



ICF EDUCATION

7TH INTERNATIONAL SYMPOSIUM:

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- Celebrating 20 years of ICF: Quo vadis -

23 & 24 OCTOBER 2021

VIRTUAL VIA ZOOM

Consensus Statement

The following recommendations were developed collaboratively by participants of the 7th International Symposium: ICF Education, which took place virtually on 24-25 October 2021. Participants were scholars and practitioners in human functioning, interprofessional education and collaborative practice, primary health care, digital health; mathematics and information technology, epidemiology, public health and health management, as well as users of health and social care systems.

We consider that since the ICF was published in 2001, a great deal has been achieved and thinking about human functioning has fundamentally changed. We also consider that:

- Mathematics and artificial intelligence (both numeric and symbolic) research supports ICF use.
- ICF is used in national statistics in many countries, but use needs to be more widespread as the benefits are significant.
- The capacity and performance constructs are particularly important because they enable the influence of the environment to be considered.
- ICF is useful in education and clinical practice across disciplines, but greater efforts are needed to integrate the ICF into curricula, the classroom and practice; not only as a framework, but for collecting functional status data.

WE RECOMMEND:

SECTION 01 - To expand the teaching of ICF to a broader audience

(a) Use all media available to teach ICF to more people, including health, social service and education students, professors, researchers and professionals, as well as policy makers and health managers, including people with disabilities and their carers and service providers.

(b) Elaborate strategies for teaching ICF for each of these target audiences, especially for undergraduate students, from the beginning of their programs.

(c) To strengthen the use of ICF for all people and not only for specific groups.

(d) Adopt special efforts to use the ICF in undergraduate, graduate and continuing professional education courses as a framework to teach subjects in all disciplines.



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(e) Make ICF easily usable in professional settings through ICF based information systems, such as electronic interprofessional records and assessment forms.

(f) Promote ICF based education at the community level to empower people (clients, patients and others) as agents of change.

(g) Promote workshops and discussions in academic and professional settings to increase knowledge and understanding about ICF known by faculty members and professionals.

(h) Promote multi, inter and transdisciplinary discussion of the benefits of human functioning, person centred care, biopsychosocial model and related issues, involving local community;

(i) Create and disseminate self learning tools and strategies, such as an E-learning portal for the public in general.

(j) Validate or develop accessible interdisciplinary instruments with detailed description of the qualifiers in each descriptor allowing for better reproducibility.

SECTION 02 - Incorporating ICF in data collections

(a) Insert the ICF categories in the evaluation forms to make it more familiar to the professionals;

(b) Foster linking rules between ICF and other instruments and to create new assessment instruments;

(c) Embrace complexity to move from biomedical to biopsychosocial thinking; for instance, by promoting a “real problems in real situations” based education and encouraging reflective approaches.

(d) Improve interprofessional education and collaborative practices through reflective ethical practices

(e) Expand awareness of ICF amongst people interested in human functioning. Beyond health professions this might include health system and social welfare policy makers, managers and funders, teachers, community groups, formal and informal care providers who can use it for community benefit; collecting of data at the grass root level. Advancement in connectivity and digitalisation can facilitate this.

SECTION 03 - To improve the use of ICF in clinical practice

(a) Promote ICF use as a tool for all health care professionals.

(b) Adopt ICF based instruments to determine the magnitude of work disability and to guide work compensations;

(c) Adapt forms and tools to be based upon ICF components, categories and qualifiers.

(d) Direct application of ICF without the need to apply multiple tests for this. It should be noted that, in order to do so, it is crucial that the data enable the user to classify the level of disability, if any. This is essential to involve professionals who work in practice. Some instruments already based on the ICF were built and allow this direct application, it needs to be disclosed

(e) Consent that the ICF be used in professional reporting, while maintaining the use of instruments already validated for scientific publications.



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(f) Considering that human functioning is not static, apply the ICF in an organized way at different times and not just during the initial evaluation.

(g) Make clear distinctions between qualifiers on a numeric scale and qualifiers as being (algebraically) ordered, thereby increasing the awareness of the distinction between numerical codes and symbolic names of the qualifiers

(h) Improve the understanding of the many-valued nature of the qualifications, and thereby realizing which options are available for computing with these values, preferably understood as symbolic values.

ICF Education Symposium - 2021

ICF Education International Symposia have already been held in several continents. This the 7th in the series celebrated twenty years since the ICF was endorsed by the World Health Assembly. This event hosted in Brazil provided an impetus to the researchers and professionals who use ICF to present their research and advances in the implementation and teaching of ICF and to reflect on the past actions to bring the ICF to bear on the collection of data on human functioning.

The purpose of this two-day online event was to unite the evidence and experiences of the ICF and to explore how the classification can be used in the future. Invited speakers from all WHO regions offered examples of how they had used the ICF to inform clinical practice, educate health professionals, collect national statistics, and change how we think and frame services. People involved in the development of the ICF, including Bedirhan Üstün, the head of the classifications team in the WHO at the time, reflected on their experiences. Poster presentations focused on the use of ICF and saw people from different professional backgrounds joining together and sharing international experiences in their fields. Many participants were invited to contribute to the development of the program before the symposium with the intention of meeting everyone's expectations and needs.

Our numbers

Website visits: 1511

Participants: 84

Countries: 11 (Australia, Brazil, Canada, Finland, India, Italy, Netherlands, Sweden, Switzerland, Turkey, United States of America).

Hour online:16

Registrations:



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NAME	SURNAME	NAME	SURNAME
Alexander	Evaso	Jerome	Bickenbach
Ali	S A T H Alturki	Joanne	Valerius
Amanda	Sasaki	João	Mazzoncini de Azevedo Marques
Ana	Gabriela	Joyce	Xavier Muzzi de Gouvêa
Ana Cristhina	de Oliveira Brasil de Araujo	Lauri	Lahti
André	Souza Rocha	Lila	Teixeira de Araujo
Andrea	Martinuzzi	Luana Talita	Diniz Ferreira
Anjan	Bhattacharya	Magdalena	Fresk
Ann-Helene	Almborg	Maria Christina	Rodrigues Menezes
Arna	Hardardottir	Maria Cristina	Pedro Biz
Artur	Paiva dos Santos	Maria de Lourdes	Steinle
Bedirhan	Üstün	Marie	Cuenot
Beth	Cook	Marina	Garcia de Souza Borges
Bibiana	Monteiro	Márjory Harumi	Nishida
Carolina	Silva Beltrame	Matilde	Leonardi
Cássia Maria	Buchalla	Mauro Antônio	Félix
Catherine	Sykes	Mayo Julieta	Villarreal Villalobos
Clara Janyelle	Gomes de Carvalho	Miroslav	Zvolský



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Cláudia	Borges Paraíso	Nicola	Fortune
Danielle	Borrego Perez	Núbia	Lima
Denise	da Costa Di Bartolo	Olaf	Kraus de Camargo
Diana	Pacheco	Otávio	Gonçalves Celestino da Silva
Edson	Luis de Souza Filho	Patricia	Saleeby
Eleni	Koutsogeorgou	Patricia	Tamburo
Elise	Lisbôa	Patrik	Eklund
Elizabeth Hidemi	Otani	Pedro	Martins Jardim
Estela	Douvletis	Perrine	Machuel
Estenifer	Marques Balco	Peter	Rosenbaum
Evandro Carlos	Miola	Petra	Sladkova
Fernanda	Chequer de Alcântara Pinto	Pítou Faliel	Silva Aragão Miranda
Fernanda	de Freitas Thomaz	Priti	Arun
Flávia	Alves Borges	Raimisson	Vieira
Georgia	Burn	Rauany	Barrêto Feitoza
Gisele	de Fátima Moura de Barros	Roberta	Alvarenga Reis
Gurpreet	Binepal	Ros	Madden
Giovani	D. Oliveira Lima	Sabina	van der Veen
Helen	Barrett	Sonia Cristina	Perez de Menezes
Hillegonda	Stallinga	Sonya	Meyer



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Jaana	Paltamaa	Stefanus	Snyman
Jakub	Hrkal	Tasneem	K A K GH Jarkhi
Janaína	Amaro Magalhaes do Prado	Valéria	Sousa de Andrade
Janice	Miller	Vania	Lickfeld
Janiele	Joaquim da Silva	Zahraa	Baqer
Eduardo	Santana Cordeiro		