head of service, coordinator, ophthalmologist or psychologist).</td><td>SKILLS
He/she is able to:
Network and coordinate actions and interventions with caregivers, health professionals, social workers, economic and educational agents in order to conduct relevant interventions.
At the heart of interdisciplinary work, be able to constantly maintain and defend the primacy of the needs and desires of the VIP (adult or child) to prioritize interventions
Be able to collaborate with different actors through reports, (in)formal communication, research...
identify possibilities for interdisciplinary development, research and cooperation</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to:
Be able to integrate a professional follow-up
Be respectful of the skills of others
Know how to face calmly conflicts of values, appreciations, and participate constructively in the resolution of problems</td></tr>
</table>

<table>
<tr><th>LO13-A-C-2
Know the characteristics of successful teams and the main strategies for overcoming barriers to effective teamwork and contextualize them in daily work, also applying the proper communication and mutual support techniques for health-care teams</th></tr>
</table>

KNOWLEDGE He/she is able to: • Outline and explain the main principles of effective teamworking • Outline basics of group dynamics. • Identify and understand the parameters of interdisciplinary work: common mandate for each professional in an organized framework of work and cooperation. • Clearly identify the professional relationships, roles and responsibilities of the different members of the MDT (or health and social care ecosystem) • Identify the obstacles, requirements and conditions for successful interdisciplinary work • Select, prioritize and communicate the elements of your professional practice to other members of the MDT using tools according to the procedures, standards and regulations in force. • Recognize a crisis situation within your team and use the existing tools to resolve the obstacle at the origin of the crisis (technical, human, etc.). • Outline the main characteristics of communication and mutual support techniques which could can be applied in healthcare multidisciplinary teams	SKILLS He/she is able to: • Apply the main principles of effective teamworking in daily work • Select and apply the main communication and mutual support techniques which could can be applied in healthcare multidisciplinary teams • Initiate and formalize a time of informal professional discussion to ask questions between colleagues • Identify, search for, and select the most appropriate skills within the multidisciplinary team for the success of the rehabilitation. • optimize the quality of the health and social care intervention, and to facilitate the activity and the social involvement.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Adopt a non-judgmental approach with other team members and the person with a visual impairment • Be a team player	

LO13-A-C-3

Identify and collaborate with the network of caregivers and stakeholders (formal and informal) involved in the VIP's rehabilitation program	
KNOWLEDGE He/she is able to: • Outline the actual national, regional, and local stakeholders for a VIP in the specific territory • Describe an effective and accessible communication targeting stakeholders • Describe how to contact, involve and engage stakeholders	SKILLS He/she is able to: • Know how to evaluate with partners the most relevant way to work according to each situation. • Be able to design and propose flyers, press releases, organize seminars to develop a network adapted to VIPs • Collaborate with a network of caregivers and stakeholders involved in the rehabilitation of VIPs.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with the MDT (especially with the social service). • Set up the proper interpersonal communication	

LO13-B-1 **Develop a collaborative therapeutic relationship with the VIPs, establishing a relationship of trust and respecting their own rhythm**	
KNOWLEDGE He/she is able to: • Describe the main principles and theories about collaborative therapeutic relationship with users and in particular with a VIP • Describe how to establish a relation of trust with a user, and in particular with a VIP, defining steps and time required	SKILLS He/she is able to: • Seek and develop a climate of trust with the individual, negotiate the content of the personalized intervention program, in order to create a therapeutic relationship. • Motivate the VIP • Respect the time and the fears of the VIP and to adapt the accompaniment by proposing a progressive work • Stimulate the VIP to look for concrete solutions together to overcome difficulties or delays in the rehabilitation plan.

	• Discuss with the VIP's rehabilitation team how to improve the relationship with the VIP and overcome obstacles. • Take into account requests, life stories and the contextual situation when meeting with individuals or a group
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with the multidisciplinary team	

UNIT OF LEARNING OUTCOMES: **Empowerment and motivational coaching**
TARGETED CORE COMPETENCES
CC 9-B: To apply techniques to enhance motivation and engagement with the program
CC 9-C: To encourage recognition of progress
CC 9-D: To encourage self-monitoring and empowerment
Learning Outcomes (3)
LO9-B-C-D-1: Know and apply motivational techniques and empowerment approaches
LO9-B-C-D-2: Connect the VIP with various social, cultural and sports networks
LO9-B-C-D-3: Encourage and enhance an effective self-monitoring approach and VIP recognition of progress in a wider range of concrete, psychological and social dimensions

LO9-B-C-D-1 **Know and apply motivational techniques and empowerment approaches**	
KNOWLEDGE He/she is able to: ● Recognize and describe the social needs of blind people even in difficult situations, demonstrate special knowledge of their motivation. ● Classify the psychosocial factors that determine individuals' health, low vision, and other illnesses. ● Critically understand and acknowledge the concept of “fragility” and related issues situations of human weakness, vulnerability. ● Outline the main motivation and empowerment techniques ● Identify potential psychosocial threats and risks to individuals in the cultural context and target community. ● Know how to propose specific sessions of therapeutic education, including attitudes targeting VIP’s engagement and interests	SKILLS He/she is able to: ● Select and adapt motivation and empowerment techniques according to health status and individual needs ● Develop biopsychosocial guidelines to improve motivation and involvement. ● Recognize VIP coping skills especially regarding their response to psychological and social distress ● Identify VIP personal expectations and use them to foster motivation
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Take responsibility for managing complex failure situations. ● Learn from experiences with individuals, families, communities and health professionals. ● Apply critical thinking and specialised problem-solving skills when planning future care. ● Consider all the dimensions (biological, mental, spiritual, social) of individuals’ health status.	

LO9-B-C-D-2 **Connect the VIP with various social, cultural and sports networks**

KNOWLEDGE	SKILLS
He/she is able to: • Describe how to connect the VIP with various social, cultural and sports networks.	He/she is able to: • Identify the social, cultural and sports available network in the VIP direct geographic environment and connect the VIP with them • Set individual-centered, family-centered and community-centered short-term and long-term goals and outcomes. • Identify the VIP personal needs regarding social/cultural/sports aspects • Adequately evaluate VIP's physical data before engaging in sports activities.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Apply critical thinking and specialized problem-solving skills. • Take responsibility for setting strategies. • Be respectful.	

LO9-B-C-D-3

Encourage and enhance an effective self-monitoring approach and VIP recognition of progress in a wider range of concrete, psychological and social dimensions

KNOWLEDGE	SKILLS
He/she is able to: • Describe available self-monitoring tools/methods to identify psychological and social dimensions • Describe the main psychosocial problems which can occur in a VIP • Describe how to lead group sessions with “expert-VIP”, in which VIPs are considered as “expert” of the visual loss (it allows to consider both VIPs and professionals opinions and feelings in order to have a global overview of visual loss consequences)	He/she is able to: • Propose self-monitoring tools on psychological and social dimensions as part of the training program on psychosocial aspects • Educate VIP on the interest of self-monitoring • Propose sessions with a working group including “expert-VIP” and perform them • Assess the potential risks of the visually impaired to the community and the social environment.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Collaborate with social care professionals and service providers. • Demonstrate critical thinking skills. • Demonstrate cultural and community awareness.	

UNIT OF LEARNING OUTCOMES: **Professional and Legal Compliance**
TARGETED CORE COMPETENCES
CC 11-A: To adhere to the organization guidelines and protocols
CC 11-C: To comply with quality standards relating to health practice
CC 11-D: To comply with health care laws and regulations
CC 16-A: To ensure visually impaired persons safety
CC 16-D: To be aware of and abide by the code of practice of the overseeing professional body

Learning Outcomes (4)
LO11-A-D-1: Know national policies, guidelines and protocols in the healthcare system regarding visual impairment, as well as national, regional and local social-health care laws and regulations that concern visually impaired people, post-stroke persons, and people with any other health conditions related to vision and refer to them in daily work
LO10-A-1: Be aware of relevant clinical guidelines related to general health and concurrent health concerns, supported by the wider healthcare system, as well as international, national, regional and local policies and quality standard settled by the health care community and be able to apply them in daily practice
LO16-A-1: Know the basics of safety issues for VIPs in relation to everyday activities and relevant environments and contextualize it in daily work, providing advice and educating users and informal caregivers
LO16-D-1: Be aware of and comply with the main ethical issues involved in the rehabilitation program with a VIP

LO11-A-D-1 **Know national policies, guidelines and protocols in the healthcare system regarding visual impairment, as well as national, regional and local social-health care laws and regulations that concern visually impaired people, post-stroke persons, and people with any other health conditions related to vision and refer to them in daily work**	
KNOWLEDGE He/she is able to: ● Describe in detail national policies, guidelines and protocols in the healthcare system regarding visual impairment ● Describe in detail national, regional and local social-health care laws and regulations that concerns visually impaired people, post-stroke persons, and people with any other health conditions related to vision ● For each nation, contextualize precisely the recommendations of the Health Authority in favor of people with disabilities, the governmental policy, the organizations, and the economic systems that result from them.	SKILLS He/she is able to: ● Apply policies, guidelines, regulations and protocols in daily work ● Interact with social/political/health authority part

PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- To use active listening, empathy and a non-judgmental approach with all partners (administrative or other), and with the VIP
- To know how to be relevant, pedagogical and clear in the arguments with partners, who are often not well informed about the VIP's needs
- Collaborate with health and social part

LO10-A-1 **Be aware of relevant clinical guidelines related to general health and concurrent health concerns, supported by the wider healthcare system, as well as international, national, regional and local policies and quality standard settled by the health care community and be able to apply them in daily practice**	
KNOWLEDGE He/she is able to: ● Identify, describe in detail health promotion guidelines and procedures related to general health, demonstrating highly specialized knowledge of them. ● Identify and explain conditions and/or behaviors that are detrimental to general health. ● Describe the basic principles of health promotion. ● Describe health prevention and education guidelines ● Deepen general health risk factors across the age spectrum, particularly related to elderly age ● master the main orientations of the UN, WHO and the European Charter on disability ● Demonstrate a pragmatic vision of the historical evolution of the "Concept of Disability" in order to understand where international, national and local policies have come from and why they exist today.	SKILLS He/she is able to: ● Identify conditions and/or general health hazards. ● Apply health promotion and education guidelines in daily practice. ● Integrate multidisciplinary knowledge to improve and promote general health and prevent disease and injury. ● Continuously monitor the implementation process and evaluate the results of selected health and wellbeing strategies. ● Estimate possible side effects of medications on rehabilitation process. ● Give information people to take preventive behavior.

● Master the current regulations and quality standards about visual impairment and disability (Blindness: Braille, NTIC, tactile supports, mobility orientation; low vision: environmental adaptations, NTIC, individualized adapted supports) ● Outline basics of universal accessibility in the field of visual impairment. ● Outline the concept of “seamless care pathway" which emphasizes the need for collaborative support between the various health and social-health stakeholders in the specific territory	

PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- Take responsibility for setting conditions and/or health risk behaviours.
- Empower individuals to strengthen and promote health and prevent disease and injury. LO09
- Collaborate with other members of the MDT to identify health risks.
- Collaborate with other professionals in the MDT.
- Collaborate with social care professionals and service providers.

LO16-A-1
Know the basics of safety issues for VIPs in relation to everyday activities and relevant environments and contextualize it in daily work, providing advice and educating users and informal caregivers

KNOWLEDGE He/she is able to: • Identify and describe the basic safety issues that may occur in the VIPs daily life concerning personal and public environment.	SKILLS He/she is able to: • Analyse the VIP activities of daily living and evaluate the environmental conditions in order to have a comprehensive understanding of the safety issues. • Provide guidance on environment adjustments. • Promote awareness about importance of safe environment for VIPs everyday activities. • Adapt IRP according to identified safety issues. • Prepare reports with recommendations regarding the education of VIPs and informal caregivers on environmental hazards that may occur and how they can be prevented.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Use a VIP-centered approach. • Consider environmental safety issues when developing the IRP. • Take responsibility on cooperation with VIP and their families in order to improve VIPs safety in daily life activities.	

LO16-D-1 **Be aware of and comply with the main ethical issues involved in the rehabilitation program with a VIP**	
KNOWLEDGE He/she is able to**:** • Define and describe in detail the main ethical issues related to VIP rehabilitation. • Indicate the principles of confidentiality that apply to rehabilitation practice.	SKILLS He/she is able to: • Integrate and comply with professional behaviour principles in VDR practice. • Demonstrate professional attitude and ethical behaviour.

PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Solve the occurred ethical issues in accordance with professional behaviour guidelines. • Develop appropriate working relationships with VIP and their informal caregivers. • Maintain professional relationships with colleagues of the MDT.

UNIT OF LEARNING OUTCOMES: **Promote Equity, Diversity and Inclusion in different settings**
TARGETED CORE COMPETENCES
CC 6-H: To foster social inclusion of the VIC in educational settings
CC 7-E: To raise awareness among work colleagues and management about visual disability
CC 11-E: To work in a multicultural environment in health care
CC 11-F: To promote inclusion and other principles of equity and diversity
Learning Outcomes (3)
LO7-E-1: Raise awareness among work colleagues and management about visual disability, also collaborating with existing training programs to foster inclusion and comprehension of VIP needs among management and colleagues
LO6-G-H-1: Raise awareness and inform students on how to relate with a visually impaired peer
LO11-E-F-1: Know and understand special needs related to VIP from other countries, as well as cultural, religious and communication issues related to blindness and promote inclusion, equity and diversity

LO7-E-1 **Raise awareness among work colleagues and management about visual disability, also collaborating with existing training programs to foster inclusion and comprehension of VIP needs among management and colleagues**

KNOWLEDGE	SKILLS
He/she is able to: • Discuss human resource management's role in supporting workplace health, ergonomics and safety • Recognize the needs that managers may have to raise awareness of visual impairment among their colleagues.	He/she is able to: • Raise awareness among work colleagues and management about visual disability • Educate the VIP's work colleagues about the impact of visual impairment on everyday activity and vicarious senses functionality, in order to foster comprehension among colleagues • Foster and model inclusive behaviours among VIP's colleagues • Support and collaborate in team training activities and simulations • Analyse existing training programs in order to possibly improve them with respect to inclusion
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Apply the most appropriate communication styles to convey information to others	

LO6-G-H-1 **Raise awareness and inform students on how to relate with a visually impaired peer**	
KNOWLEDGE	SKILLS
He/she is able to: • Outline the assessment process to be carried out in order to identify the need to educate students about how to relate with a visually impaired peer • Outline the main methods and techniques to raise awareness and inform students on how to relate with a visually impaired peer	He/she is able to: • Assess the need of an educational intervention about how to relate with a visually impaired peer • Raise awareness and inform students on how to relate with a visually impaired peer

PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- To apply the most appropriate communication techniques to convey information to others.
- To collaborate with the multidisciplinary team

LO11-E-F-1 **Know and understand special needs related to VIP from other countries, as well as cultural, religious and communication issues related to blindness and promote inclusion, equity and diversity**	
KNOWLEDGE He/she is able to: ● Outline VIP's special needs which could be linked to cultural, religious and communication issues ● Outline principles of inclusion, equity and diversity, also referring to the main EU regulations and guidelines ● Describe the main bias and prejudices against blindness, from mythological stories and historical references to current advertising channels ● Describe problems and advantages and limitations related to iconic representations in relief, difficulties in normalizing school materials (tables, maths etc.), plans and maps, drawing and drawing of pictures, etc.), plans and maps, relief drawing, access to art etc.), common errors in generalized accessibility.	SKILLS He/she is able to: ● Detect VIP's special needs which could be linked to cultural, religious and communication issues ● Promote inclusion, equity and diversity among the different stakeholders involved in VIP's rehabilitation process ● Recognize the preferences, values and needs of the VIP and family or carers ● Raise awareness in the VIP about bias and prejudices against blindness ● Raise awareness in VIP's peers about bias and prejudices against blindness

PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Collaborate with relevant stakeholders at regional/local level ● Respect people as unique individuals with different beliefs and cultural backgrounds. ● Establish culturally responsive communication.

UNIT OF LEARNING OUTCOMES: **Educational and training skills**
TARGETED CORE COMPETENCES
CC 12-A: To apply teaching strategies
CC 12-B: To assist patient's learning process
CC 12-C: To keep contact with educators and teachers
CC 12-J: To manage students and trainers
Learning Outcomes (3)
LO12-A-1: Describe and apply basic methods and techniques for individuals and groups training in special education for VIPs and vision rehabilitation
LO12-C-1: Communicate and cooperate effectively with educators and teachers and generally with professionals from relevant disciplines
LO12-B-F-1 Enact basic theories and techniques of counselling and communication in the special education for VIPs, also planning and carrying out counselling sessions with individuals and in groups

LO12-A-1 **Describe and apply basic methods and techniques for individuals and groups training in special education for VIPs and vision rehabilitation**	
KNOWLEDGE He/she is able to: • Recall the basic concepts of special needs and special education, laws and regulations related to special education services • Describe the educational strategy and arrangement for children with special needs, visual impairment ad frequent comorbidities • Describe key elements of adult learning theory: conducive climate and learner's engagement, deploying objectives and designing patterns and process • Discuss learners' expectations and experiences, as a value of the training pattern, and interactive learning activities, self-conducting and problem-solving approach • Discuss the causes of mismatch between educator and learner approach, listing frequent defence mechanisms • List and describe methods and techniques for individuals and group training, being aware of applications and adaptations for VIP • Discuss the timing and the value of feedback and self-evaluation process	SKILLS He/she is able to: • Analyze the special education need beforehand according to the context (family, family caregivers, care personnel) and the profile of the VIP • Select and apply methods and techniques for individuals and group training for VIP and vision rehabilitation objectives, considering tools and appropriate means • Design and conduct experiential activities, focusing on personal expectations and learning objectives • Apply different conducting and teaching styles, adapting on objectives and learning styles, to be effective in practice • Practice feedback skills to support learners • Tailor a teaching program adapted to each situation.

PERSONAL AND TRANSVERSAL COMPETENCES:

He/she is able to:

- AUTONOMOUSLY analyse the special education need
- Collaborate with teachers, family and carers, taking into account their opinion and needs

LO12-C-1 **Communicate and cooperate effectively with educators and teachers and generally with professionals from relevant disciplines**	
KNOWLEDGE: He/she is able to: ● Describe characteristics and structures of the educational and training system of the territory of reference ● Discuss techniques and methods of interpersonal communication applied to the school-family-disabled context ● Estimate characteristics and potential of the social-assistance system in the territory of reference ● Summarize laws and rights of the disabled person to study, work and inclusion ● Describe basics about mediation techniques and interpersonal conflict management ● Determine the purpose of the speech as appropriate to the speaking context ● Define the choice of a topic according to the purpose, audience, and time constraints, setting adequate communication strategy and supports	SKILLS He/she is able to: ● Interact with professionals or local agencies that provide services for people with disabilities, planning periodic meetings with the various subjects involved in the relationship with the disabled person ● Support periodic meetings between school and family to share information on the educational and behavioral progress of the disabled person ● Enact techniques and methods for effective interprofessional communication, as well as techniques for interpersonal conflict management when needed ● Manage and overcome conflicts ● Apply basics of negotiation and persuasion in daily work

● Demonstrate awareness of alternative organizational communication patterns and types of support ● Describe the basics of negotiation and persuasion;	

PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- Know how to relate to professionals, using appropriate and technical language
- Recognize and respect the competencies of others
- Time management
- Select words appropriate to the topic, audience, purpose, context, and speaker, while avoiding words that express prejudice.

LO12-B-F-1

Enact basic theories and techniques of counselling and communication in the special education for VIPs, also planning and carrying out counselling sessions with individuals and in groups

KNOWLEDGE	SKILLS
He/she is able to: ● State basic psychology and socio-pedagogy principles in disability ● Describe the development of relational and communicative skills ● Discuss personal, situational and contextual characteristics taking part in the communicative interaction ● Describe basic theories and techniques of counselling ● Integrate basic theories of counselling and communication techniques in the special education for visually impaired	He/she is able to: ● Read and interpret personal, situational, and contextual characteristics unique of mediated communicative interaction; ● Assess the degree of development of communicative and relational skills; ● Evaluate the technical, semantic, and symbolic appropriateness of one's mediation to the needs of the communicative interaction ● Stimulate creativity and the interlocutor's search for alternative perspectives

● List criteria for monitoring and evaluating the effectiveness of counselling work ● Discuss methodologies of group conduction and coordination ● Discuss decision-making process, focusing on belief, counselor approach encouraging responsibility and result orientation. ● Stimulates action plans and verifies the stages of implementation. ● Describe verbal and nonverbal communication systems, including augmentative and alternative communication systems and languages, and associate to different disabilities and needs ● Outline characteristics and suitable gaming modalities and didactic materials for different needs of disabled children ● Discuss and apply behaviour modification strategies and techniques ● Identify basic and advanced knowledge theories and approaches model, in order to adhere to a model of reference ● Trace methodologies for personal resources activation, attachment and membership systems ● Describe assessing methodologies for reading both professional and relational contexts	● Stimulates adult plans, stages of implementation and reflecting on the "here and now". ● Plan counselling sessions with individuals and in groups ● Define a counselling contract with the individual or group ● Carry out counselling sessions with individuals and in groups, focusing on individual resources and strengths as agents of change and develop the client's ability to identify and use personal resources ● Apply and foster the use of decision-making methodologies ● Identify and utilize group resources. ● Facilitate communication in the group: maintain a welcoming climate, allow the expression of different and leading points of view, manage conflicts, maintain established time frames. ● Deploy group coordination and leadership techniques, using exercises and specific activities to facilitate learning and group growth. ● Manage relationships with family members of the disabled person, confronting fears, anxieties and expectations by establishing a climate of mutual trust
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Express briefly with clarity, verifying understanding and impact of messages ● Share personal point of view as starting point of analysis processes ● Asks clear and pertinent questions relevant to personal goals	

● Reflect upon their own role in practical counselling and interdisciplinary cooperation ● Focus on resources and strengths as agents of change ● Be aware of non-verbal signals

UNIT OF LEARNING OUTCOMES: **Communication with VIPs and Collaborative Therapeutic Relationship**
TARGETED CORE COMPETENCES
CC 1-B: To advise on vision improvement conditions
CC 12-B: To assist patient's learning process
CC 13-B: To develop a collaborative therapeutic relationship with the visually-impaired
Learning Outcomes (3)
LO12-A-H-I-1: Provide information and advice on vision functioning, risks for poor vision health, the degenerative process of visual conditions, risk factors, comorbidities and remediation potential, also suggesting coping strategies, in collaboration with the MDT and advocate for policy in relation to vision health-related challenges
LO12-B-F-1: Enact basic theories and techniques of counselling and communication in the special education for VIPs, also planning and carrying out counselling sessions with individuals and in groups
LO13-B-1: Develop a collaborative therapeutic relationship with the VIPs, establishing a relationship of trust and respecting their own rhythm

<table>
<tr><th colspan="2">LO12-A-H-I-1
Provide information and advice on vision functioning, risks for poor vision health, the degenerative process of visual conditions, risk factors, comorbidities and remediation potential, also suggesting coping strategies, in collaboration with the MDT and advocate for policy in relation to vision health-related challenges</th></tr>
<tr><td>KNOWLEDGE

He/she is able to:
● Define and describe vision functioning, risks for poor vision health and remediation potential.
● Identify and outline the risk factors for visual impairment related to environmental conditions and comorbidities.
● Categorize the visual impairment into reversible, correctable and irreversible according to the underlying pathology.
● Discuss basics of active ageing and primary care and health related challenges
● Underline possible interdisciplinary approaches to vision health challenges and related policies
● Compare policies, standards and best practices in VIP health systems, social inclusion and rehabilitation approach worldwide
● Describe the normal changes in vision with aging, such as changes in the lens, pupil size, light/dark adaptation, and glare sensitivity.
● Define the visual implications of other related pathologies such as diabetes, eye injuries, neurological conditions on vision remediation and rehabilitation.</td><td>SKILLS

He/she is able to:
● Provide recommendations on reducing risks for poor vision health.
● Identify issues beyond the VDR competence and refer VIP for multidisciplinary team.
● Suggest to the VIP coping strategies in collaboration with the multidisciplinary team
● Advocate for policy in relation to vision-health related challenges
● Promote ocular and vision health, daily correct behaviours and safety issues in order to avoid blindness and visual impairment
● Explain to VIP the natural degenerative processes of visual function in simple language and giving examples.</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:
● Apply specialized problem-solving skills.
● Collaborate with other members of the multidisciplinary team to address and solve VIP problems.</td></tr>
</table>

LO12-B-F-1 **Enact basic theories and techniques of counselling and communication in the special education for VIPs, also planning and carrying out counselling sessions with individuals and in groups**	
KNOWLEDGE He/she is able to: ● State basic psychology and socio-pedagogy principles in disability ● Describe the development of relational and communicative skills ● Discuss personal, situational and contextual characteristics taking part in the communicative interaction ● Describe basic theories and techniques of counselling ● Integrate basic theories of counselling and communication techniques in the special education for visually impaired ● List criteria for monitoring and evaluating the effectiveness of counselling work ● Discuss methodologies of group conduction and coordination ● Discuss decision-making process, focusing on belief, counsellor approach encouraging responsibility and result orientation. ● Stimulates action plans and verifies the stages of implementation. ● Describe verbal and nonverbal communication systems, including augmentative and alternative communication systems and languages, and associate to different disabilities and needs ● Outline characteristics and suitable gaming modalities and didactic materials for different needs of disabled children	SKILLS He/she is able to: ● Read and interpret personal, situational, and contextual characteristics unique of mediated communicative interaction; ● Assess the degree of development of communicative and relational skills; ● Evaluate the technical, semantic, and symbolic appropriateness of one's mediation to the needs of the communicative interaction ● Stimulate creativity and the interlocutor's search for alternative perspectives ● Stimulates adult plans, stages of implementation and reflecting on the "here and now". ● Plan counselling sessions with individuals and in groups ● Define a counselling contract with the individual or group ● Carry out counselling sessions with individuals and in groups, focusing on individual resources and strengths as agents of change and develop the client's ability to identify and use personal resources ● Apply and foster the use of decision-making methodologies ● Identify and utilize group resources.

● Discuss and apply behaviour modification strategies and techniques ● Identify basic and advanced knowledge theories and approaches model, in order to adhere to a model of reference ● Trace methodologies for personal resources activation, attachment and membership systems ● Describe assessing methodologies for reading both professional and relational contexts	● Facilitate communication in the group: maintain a welcoming climate, allow the expression of different and leading points of view, manage conflicts, maintain established time frames. ● Deploy group coordination and leadership techniques, using exercises and specific activities to facilitate learning and group growth. ● Manage relationships with family members of the disabled person, confronting fears, anxieties and expectations by establishing a climate of mutual trust
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: ● Express briefly with clarity, verifying understanding and impact of messages ● Share personal point of view as starting point of analysis processes ● Asks clear and pertinent questions relevant to personal goals ● Reflect upon their own role in practical counselling and interdisciplinary cooperation ● Focus on resources and strengths as agents of change ● Be aware of non-verbal signals	

<table>
<tr><th colspan="2">LO13-B-1
Develop a collaborative therapeutic relationship with the VIPs, establishing a relationship of trust and respecting their own rhythm</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
Describe the main principles and theories about collaborative therapeutic relationship with users and in particular with a VIP
Describe how to establish a relation of trust with a user, and in particular with a VIP, defining steps and time required</td><td>SKILLS
He/she is able to:
Seek and develop a climate of trust with the individual, negotiate the content of the personalized intervention program, in order to create a therapeutic relationship.
Motivate the VIP
Respect the time and the fears of the VIP and to adapt the accompaniment by proposing a progressive work
Stimulate the VIP to look for concrete solutions together to overcome difficulties or delays in the rehabilitation plan.
Discuss with the VIP’s rehabilitation team how to improve the relationship with the VIP and overcome obstacles.
Take into account requests, life stories and the contextual situation when meeting with individuals or a group</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to:
Collaborate with the multidisciplinary team</td></tr>
</table>

UNIT OF LEARNING OUTCOMES: **Clinical Records and Data Compliance**
TARGETED CORE COMPETENCES
CC 14-A: To monitor progress
CC 14-B: To record the progress of visually impaired persons in relation to treatment
CC 14-C: To respect the confidentially of the VIP and to follow data confidentially guidelines
CC 14-D: To record clinical and professional activity with accuracy and in line with professional standards
Learning Outcomes (1)
LO14-A-B-C-D-1: Know the main professional standards about clinical records and effectively use the main recording tools at national/regional/local level (e.g. electronic patient record) in order to report the progress of the IRP, complying with data privacy and confidentiality guidelines

LO14-A-B-C-D-1 **Know the main professional standards about clinical records and effectively use the main recording tools at national/regional/local level (e.g. electronic patient record) in order to report the progress of the IRP, complying with data privacy and confidentiality guidelines**	
KNOWLEDGE He/she is able to: • Outline the main in-force standards about clinical records at national/regional/local level • Understand the regulatory frameworks and tools for evaluation, and the resulting obligations for establishments and services: quality approach, requirements of the control authorities, etc. • Identify the evaluation items specific to rehabilitation: 1) the VIPs' abilities, 2) the professional's skills, 3) the skills of a professional team in a service or organisation	SKILLS He/she is able to: • Report data concerning VIPs and their rehabilitation process according to the main in-force standards about clinical records at national/regional/local level • Effectively use the main recording tools used at national/regional/local level (e.g. electronic patient record) in order to report the progress of the IRP • Synthesize data, to effectively document the liaison and information supports within the multidisciplinary teams, and

• Identify all the indicators and particularly those related to visual impairment (congenital blindness, acquired blindness, low vision): functional vision, sensory, motor, postural, cognitive and psychosocial skills. • Outline and describe the main characteristics of the main recording tools used at national/regional/local level (e.g. electronic patient record) in order to report the progress of the IRP • Outline the main data privacy rules (GDPR) and confidentiality guidelines to be taken into account with respect to VIPs	towards the control authorities, in order to propose an individualized project • Act in compliance with the main data privacy rules (GDPR) and confidentiality guidelines • Comply with ethical principles and professional codes taking into account data privacy and confidentiality guidelines.
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Demonstrate rigor, method and organization • Demonstrate leadership skills in ensuring adherence to confidentiality guidelines to protect the rights and well-being of VIP.	

UNIT OF LEARNING OUTCOMES: **Evidence-Based Practice and Basic Health Research**
TARGETED CORE COMPETENCES
CC 15-A: To keep up to date with evidence-based practice from the research literature
CC 15-B: To appreciate basic principles of health science research and how it applies to developing the evidence-base for practice
Learning Outcomes (4)
LO15-A-1: Know the principles of evidence-based health sciences disciplines and practice and apply them in everyday work, also using the main evidence databases
CAL-LO15-B-1: Know the basics of research design, methodology and ethics
CAL-LO15-B-2: Know the basics of quantitative analysis applied to health sciences, use tools for statistical analysis and critically assess own and others' research where similar analyses have been utilized
CAL-LO15-B-3: Understand observations, qualitative interviews and focus groups

<table>
<tr><th colspan="2">LO15-A-1
Know the principles of evidence-based health sciences disciplines and practice and apply them in everyday work, also using the main evidence databases</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
• Outline the principles of evidence-based health sciences disciplines and practice
• Explain and critically evaluate the benefits of evidence-based medicine
• List the main evidence databases (e.g. Pubmed) and describe how a VDR can use them in daily work</td><td>SKILLS
He/she is able to:
• Apply principles of evidence-based medicine and practice in daily work
• Use the main evidence databases (e.g. Pubmed) in order to suggest to the MDC adequate approaches</td></tr>
<tr><td colspan="2">PERSONAL AND TRANSVERSAL COMPETENCES
He/she is able to:
• Integrate evidence-based approach into personal and professional approach</td></tr>
</table>

<table>
<tr><th colspan="2">CAL-LO15-B-1
Know the basics of research design, methodology and ethics</th></tr>
<tr><td>KNOWLEDGE
He/she is able to:
• Outline different types of knowledge-, research- and evidence-based approach
• Outline and understand the main methods and tools for social research
• Understand the principles of literature plagiarism, academic misconduct, citations and reference lists
• Understand basics of research design
• Understand ethical principles in research</td><td>SKILLS
He/she is able to:
• Identify problems and formulate ways of approaching problems
• Formulate an approach to a problem within the subject area and analyse academic problems based on the theoretical background of special education, visual impairment and vision rehabilitation
• Integrate professional intelligence into practice to seek out material on evidence-based practice.</td></tr>
</table>

PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Identify the opportunities and limitation of science, and take responsibility for how knowledge is used • Use acquired knowledge as a basis for further literature review within related areas • Demonstrate in-depth professional knowledge of current research

CAL-LO15-B-2 **Know the basics of quantitative analysis applied to health sciences, use tools for statistical analysis and critically assess own and others' research where similar analyses have been utilized**	
KNOWLEDGE He/she is able to: • Understand common descriptive methods of statistical analysis • Understand fundamental tools for statistical analysis • Describe how to critically appraise own and others´ research	SKILLS He/she is able to: • Critically assess quantitative research papers
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Use acquired knowledge as a basis for further quantitative literature reviews within related areas	

CAL-LO15-B-3 **Understand observations, qualitative interviews and focus groups**	
KNOWLEDGE He/she is able to: • Understand qualitative research methods and be able to describe the main characteristics of qualitative research approaches • Be aware of the basic principles and approaches to analysis of qualitative data	SKILLS He/she is able to: • Critically assess qualitative research papers
PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: • Use acquired knowledge as a basis for further qualitative literature reviews within related areas	