



European
Orientation and
Mobility
And Autonomy in
Daily Life
Network

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WP 2 - Key Activities of Rehabilitation Teachers

Introduction

The aim of WP2 was to collect and sort the different key activities of rehabilitation teachers in teaching persons with visual impairment or blindness ADL and O&M. The starting point was an analysis of the contents of the national curricula for the formation of ADL and / or O&M teachers. The term “Key Activity” refers to relevant professional activities of a rehabilitation teacher with the aim to obtain specific goals with his blind or visually handicapped clients.

The results of this process is the following list, which represents the basis for the implementation of the OPIR model in WP 3 and WP4.

The following list describes the process of generating this list.

- Step 1: Collecting information on national formation systems
- Step 2: Merging the key activities found in each national program,
 - Eliminate double key activities
 - Sorting into categories
 - Adding new key activities or aspects of key activities
- Step 3: Discussion of results
 - Translating into national languages
 - Discussing the results in teams and with other stake holders
 - Putting together all the information
- Step 4: Creating a long list and a short list
 - Discussion in Steering committee – reduction of items
 - Consolidating the results in this list
- Step 5: Reworking the list of key activities after the mobilities
 - Formulation of prerequisites, common to most key activities
 - Accommodation to the experiences from the mobilities
 - Modification according to the concept of competence orientation

Overview: Categories of Key Activities

The following list proposes a collection of the Key Activities performed by professional rehabilitation teachers for O&M, ADL and Low Visions.

- Common prerequisites: Areas of knowledge, skills and competencies required for most Key Activities
- 1. Assessment/Evaluation of the rehabilitative needs of persons with visual impairment and blindness
- 2. Development and monitoring of an individual program in ADL and OM
- 3. Common key activities (ADL and OM)
- 4. Specific key activities for ADL
- 5. Specific key activities for OM

Common prerequisites: Areas of knowledge, skills and competencies required for most Key Activities

In order to perform those key activities there are areas of basic knowledge, skills and competencies which are a common basis and prerequisites for most key activities. These prerequisites are specified below:

- 1) Profound theoretical knowledge in all fields related to VI and blindness, especially basic knowledge in the following scientific subjects:
 - a. Medical aspects of blindness and visual impairment (ophthalmology, neuro-ophthalmology)
 - b. Basic knowledge about neurological problems (neurology, neuro-psychology)
 - c. Audiology
 - d. Psychological aspects of blindness and visual impairment: child development in different developmental areas, perception, social adjustment
 - e. Basic knowledge skills and competencies in special education and in teaching persons with blindness or low vision
- 2) Personal experience of limitations due to blindness and low vision through extensive simulation experiences with a blindfold and simulation glasses, and personal experience of possible compensatory pathways and strategies.
- 3) Knowledge and practical skills about differences in teaching different target groups:
 - a. Differences between age groups (children, adolescents, adults, elderly people)
 - b. Differences in the age of onset of blindness / low vision (congenitally vs. adventitiously blind)
 - c. Differences regarding kind and severity of additional handicaps (multi-handicapped; deaf-blind)
- 4) Basic competencies in psychology of counselling
- 5) Field knowledge about legal and organizational structures in the field of VI and blindness.

Key Activities

1. Assessment of the rehabilitative needs

1.1. Collects basic information

1.1.1. Manages the collection of data

- Uses proper documentation (ICF, national requirements) and applies rules of data protection

1.1.2. Collects the main data of the client's medical history

- Understands and is able to interpret clinical reports (ophthalmologist, otologist, other specialists, neurologist)

1.1.3. Collects the main biographical data

- Collects demographic data as well as data on education and qualification, family background, sight history, and other related data
- Manages the specific tools for social and psychological evaluation (Reading results and using them for the rehabilitation plan)

1.2. Evaluates functionally the needs, repercussions and capabilities

- Identifies capabilities and difficulties of the person in terms of autonomy
- Detects and reflects the social and psychological needs of each client and consider psychosocial and motivational aspects
- Develops competencies in participatory observation and practical testing (on road test)

1.3. Communicates the results of the evaluation

- Communicates with the client the outcomes in each case
- Explains the functional implications of their visual impairment
- Supports or participates in client's communication with authorized persons (personal and professional contacts)

2. Implementation of a customized program

2.1. Develops and formulates rehabilitation objectives

- Based on the results of prior assessment, jointly with the person (and his social environment if needed) in adaptation to the specific visual situation of each client, consistent with the context of a person's life, the personal targets, resources and possibilities of service
- Adapts the objectives for clients with specific needs (children, youth, adults, elderly people, multi-handicapped, deaf-blind)

2.2. Conducts the Rehabilitation Program differentiated into O&M, ADL and Low Vision

2.3. Evaluates the progress

- In the appropriation of techniques and strategies
- The acquisition of autonomy
- Detects changes in functional vision or the appearance of new clinical signs
- Detects and solve the causes of resistance or failure of rehabilitation program

2.4. Adapts program, based on the results of evaluation

3. Common key activities (ADL and OM)

3.1. Develops and teaches basic skills

- Develops sensory and multisensory systems and means of sensory and perceptual compensation
- Develops fine- and gross motor skills essential for ADL or O&M
- Develops a repertoire of concepts and general concept development (qualitative, quantitative, spatial, environmental concept)
- Develops cognitive abilities: observation, memory, anticipation and strategy
- Develops locomotion and orientation, re-orientation, spatial mental representation and space exploration
- Teaches sighted guide techniques and techniques of self-protection

3.2. Develops and implements suitable and helpful strategies and solutions

- Adapts and develops procedures according to personal characteristics
- Adapts and develops procedures depending on context (light, daytime, environment)

3.3. Advises and supports the use of aids and devices

- Identifies and recommends necessary aids and devices
- Teaches and supervises the use and adjust devices
- teaches the use of common materials and /or adapt existing equipment as well as the environment

3.4. Develops means of personal and social adjustment

3.4.1. Helps the person to become aware of its capabilities and limitations, giving confidence.

3.4.2. Supports the transfer of concepts and other learning results

3.4.3. Helps to develop and teach social competences

- Helps to reflect role model/role patterns
- Helps to reflect of social reactions/giving feedback
- Translates and supports reflection of body language/gestures/mimic art

3.4.4. Organizes the teaching process in direction of improving clients autonomy

3.5. Uses professional communication and documentation

3.5.1. Communication

- Uses basic interview techniques and counselling skills
- Communicates compassionately/ empathically with the client
- Applies suitable forms of communication systems if necessary (assisted or augmented communication)
- Communicates and works in a network of experts (team, medical staff, optometrist, other)

3.5.2. Documentation

- Manages the user's file including regular assessment and adaptation of rehabilitation plan
- Writes teaching protocols (planning and documentation), protocols of meetings and specific reports for different target groups

3.6. Continuing Training (after first professional formation)

- Conducts a regular assessment of personal knowledge and its boundaries
- Uses forms of informal education (reading, team exchange)
- Participates regularly in further education (meeting, congresses, courses)
- Participates in the work of experts (hospitalation, supervision)

3.7. Further professional activities (after first professional formation)

- Participates in Actions of sensitization
- Promotes accessibility e.g. through counselling of public and private actors
- Trains or participates in training of others
- Encourages and supports research

4. Specific key activities for ADL

4.1. Performs task analysis of action patterns as prerequisite for teaching a new/complex daily activity

4.2. Teaches techniques and strategies

4.2.1. for ordering strategies and work space organization (file systems, ordering systems, markers)

4.2.2. for nutrition (shopping, preparation of meals, table manners and techniques)

4.2.3. for household activities (Cooking, cleaning, clothing, maintaining machines)

4.2.4. to take care of yourself (clothing, hygiene, health, cosmetics, medication and medical devices)

4.2.5. for social life (e.g. purchasing, leisure time activities, hobbies, sports, games)

4.2.6. for communication (telephone, mobile devices, writing, signature, administrative tasks)

4.2.7. to take care of a child (maternity care)

4.3. Searches, recommends and adapts tools to facilitate the daily life of the person

5. Specific key activities for O&M

5.1. Teaches techniques and strategies of basic orientation

5.1.1. Concepts of basic orientation

- Usage of spatial concepts: using tactile guidelines, technique of making marks/using landmarks; recognizing geometric figures and patterns, practicing conscious turns, using suitable directional vocabulary and cardinal directions, environmental patterns

5.1.2. Analysis of the environment

- in consideration of barriers and helpful/aiding aspects
- considering possible influences on mobility

5.1.3. Acoustic principals and auditory skills

- echo localization, distance hearing, acoustic shadows and gaps, directional hearing, alignment to acoustic information, use of acoustic guidelines

5.1.4. Social and interpersonal skills related with O&M

- Asking for directions, asking for help if necessary,

5.1.5. Self-familiarization of an unknown area

- Orientation and technical discovery /systematic exploration of an unknown area or route

5.2. Teaches techniques and strategies of using orientation aids

5.2.1. Using orientation and mobility aids

- Using suitable devices (maps, plans, model, compass, GPS and further O&M devices)
- Using mobility aids (e.g. pre-cane, long cane; in special cases: electronic cane or guide dog)

5.2.2. Cane techniques

- functions: exploration and protection;
- techniques: slipped, diagonal, 2-stroke, 3 time crowd, stairs)

5.2.3. Street crossings

- Technical crossings (without traffic lights, with traffic lights, acoustic aids, crosswalks; considering: position, moment, direction)

5.2.4. Public Transport

- bus, taxi, train, subway

5.2.5. Mobility in specific and complex situations:

- public spaces, administrative buildings, shops and malls, train station, airport, rural and urban situations