

# PROJECT ELLAN – A GOOD EXAMPLE OF EUROPEAN COLLABORATION IN THE AREA OF HEALTH AND SOCIAL CARE EDUCATION

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## ABSTRACT

**INTRODUCTION:** During the last decades the population in Europe has got older and this puts forward a major challenge for the European society – the education of students in the area of health and social care when working with older people. This problem can be solved only with the combined efforts of all European countries. A good example of this is the project ELLAN - European Later Life Active Network – funded by the European Commission, with the participation of 26 universities from 25 countries (<http://ellan.savonia.fi/>).

**AIM OF ELLAN:** Based on a number of studies carried out in different European countries and the expertise of professionals, to develop a European core competences framework for health and social care professionals working with older people.

**MATERIALS AND METHODS:** In order to outline the core competences, that a health and social care professional should have when working with older people, a number of studies have been carried out in the different European countries, participating in the ELLAN project. First, the scientific literature on this issue was thoroughly studied, followed by studies of the opinion of the professionals, working with older people, the students in the field of health and social care and the older people themselves. The CanMEDS framework was used to define the core roles of the health and social care professionals.

**RESULTS AND DISCUSSION:** Based on the studies carried out in different European countries, the seven core roles of the health and social care professionals working with older people were defined: Expert, Communicator, Collaborator, Organizer, Health and Welfare Advocate, Scholar, and Professional. For each role competences were defined, and for each competence the corresponding results were described. The Framework was verified by two rounds of Delphi research among a group of 21 experts and a group of 21 researchers from different European countries.

**CONCLUSION:** The main result of the ELLAN project is the development of the European Core Competences Framework for Health and Social Care Professionals Working with Older People. It is intended for

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the management of the universities and other institutions dealing with the education of health and social care professionals. This would not be possible if the ELLAN project, combining the efforts of 25 countries from the European region, was not successful.

**Keywords:** ELLAN, older people, health and social care professionals, competences for working with older people, European collaboration

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## INTRODUCTION

The demographic changes in Europe mark an increasing number of the older population. Aging is a natural process and the increased life expectancy requires adequate care for the older people so that they maintain their quality of life. One of the challenges for the modern society is the proper education and training of students and health and social care professionals in working with older people. Being a problem for all European countries it may be solved only with the joint efforts of these countries. A good example of this is the ELLAN (European Later Life Active Network) project, funded by the European Commission for the period September, 2013 – September, 2016. It combines the efforts of 26 universities from 24 European countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, The Netherlands, Poland, Portugal, Romania, Slovenia, Switzerland, UK, and Turkey. The coordinator of the project is Savonia University, Kuopio, Finland (<http://ellan.savonia.fi/>).

## AIM OF ELLAN

Based on a number of studies carried out in different European countries and the expertise of professionals, to develop a European core competences framework for health and social care professionals working with older people.

## MATERIALS AND METHODS

In order to outline the core competences, that a health and social care professional should have when working with older people, a number of studies had been carried out in the different European countries, participating in the ELLAN project, covering the scientific literature, the opinions of health and social care professionals, students in the field of health and social care and the older people themselves. Also, innovative teaching methods in the area of gerontology that influence the students' attitude to this issue were studied, but they are not a subject of this publication.

Following the *scientific literature*, the European core competences framework for health and social care professionals working with older people is based on the CanMEDS framework (1). It was developed by the Royal College of physicians and surgeons in Canada. This framework describes the knowledge, the

skills and the abilities that the physicians need in order to achieve a better output for their patients. Based on empirical research, sound education principles and broad stakeholder consultation this framework provides a comprehensive foundation for medical education and practice in Canada. Since its adoption in 1996 it has become the most widely accepted and applied physician competency framework in the world. CanMEDS has been updated twice since it was developed - in 2005 and again in 2015. CanMEDS defines seven roles - Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional along with the necessary competencies for all roles and areas of medical practice. Internationally, a modified version of CanMEDS has been used for other health and medical professionals - ergo therapists, midwives, food and diet consultants, registered nurses etc (2).

The competences framework, developed by the participants in ELLAN is worded in a way, that is applicable in different European countries and different cultures (3). The seven roles of the health and social care professionals are: *Expert, Communicator, Collaborator, Organizer, Health and Welfare Advocate, Scholar, and Professional*. The competences framework was verified by two rounds of Delphi research among a group of 21 experts and a group of 21 researchers from different countries all over Europe.

*Older people's perceptions* about the required competences of professionals working with older people were studied using qualitative methods – in-depth interviews with older people from different European countries. In-depth interviews were carried out with 96 people aged above 60 in 6 countries (16 people from each country): Austria, Finland, Lithuania, Portugal, Turkey and the UK. Data analysis was conducted using the method of thematic analysis (4), on the following themes:

The first major theme '*Recognizing the person I am*' addresses the topic of personhood and focuses on the importance of being known as an individual, with a particular identity, history, and background. This theme describes older people's need and desire to see their individuality recognized and their dignity and privacy respected by social and health care professionals.

'Connecting the space between us' is the second major theme identified across interviews and addresses the topic of interpersonal skills and interpersonal exchange in situations of care. The first significant issue of this theme is *Communicate with me* and is associated with the set of standard communicational skills that are expected from health and social care professionals and also with the ability to stimulate empowerment and health promotion/management in older people. The second significant dimension of meaning of this theme is associated with the nature and quality of relationships established between professionals and older clients, which is reflected in the subtheme *Involve me with (in) care*.

Descriptions of technical competences are reflected in the third theme: '*Fulfilling your professional knowledge and skills*'. This theme is focused on different aspects of care provision, such as contribution to the adaptation of older people to health/illness and experience of social integration, specialisation and expertise, training and education, performance of specific procedures, professional experience, and teamwork.

*Disclosing professionalism in you* is the last theme identified throughout the analysis and focuses on the subject of professionalism, which is seen as an essential requirement for all health and social care professionals including vocation, commitment and ethics. Situations of negligence and expressions of ageist attitudes in care are also reflected here and highlight negative manifestations of professional action.

*Professionals' views* on the competences required in working with older people (n=1282) was studied using quantitative methods. The standard CNPI – 70 (5) questionnaire was used with the following subscales: *I. Humanism*: Formation of a humanistic-altruistic system of values (6 items); *II. Hope*: Instillation of faith-hope (7 items), *III. Sensibility*: Cultivation of sensitivity to one's self and to others (6 items); *IV. Helping Relationship*: Development of a helping-trusting, human caring relationship (7 items); *V. Expression of Emotions*: Promotion and acceptance of the expression of positive and negative feelings (6 items); *VI. Problem Solving*: Systematic use of a creative problem-solving caring process (6 items); *VII. Teaching*: Promotion of transperson-

al teaching-learning (9 items); *VIII. Environment*: Provision of a supportive, protective and/or corrective mental, physical, societal and spiritual environment (7 items); *IX. Needs*: Assistance with the gratification of human needs (10 items); *X. Spirituality*: Allowance for existential-phenomenological-spiritual forces (6 items). All items from the CNPI - 70 scale relate to competences in attitude, behavior and skills. Their importance in caring for older people was assessed by respondents on a scale from 1 - 5, where 1 means not at all important; 2 - somewhat important; 3 - moderately important; 4 - important; 5 - very important.

In order to assess the skills of the professionals in their work with older people and active aging, two more subscales were included in the questionnaire: *specialist skills* - 6 items and *active aging* - 7 items and one open-ended question, that is - What other competencies do you think should be distinguished? Respondents evaluated the validity of these competencies on a scale of 1-5 as in the CNPI-70.

The choice of The CNPI-70 scale, as the basis of the questionnaire, was motivated by the fact that the items constituting the individual subscales are largely in line with the competences characteristics for the roles defined in canMEDS (canMEDS 2015 Framework), which were the starting point for developing the competence profile in elderly care, within the ELLAN project. The study took place in Austria (n=261), Bulgaria (n=250), Cyprus (n=227), Poland (n=215), Spain (n=171) and the Netherlands (n=158). The respondents were from different areas: nurses (717), physicians (226), physiotherapists (161), social workers (112), other professionals (66).

Factors that influence *health and social care students' views of older people* were studied among students (n=955) using one of the most widely used scales – the Kogan scale (KOPS) (6) for measuring the attitude towards older people. *Kogan's Attitudes towards Older People Scale, (KOPS)* is a 34 attitudinal item five point Likert type scale with 17 matched positive and negative statements. It assesses attitudes towards older people towards normal and individual differences, stereotypes and misconceptions. Scale scores range from 34 to 204. A higher score indicates a more positive attitude towards older people. Beside the 34 standard questions included in KOPS, six

more questions were added aiming at increasing the significance of the study.

In addition, a questionnaire developed by Nolan et al. (7) was used to assess students' *Perception of Working with Older people*. This is a 15-item questionnaire developed by Nolan et al. in 2006 in the UK following qualitative research with student nurses covering three broad areas: student nurses' perceptions of working with older people in general; their intentions to work with older people when they qualified; and the perceived consequences of working with older people in terms of future career prospects and job satisfaction. The questionnaire was revised with permission from the authors for application to research with students of other professions. For each statement a five-point Likert scale from strongly agree to strongly disagree is used. In addition to the structured items the questionnaires contained space for further comment and a range of demographic and other data including age, gender and ethnicity, as well as prior experience of working with older people outside of their clinical placements. Details of the type of work that they had undertaken and whether they found this a positive or negative experience are also included.

Respondents were students from Ireland, Finland (Savonia), Finland (Karelia), Germany, Latvia and Italy, enrolled to study nursing (421), medicine (106), rehabilitation (120), social activities (96), occupational therapy (73), dental medicine (28), dietology (14), other studies (58).

## RESULTS AND DISCUSSION

Older people's perceptions about the required competences of professionals working with older people

According to the findings of this study, the ideal professional respects the unique and complex history of older people, is someone available, who promotes communication and effectively addresses any relevant issue. Balanced, fair, supportive and warm relationships are a central concern to him/her. Simultaneously, the ideal professional reveals his/her ability, confidence and specialized skills in the performance of the job, always committed to his/her profession and complying with ethical values and normative recommendations.

So, if older people's desired competences surpass the quality of technical performance, and if interpersonal sensitivity and person centred care represent a relevant part of its core dimensions, some changes may be in fact necessary to improve the type of care that will be provided to this population within the near future.

In the present socio-economic context, the quantification of intervention results may be a priority for health and social care systems. However, this approach may conflict with the one desired by older care recipients, but still this is a challenge higher education institutions must embrace in order to find adequate solutions. By doing so, institutions will be better equipped to initiate and establish a new model of competences for future health and social care professionals.

### *The opinions of health and social care professionals on important competences in caring for older people*

1. Based on the assessment of the professionals involved in the study the most important competences in the care for the elderly are:
  - ◇ Competences defined in subscale I – Humanism: Formation of a humanistic-altruistic system of values. They are related to the relationship between caregiver and patient, based on a humanistic - altruistic value system. Items from this subscale correspond with the roles of communicator, organizer, health and welfare advocate and expert.
  - ◇ Competences, included in subscales II - Hope: Instillation of faith-hope and IV - Helping Relationship: Development of a helping-trusting, human caring relationship. According to the respondents a caregiver should encourage older people to believe in themselves, motivate them, emphasize efforts, give hope and provide assistance and support where it is expected of them by the elderly. Items from this subscale correspond with the roles of health and welfare advocate, collaborator and expert.
  - ◇ Competences, included in subscales VI – Problem Solving: Systematic use of a creative problem-solving, caring process and subscale IX - Needs: Assistance with the gratification of human needs. According to the respondents pro-

professionalism, involving such skills as purposeful observation, evaluation of needs and taking appropriate actions, is very important in caring for older people. These competencies are consistent with the roles of professional, organizer and expert

- ◇ Competences included in subscales III - Sensitivity: Cultivation of sensitivity to one's self and to others, V - Expression of Emotions: Promotion and acceptance of the expression of positive and negative feelings, VII - Teaching: Promotion of transpersonal teaching-learning and VIII - Environment: Provision of a supportive, protective and / or corrective mental, physical, societal and spiritual environment. They correspond with the roles of organizer and expert.
2. Opinions / assessments on important competencies in caring for older people vary depending on the country and the profession of the respondents.
- ◇ Health and social workers assessed the highest the ability to be able to work well in a therapeutic team, the ability to assess threats and encourage individuals to maintain independence for as long as possible and accept the fact of aging as a physiological process and not a disease, to be important competencies. These competencies are listed in the items found in the specialist skills subscale and the active aging subscale and they are consistent with the roles of collaborator, professional, health and welfare advocate and expert.
  - ◇ Social workers differed significantly, from the other professional groups, in their opinions / assessments on important competencies in caring for older people. They assessed all the competencies, except those specified in subscale IX - Needs: Assistance with the gratification of human needs, much lower than health care professionals.
  - ◇ The analysis the opinions of representatives of the countries participating in the study allows to distinguish three groups which similarly assessed the competencies in the CNPI-70 subscales: Group I: Poland and Spain with the highest assessment of the majority of the CNPI-70 subscales; Group II: Cyprus and Aus-

tria (lower than Group I) and Group III Bulgaria and the Netherlands (lowest assessment).

#### *Attitudes to older people and perceptions of working with older people of students of health and social care*

This research has provided some encouraging results regarding the attitudes of students of health and social care to older people. Positive attitudes to older people were foremost as were mainly positive perceptions of working with older people. The main result from this study points to the apparent indecision among student with regard to their disposition to working with older people and the consequences of choosing to work with older people.

As a result several recommendations were defined:

- ◇ A focus on the promotion of gerontology as an exciting career opportunity.
- ◇ The formulation of a competency framework for working with older people that will serve to articulate the skills, knowledge and expertise necessary for working with older people to inform systems of professional education for practice.
- ◇ The identification of innovative methods of education and training in gerontology that will also develop student's interest in the topic.
- ◇ The promotion of care environments for older people as 'enriched', of high quality and where working with older people is valued and respected.

Based on the studies carried out in the different partner countries, the European core competences framework for health and social care professionals working with older people (8) was developed. The framework describes the minimal competences set, that could be considered basic for all health and social care professionals, working with older people in different roles. The competences cover the engagement and the work with older people and their families in their natural environment – their home, public and other institutions.

The competences framework is developed in conformity with the European Qualifications Framework (EQF), level 6 (bachelor) (9).

The role of Expert is central for the health and social care professionals and is based on the compe-

tences, included in the roles of Communicator, Collaborator, Organizer, Health and Welfare Advocate, Scholar, and Professional (Figure 1). As an Expert, the health and social care professional cares directly for the older people and their families. The central role of the Expert is supported by the other supportive roles and competences, which are more or less similar for all health and social care professionals, but with a different focus. Some of the professionals may have a different central role, like for example the role of Health and Welfare Advocate for the social workers, which is focused more on the population and not on the individual.

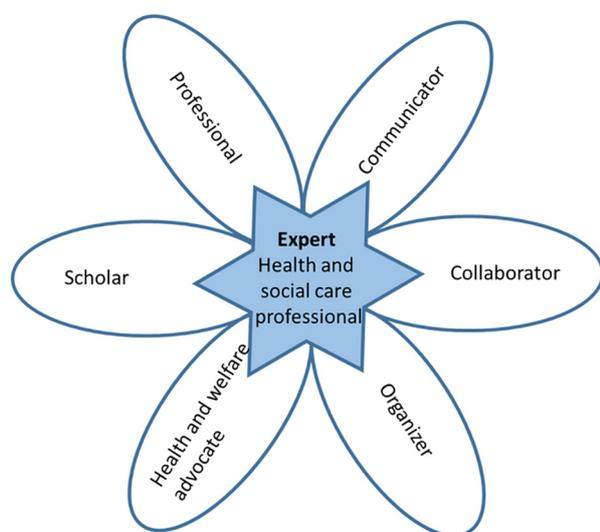


Fig. 1. Roles of CanMEDS, adapted to health and social care professionals.

The Competences framework has the following structure:

- ◇ *Description of the roles* of the professionals working in the area of health and social care, based on the 7 CanMEDS roles.
  - ◇ For each role a number of *competences* are defined – a total of 18 competences.
  - ◇ For each competence *performance indicators* are developed (they are defined as different skills, behaviours, or practices that demonstrate the existence of the competence).
  - ◇ For each competence the corresponding *results* are formulated.

Role	Competence	Result
<b>Expert</b>	<p><b>a) Assessment</b>            Conduct an appropriate assessment and collect data in a systematic way from the older person and, when necessary, from his/her family or caregivers, about physical and mental wellbeing, housing conditions and social participation. Identify the needs and wishes of the older person.</p> <p><b>b) Analysis and problem identification</b>            Analyse the data collected from the assessment. Identify the problems and the risk factors for the older person and his/her family. Formulate a conclusion or when applicable, a diagnosis.</p> <p><b>c) Planning</b>            Develop a clear, timely, and appropriate individual plan with measurable objectives for the care and support for the older person and his/her family with the focus on optimal health, wellbeing and quality of life. Use appropriate techniques for shared decision making.</p> <p><b>d) Carry out interventions based on professional standards</b>            Provide care, help and support to the older person and his/her family to improve or prevent further decline in mental and physical wellbeing, housing and living conditions and social participation. Carry out interventions based on professional standards.</p> <p><b>e) Evaluation</b>            Re-evaluate and adjust service or care plans for the older person on a continuing basis with the purpose of providing optimal care and support for the wellbeing of the older person and his/her family.</p>	<p>The assessment is complete and contains all necessary information about the older person's mental and physical wellbeing, social participation and housing and living conditions.            The assessment is well documented according to the regulations of the organization.            The older person is well informed about the further process.</p> <p>Risk factors are identified and clearly described and, when applicable, a conclusion and/or diagnosis is formulated. Priorities are set. If necessary, the older person, their family and other caretakers are informed about the risks.</p> <p>A clear, complete and realistic plan providing the best support to the older person and his or her family.            The plan is written and communicated about according to the standards and regulations of the organization and the profession.</p> <p>The older persons and their supportive families receive care and support in all the areas they agreed on: mental and physical wellbeing, housing and living conditions and social participation to optimize their wellbeing and to prevent further decline.            The interventions and treatments are carried out according to professional standards and contribute to the mental and physical wellbeing of the older person.</p> <p>The older person and his/her supportive family receive the best care and support possible, and as agreed on.            The plans and interventions are re-evaluated on a regular basis and changes are made when necessary.</p>

<b>Communicator</b>	<p><b>a) Maintain relationships and effective communication</b> Form strong positive relationships with older persons and their families, based on empathy, trust, respect and reciprocity. Communicate in a clear and effective way considering older person's individuality, dignity, personal and social background, and needs.</p> <p><b>b) Empowerment</b> Promote capacities and resources in older people and their families so that they can gain control over their lives and achieve their own goals according to their needs and expectations. Contributing to the improvement of the older person's autonomy, independence, wellbeing and quality of life</p> <p><b>c) Coaching</b> Encourage, motivate and coach the older person and relevant others in relation to self-management, self-reliance and co-reliance.</p>	<p>Establish rapport and maintain an effective working relationship with the older person and his/her family members. Positive and trusting relationships and effective communication between professional(s) and older people and their family members/caregivers positively influences health and social care and support.</p> <p>The older person and the supportive family feel that they are able and powerful enough to take part in decision making and gain control over their own life.</p> <p>The older person and their families are informed, encouraged and motivated regarding the best possible self-management, self-reliance and co-reliance in care and services.</p>
<b>Collaborator</b>	<p><b>a) Integral cooperation and integrated services</b> Work effectively together with other professionals for integrated care and support. Multi- and interprofessional cooperation to achieve optimal support and care for the older persons with the goal of optimising their health and wellbeing and quality of life in multiple locations.</p> <p><b>b) Informal care and support</b> Work together with older people's supportive families, informal caregivers and their social network to encourage appropriate informal care and support.</p>	<p>Health and social care professionals effectively work together with other professionals for good integrated care and support for older persons and their families. Multi- and interprofessional cooperation in order to achieve optimal support and care for the older person with a goal of optimising their health, wellbeing and quality of live in multiple locations.</p> <p>Professionals work effectively with the supportive family, the informal caregivers and together they provide optimal care and support for older persons and their families.</p>

<b>Organizer</b>	<p><b>a) Planning and coordination of care and services</b> Plan, arrange, and coordinate the care and services provided by formal and informal health and social care workers, across different organizations, to provide the best-personalized care and support for the older person and their family.</p>	<p>Care and services are planned and organized smoothly, including during transitions. Older people receive personalized care and services which considers their health and wellbeing, social participation and housing conditions in order to optimize their quality of life.</p>
<b>Health and Welfare Advocate</b>	<p><b>b) Programme of care</b> Contribute to the organization of existing care and services within the region, which can be offered to groups of older people and their families. Take an active part in developing, adapting and implementing long term policy actions relating to care and services for older people on a national, regional, local or organizational level.</p> <p><b>a) Collective prevention and health promotion</b> Advocate for health with, and on behalf, of older persons and their families, communities and organizations in order to improve health and wellbeing and build capacity for health promotion.</p> <p><b>b) Social map and social networks</b> Access and share information or resources with older persons, their families and their caregivers, regarding the social map, healthcare benefits, social support and public programs.</p>	<p>Health and social care professionals optimally influence policy development processes on a local, regional and national level for the best care and services possible for older people and their families, with the focus on health, wellbeing and quality of life.</p> <p>Serve as an advocate for older people, their families and caregivers within communities and various healthcare systems and settings.</p> <p>Older persons have information about and access to the right facilities for their personal situation in order to increase their quality of life, considering their health, social support, and families.</p>
<b>Scholar</b>	<p><b>a) Expertise</b> Expand professional expertise for their own professional practice in relation to working with older people and their families. Spread relevant new evidence-based research among fellow professionals and other professionals in health and social care services.</p> <p><b>b) Innovation of care and support</b> Interpret evidence-based results of research and contribute to the development of knowledge and practical research in relation to the provision of care and support of older people and their families. Implement and apply new insights, protocols, standards, procedures, and technologies with the aim of promoting the quality, efficiency and effectiveness of care and services provided to older people and their families.</p>	<p>As life-long learners, health and social care professionals strive to master their profession and share their knowledge with the aim of improving the quality of care and support for older people and their supportive families. They are adequately equipped to perform the right evidence based care and social support for older persons by the latest best practice and research findings.</p> <p>Good quality of care and services for older people and their families that are up-to-date. Implementation of evidence-based innovative practices.</p>

<b>Professional</b>	<b>a) Professional ethics</b> Demonstrate commitment to best practices for the health and wellbeing of older people, their families and society through adhering to ethical standards and professional-led regulation and by showing high personal standards of behaviour.	Appropriate professional behaviours and relationships with older persons and their families in all aspects of practice, reflecting honesty, integrity, commitment, compassion, respect, altruism, respect for diversity and maintenance of confidentiality.
	<b>b) Professional commitment and personal awareness</b> Reflect on one's own actions and improve and innovate own professional behaviour to the highest quality of care and support possible for older people and their families. Demonstrate commitment to the health and wellbeing of older people and their families. Show awareness of diversity and cultural differences.	Committed health and social care professionals with self awareness and willingness to learn striving to contribute to the health and wellbeing of older people.

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## CONCLUSION

With the joint efforts of participants from 26 universities from 25 countries, as partners in the ELLAN project, the Core Competences Framework for Health and Social Care Professionals Working with Older People was developed. It is aimed at all teachers and the management of the corresponding universities, engaged with the education and training of health and social care professionals in Europe. The framework is translated into the languages of the participating partner countries. All materials on the project are available at <http://ellan.savonia.fi/>. All final reports and translated materials are available at <http://ellan.savonia.fi/index.php/results/research-reports>.

## REFERENCES

1. <http://www.royalcollege.ca/rcsite/canmeds/about-canmeds-e>, 1996, updated 2005, 2015
2. Sottas, B., Learning outcomes for health professionals. GMSZ Ausbild. 2011;28(1) Doc 11.
3. Camphina-Bacote, J. e.al., The competence framework is worded in such a way that it is applicable in different European countries and different cultures. Journal of Transcultural Nursing, July 2002.
4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3, 77–101.
5. Cossete S., et al (2005) Development and psychometric evaluation of scale to assess patient – nurse interactions with a caring worldview. International Journal of Nursing Studies ,42, 673-686.
6. Kogan N., Attitudes toward old people: the development of a scale and an examination of correlates. J Abnorm Soc Psychol. 1961 Jan;62:44-54. <http://doi.org/10.1037/h0048053>
7. Nolan, M. R., Brown, J., Davies, S., Nolan, J. and Keady, J (2006) The Senses Framework: improving care for older people through a relationship-centred approach. Getting Research into Practice (GRiP) Report No 2 <http://shura.shu.ac.uk/280/>
8. Dijkman, B., Roodbol, P., Aho, J., Achtschin-Stieger, S., Andruszkiewicz, A., Coffey, A., Felsmann, M., Klein, R., Mikkonen, I., Oleksiw, K., Schoofs, G., Soares, C. & Sourtzi, P. 2016. European Core Competences Framework for Health and Social Care Professionals Working with Older People. Available at <http://ellan.savonia.fi/>
9. Bologna Working Group on Qualifications Frameworks, 2005. A framework for Qualifications of the European Higher Education Area. 3.3 Descriptors of learning outcomes including competences. 63-69. Ministry of Science, Technology & Innovation, Copenhagen, [http://www.bologna-bergen2005.no/Docs/00-Main\\_doc/050218\\_QF\\_EHEA.pdf](http://www.bologna-bergen2005.no/Docs/00-Main_doc/050218_QF_EHEA.pdf)