EduCoRe

The EduCoRe Approach

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Content

Introduction

The EduCoRe Approach is suitable for trainers, counsellors and project managers who want to implement an EduCoRe (or a similar) training and counselling offer in medical rehabilitation centres.

In the first chapter of the EduCoRe Approach, the EduCoRe project, its background and aims are presented.

As the EduCoRe project assumes a blended learning approach: face to face parts, e-learning and also e-counselling. This method and the reason for its choice are discussed in the second chapter. Beside a theoretical introduction, a practical guidance is also given.

In the third chapter the role of the counsellor and the trainer, specific requirements for counsellors and trainers and one exemplary counselling approach are presented.

Counselling and training in rehabilitation centres in regard to job orientation is discussed in chapter four. The EduCoRe counselling and training programme, as well as the EduCoRe methodology is explained in greater detail in this section. The modules of the EduCoRe service, including a short theoretical introduction per module and also a specification of enhanced competences are presented.

The fifth chapter deals with conclusions.

1. The EduCoRe project

EduCoRe – Educational Counselling during Rehabilitation – is a transnational cooperative project which has been funded with support of the European Commission. The project was implemented from 2008 – 2010 by a consortium of six partners from five countries: *die Berater®* (Austria), Donau Universität Krems (Austria), BUPNET GmbH (Germany), Århus social- og sundhedsskole (Denmark), Training 2000 (Italy) and Glotta Nova (Slovenia).

EduCoRe builds on the experience gathered in the Grundtvig project eHospital (www.ehospital-project.net). During the life-time of this project, the potential for hospitals as places of informal learning (and of information and communication technologies for patient education) was investigated. Seven pilot e-learning courses for diverse target groups were developed and tested in six countries. Based on the feedback of the learners and trainers, a specific target group was identified: patients of medical rehabilitation centres who spend several weeks or months in a rehabilitation centre. Due to this achievement, the EduCoRe project idea was developed: supporting patients of rehabilitation centres with their re-entry to the national or international labour market with the help of counsellors and trainers. To archive this aim, each partner contacted one rehabilitation centre and asked for cooperation. The close collaboration between the partners and their national medical rehabilitation centres was crucial for the first step of the project (the needs analysis phase) as well as for the period of piloting.

The initial EduCoRe project idea was to produce counselling and training material, which can be used by staff of medical rehabilitation centres in their work with patients.

While testing the material in the piloting phase, it turned out that this aim was not feasible: to counsel and/or train persons – independently if the clients are patients not physically-able individuals – requires specific counselling and training skills. It would be unprofessional if persons without the adequate educational background would work with persons in the context of counselling and training. Although medical rehabilitation staff normally have a high social competence, counselling and/or training education and experience is essential. Thus the EduCoRe counselling and training Kit targets trainers and counsellors who can either be internal (meaning rehabilitation staff with the appropriate education in the field of counselling and training) or external in terms of professional counsellors and trainers who work with patients in the specific rehabilitation setting.

The project's final beneficiaries are patients with physical deficiencies, after an accident or illness that threatens their employability and participation in society. As soon as they have left the hospital, these patients spend several weeks or months in medical rehabilitation centres, in order to receive long-term treatment which aims at removing or at least minimizing their physical impairments, which thus allows them to re-enter the labour market and normal life. Profound rehabilitation not only includes medical but also social and vocational aspects. In many cases, rehabilitation patients have to undergo a fundamental reorientation and, consequently re-education before returning to the labour market.

Before developing the course for the final beneficiaries, each participating partner country conducted a national needs analysis review with patients and staff of medical rehabilitation centres with the aim of understanding the patients' needs in order to prepare for their return to the national and/or international labour market.

The counselling and training materials were produced using the international needs-analysis report as its basis. It aims at supporting rehabilitation patients in:
- take thoroughly reflected career decisions
- identify the types of further education they need and to improve their employability
- develop the personal and social competences which are necessary to put their professional and educational decisions into practice

The EduCoRe project with its educational and career counselling and training modules is tailor-made for supporting patients during their return to social and work life.

Information and communication technologies are suitable for people who are restricted in their mobility or who change their location several times in the process of a medical rehabilitation (hospital-home-rehabilitation centre-home). The modules are designed for blended learning: face to face training and counselling sessions, supported by e-learning and e-counselling elements.

The experiences gained during the EduCoRe testing phase in the six partner countries are summarized in a Good Practice Brochure which is of interest for rehabilitation staff and managers of rehabilitation centres, but also for adult educators, VAT institutions and also stake holders in the health and educational field.

A specific role was given to the Danish partner, who compared results with the other team members of the EduCoRe consortium. The consortium did not test the counselling and training material with patients of a national medical rehabilitation centre. Its quality and usability was evaluated by showing how the trainers and counsellors of a Danish rehabilitation centre used the material.

The difference between the Danish and the EduCoRe approach is that in Denmark, specific *vocational rehabilitation centres* exist in which patients after their medical rehabilitation are sent. EduCoRe aims at implementing the educational and vocational counselling and training offer directly in the medical rehabilitation system. This means that the material might be in some ways comparable, but not the learning setting.

The EduCoRe Approach contains (in the following chapter) a description of the blended learning methodology applied in the EduCoRe context, in order to reach the project's aim. Furthermore it describes general recommendations for counsellors and trainers and gives an overview of the modular training programme. At the end of this document, the training modules are presented while highlighting the theoretical background, competences to be enhanced as well as course activities.

Further information about the EduCoRe project is available on the project's website (www.rehab-counselling.eu) and counsellors and trainers working with patients of medical rehabilitation centres can find relevant and topic related information on the EduCoRe communication platform http://moodle.q21.de/.

2. E-Learning and Blended Learning – a short introduction

In the late 1990s e-learning became very popular and many organisations embraced new e-learning technologies. It was soon realised that pure e-learning despite its numerous advantages did not achieve the results that one had been hoping for. Lack of exchange amongst learners and motivational problems were amongst the reasons for its moderate success.

Major technical developments reduced all of these problems, allowing learners to interact with others, thanks to social software applications such as instant messaging, chat and online conferencing. Above all, it turned out that the combination of traditional classroom teaching and e-learning elements was apt to take advantage of both methodologies. Additionally, the blended learning approach takes into account different learning styles.

Against this background, blended learning solutions that consist of face to face sessions and complemented by online modules have gained considerable importance in different training environments. The combination of multiple approaches to learning is called blended learning. Blended learning can be accomplished through the use of ‚blended' virtual and physical resources. This term refers to a learning solution that incorporates several different methods and is also used to describe learning that mixes various event-based activities e.g. a mix of live e-learning, face to face elements, and self-paced learning. The key to blended learning is to select the right combination of media that best supports the learning process.

The EduCoRe training is based on a combination of technology-based materials and face to face sessions that are used together to deliver instruction. The online modules are designed as a self-learning course for an individual, and with interaction in a group. They are available on an e-learning platform (http://moodle.q21.de/). Therefore an internet connection is always required. Online learning is accompanied by a trainer or tutor, who is available for feedback and technical support. Trainers who delivers a face to face session should frequently refer to online learning units and also include findings, questions or any kind of feedback in his/her training session.

The use of e-learning tools throughout the course will help participants improve their computer skills and thus enable them to apply modern information and communication technology skills to their everyday work.

Face to Face Learning

Self-Reflection

Online Self-Paced Learning
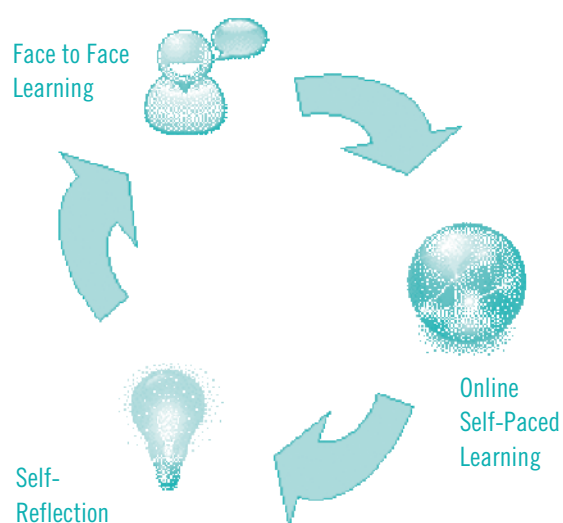
Fig. 1: Blended learning circle

2.1 Why blended learning?

Combining e-learning methods and face to face training sessions enables patients to access new knowledge whenever they want and in their own time. With the help of computer based learning materials, counselling and training participants can work according to their own wishes, with specific topics of different intensity.

Blended learning allows an adjustment to the spatial and temporal conditions of learners, and as a consequence always improves the participation of larger social groups in the educational process, across different levels of qualification, subjects and phases.

The point of providing blended learning courses is to offer a range of learning tools and experiences, which focus on the best learning style for all learners and facilitates the learner to 'get' the educational content as efficiently as possible, and in a way that the learner can absorb the new information without finding the experience onerous. In other words, adults don't just 'learn' in one way. The variety of different elements means that learners are more stimulated and motivated, than if they were just using one solution. Continuous interaction amongst participants themselves, as well as between the participants, tutors and other experts becomes enhanced.

The envisaged target group for the EduCoRe project is extremely diverse regarding different socio-demographic characteristics and types of disabilities. It seems obvious that combined teaching methodologies containing mixed systems of face to face learning and e-learning (blended learning) are best at taking into account, the possibilities and needs of such a diverse target group.

EduCoRe blended learning offers self-study modules which can be completed by the learner whenever he/she chooses, instead of having to be present at the instructor-led session.

To benefit from blended learning, learners should be encouraged to make use of all different elements; as learners may try to select the parts of the training course that they prefer and not concentrate on other useful elements. Learners should be aware that the overall „package" of learning solutions is greater than the parts, and that each element adds something important to the total solution and should not be disregarded. The e-learning training modules are made available on a specifically designed Moodle platform. The word Moodle is actually an acronym for *Modular Object-Oriented Dynamic*

Learning Environment.[1,2] The platform is a free and open-source e-learning platform (no licence fees are required), also known as a Learning Management System (LMS) or a Virtual Learning Environment (VLE). It has become very popular among educators around the world as a tool for creating and delivering online dynamic web sites for students. The e-learning modules are specially designed to prepare, repeat or support the trainer-led sessions. Moreover, participants can deepen their knowledge independently at their own pace. The e-learning platform should be introduced to the patients during a face to face session in order to make sure that all participants are familiar with its functions, thus being in a position to work with it individually. An introductory session is of utmost importance to avoid frustration among participants. Since technical questions are likely to occur throughout the counselling and training process, time should be given to tackle those questions during the face to face training, either individually or in the group. Some e-learning modules include (self-reflective) exercises whose outcomes should be discussed during the counselling phase.

The following chapter gives a practical example of how to combine the face to face and the e-learning part according to the blended learning approach:

2.1.1 How to use face to face and online resources effectively

A description of an example for blended learning:
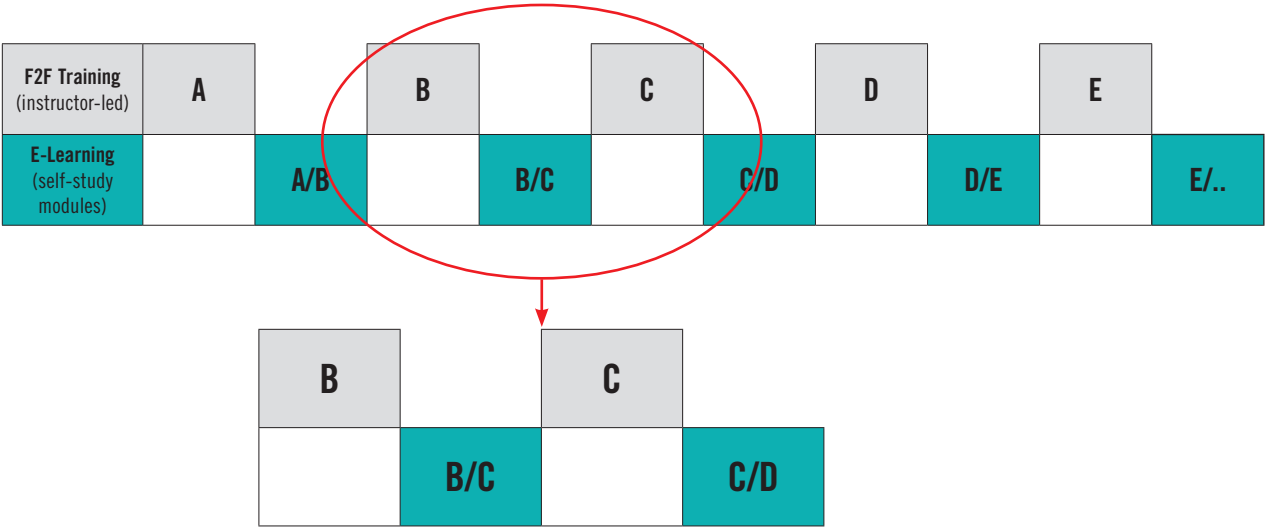
Fig. 2: Blended learning example: part I

Training session B

The topic	Job application interview part 1
The objective	To teach and prepare participants how to deal with the situation of a job application interview
Face-to-face Activities	Watching the videos from platform module 4.5
	Talking about possible questions and situations in a job interview
	Role-play: Job interview (recorded by video camera)
Activities in e-learning:	
Task for home:	Look at 4.5 Tips for a job interview
	Watch the videos from 4.5 again
	Have a look at module 3.1 and 3.4 for the next session

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1   http://en.wikipedia.org/wiki/Moodle

2   http://moodle.org/about/

3 **4.3. Job Hunting Strategies**

Since a third of our life is spent on the job, you should find a job you would like to do and a company for which you would like to work. Once you have established your goals, assessed your abilities and knowledge, and researched occupations and companies, it is time to develop focused job application documents.

Which methods are most suitable and which should be avoided?
📄 Best and worst job hunting strategies
📄 Useful links

How do employers search for applicants?
You would assume that job hunters and employers use the same or at least similar strategies. But the strategies differ significantly.
Learners are given both perspectives in the job hunting process and can match more effectively their strategy to the employer's one.
📄 Employer's and Job Seeker's Different Strategies

4 **4.4. Job Portals**

A study from the year 2009 shows that 87% of German job seekers' first search for a new job in the internet. Especially young people do not read the job offers in newspapers or other printed media.
In Germany we have several job portals. Some are general and some are for special job offers in special areas (e.g. jobs concerning environment and nature, jobs for artists, etc.).
Here is a list of some German job portals.

📄 Useful links

> In this section you find all material concerning job interviews

5 **4.5. Job Interview**

The job interview is the crucial moment when applying for a job...
📄 Tips for the Job Interview
📄 Video: How to Prepare for a Job Interview : How to Answer Job Interview Questions
📄 Video: Interview Tips - Preparing for the Toughest Interview Questions
📄 Video: Interview Tips - "What is your greatest weakness?"
📄 Video: Interview Tips - "Are you a team player?"

Fig. 3: Blended learning example: part II

Training session C

The topic	**Job application interview part 2**
The objective	**To analyse the role-play videos and to talk about communication and conflict**
Face-to-face Activities	**Discuss body-language and ideas of what body language the participants expect themselves to have** **Discuss active listening and communication skills** **Listen to the "What did I say wrong" example in 3.1** **Watching the videos of the role-play** **Talking about conflict situations**
E-learning Activities	**Look again at section 3.1** **Questionnaires in 3.4**

1 3.1 Communicating effectively

Communication is a process of transferring information from one person to another. Nothing easier than that! But how often we say yes to something we know we should have said no, or we simply misunderstand completely what was said, or we think to have understood it correctly but we did not.
In the following modules you are given further explanations on how misunderstandings occur, how to listen carefully and how to clearly state your point of view.

What did I say wrong?
Have you ever been misunderstood? Basically that means that the receiver can perceive your message in a squarely other way to your original intention.

What Did I Say Wrong?

Did I get you right?
To avoid misunderstandings you can practice "active listening".
Active Listening

In this section you find a lot of material about communication

Different communication styles
Your communication style is a set of various behaviours and methods of relaying information that impact all facets of life.

"I'll go with whatever the group decides." is typical for a passive communication style, whereas "I don't know why you can't see that this is the right way to do it." is an example for aggressive communication.

Assertive communication is a middle ground between being a bully and a doormat.

Communicating Effectively
Online-Test: What's Your Communication Style?

How to be assertive?
In the previous unit it was made clear that an assertive communication style is the healthiest, since all boundaries of all parties are respected, and communication is more problem-solve orientated. This requires skills and a philosophy change, as well as some practice.

Here you can get some guidelines on how to be assertive.

How to Be Assertive

Fig. 4: Blended learning example: part III

The trainer
He / She has to explain which materials can be used from the moodle platform to support the face to face session and their uses. The trainer should also demonstrate the platform during the face to face sessions to acquaint the participants with the platform.

4 3.4. Coping with Conflicts

Personal ability to address conflicts
How do you assess your personal ability to deal with conflicts, stand them and solve them?
Exercise: Personal Ability to Address Conflicts
Exercise: Survey of Conflict Style
Conflict Style Evaluation

Accepting Criticism
Conflicts often arise when someone expresses their criticism about a measure or decision with unfactual arguments or with little understanding for the position of the recipient. Sometimes the recipient might take well based criticism the wrong way, reacts emotionally and insists on their solution. Then both parts get stuck. Sometimes uttering only a little remark of some dissatisfaction is enough for sensitive people to make them feel totally rejected. And there will be emotional reactions without opening them to criticism. If such conflicts escalate we not only deal with the problem itself but only with personal animosities. It is obvious that such a development influences a constructive working atmosphere.
Exercise: Accepting criticism

5 Your Opinion About This Course

Please Evaluate the E-Learning Session "Development of Interpersonal Skills"

Fig. 5: Blended learning example: part IV

The following chapter provides information about e-counselling as a specific type of counselling:

2.2 Specific aspects of e-counselling

Through computer-based counselling tools it is possible to provide support throughout the rehabilitation process, ideally starting in hospital and finishing when the patients return to their home from the rehabilitation centre.

While undergoing online courses in a counselling context, the patient can receive further assistance from the counsellor and get feedback as they work out their issues and challenges, while learning some self-help tools.

There are different methods of online counselling which can be used in the EduCoRe context. The following table describes the most common ones:

Method	Description of method in the EduCoRe framework
E-Mail	The patient writes a message to the counsellor regarding his/her situation or problem. The counsellor can then reply to assist the client with finding a solution. The benefit of this method is that it slows the whole process of counselling down, allowing time to consider issues and solutions more thoroughly. Also, it can be done in one's own time.
Real-time interactions (in written) in a chat room environment/instant messaging	A client books a time with the counsellor. In a next step they meet at that time in an online room. The benefit of this is that the client can receive instant feedback, much like in a face to face session, as well as having time to think through what is being said, since everything is written down. The main difference between this method and face to face sessions is that body language and tone of voice cannot be observed, so it is important that the patient openly communicates through words, what he/she is currently feeling and experiencing. This can help the counsellor to be aware of and better understand the situation. Also, the patient can benefit more from the session.
Real-time interactions (oral) in an online room or in a Skype session	The procedure is similar to the previous mode in a chat room environment: patient and counsellor meet at a specific time either on Skype or similar medium and talk to each other, similar to a face to face situation. In this setting, body language cannot be observed but the tone of the voice can. If a video conference setting is used, the situation is very similar to a face to face situation. The counsellor can enhance the counselling process by giving specific tasks to the patient, to assist him or her in working through issues in a focused manner. The patient can work through the tasks at his/her pace and send the results back to the counsellor.

Fig. 6: E-counselling modes

Although e-counselling is an effective supplement to face to face counselling, it can not fully replace it due to lack of such factors body language, "silence" confidence (not depending on speech), etc.

Both, advantages and disadvantages of e-counselling have to be taken into consideration from both the patient's (client) and counsellor's perspective:

Advantages	Why?
Online counselling as an alternative to traditional face to face counselling	It can be a beneficial option for many people who need counselling, but are either actually not able to meet the counsellor; or due to some reason, don't want to meet with them in the "real world".
More time for reflection	It gives time for reflection and can help people work through their thoughts and feelings more thoroughly than just talking about issues. Patients' responses are more thoughtful.
Writing as alternative way to express oneself	Patients who have difficulties talking about their issues face to face may find out that writing about them is easier. Sharing this with a counsellor online can lead to feedback, which can help them resolve issues.
Negotiation of distance challenges	Counselling can be provided for those who live at great distances from counselling locations. This counsellor is flexible in relation to schedule, and the location is free (disabled, isolated patients).
Choice of location	The patients can decide the location.
Counselling according to one's learning style	If done in a well elaborated way, blended learning and e-counselling could also be a means to consider different learning styles, abilities and preferences
Reduction of pressure	Online counselling eliminates the pressure to respond.

Fig. 7: Advantages of e-counselling

Besides the advantages of e-counselling, this method also contains disadvantages listed in the following table:

Disadvantages	Why?
Potential for mis-understanding due to lack of visual, auditory and para-linguistic cues	With the exception of video-conferencing and to a certain extent Skype, online counselling lacks visual and/or auditory cues. Traditional counselling relies strongly on characteristics such as facial expression, body language, eye contact, tone of voice and even silences to communicate information that words may be unable to. Examples of non-verbal communication from the client: speaking loudly and rapidly, but says they are relaxed, or the person who slumps in their seat looking dejected but says they are fine.
Longer time needed for establishing a trustful relationship	In a face to face meeting, it is usually easier for the patient to establish a trustful relationship with his/her counsellor than in virtual counselling sessions.
Lack of privacy and confidentiality	Internet communication may not be secure. Data that travels between the patient and the counsellor is exposed to potential hackers unless additional security measures are used. E-mail and instant messaging systems do not support authentication and encryption.
Unreliably technology	It is possible that computers and computer networks may fail to deliver an acceptable level of service in areas such as response time or error rate or sometimes even fail completely. While an occasional missing e-mail would create some difficulties, disruption to chat or video sessions would be far more intrusive and potentially distressing to clients.

Fig. 8: Disadvantages of e-counselling

The authors are aware that the previously mentioned advantages and disadvantages represent only a fraction of the total sum of possible disadvantages. In the end, the client has to decide which counselling style he/she prefers irrespective of which mode is more target-orientated.

The persons who work with the patients (clients) in a counselling and/or training setting hold important roles. The following chapter deals with this topic:

3. The role of counsellors and trainers

Professional secrecy is a basic rule in counselling and training which is regulated by law in most European societies.

The role of a counsellor and trainer requires the constant awareness of professionalism and ethics. This implies:

- *Professional relationship:* It has to be clear that professionalism is not the same as "emotional galvanisation" – which means lack of emphatic capability. Empathy is an essential part of the professionalism of a counselling person.

Counselling and training are professions where one must be aware that one's own "good ideas", sympathies and prejudices do not influence the process and the result of the counselling.

- *Discretion:* It might happen that the counsellor and/or the trainer get information about irregularities or even illegalities, which can be difficult to handle. In general the counsellor and the trainer have to maintain discretion, except in extreme situations. There are exceptions which will not be listed here.

- *Internal dilemma:* It is not always easy or even possible to judge what is objectively good for a patient after one or more counselling sessions. So the counsellor or trainer needs a lot of patience when developing a holistic picture of the patient's life situation. The counsellor and the trainer have to be aware that in some counselling and training situations they might unintentionally bring in their personal views or opinions.

- *Accompaniment*: Neither a counsellor nor a trainer is responsible for solving the patients' problems. Essentially, counselling is about helping the patient see new possibilities and openings, while also making them aware of resources that they had forgotten about or never recognized. Both, counselling and training are furthermore about preparing the ground for the patient to help him/her

understand himself/herself better and then see new possibilities for himself/herself, whilst supporting the patient in this process. Yet neither process is about telling people what to do, or what a counsellor *and trainer* thinks they *should* do. This means that a counsellor or trainer should never make decisions, but support the patient's decision-making process.

■ *Sympathy versus dislike:* There will be cases where the counsellor and/or trainer do not sympathize with the patient they are working with – or even dislike him/her. But every patient has the same right to receive the optimal treatment and service. In cases where dislike becomes a problem, the counsellor and/or trainer should pass on the patient to another counsellor and/or trainer.

It is important to maintain professionalism during both the counselling and training process. Aside from the already mentioned aspects, the following requirements for counsellors and trainers working in the EduCoRe context have also to be taken into consideration:

3.1 Requirements for counsellors and trainers in the EduCoRe context

Some countries have specific counselling educations which have respectively shorter or longer courses for counsellors. In many cases, however, persons not educated or trained exclusively for counselling provide counselling, and people with different educational and professional backgrounds enter the profession e.g. social workers, psychologists, teachers and pedagogues. They are providing vocational counselling, without having been introduced to counselling theories and practical counselling tools in a systematic way. It means that counsellors form a very inhomogeneous group when it comes to professional background and qualifications.

The EduCoRe project team are in agreement that uneducated and untrained counsellors and trainers should not work patient target groups. Not only because it would not be professional (out of a counsellor's and trainer's point of view), but also because these persons face specifically difficult life situations which a person without the needed education may not be able to handle. Vocational and educational counselling and training have to be conducted by therefore trained personnel.

The following requirements for counsellors and trainers working with patients have been decided upon by the EduCoRe project team:

3.1.1 Required skills for vocational and educational counsellors and trainers working with patients in the EduCoRe context

Knowledge about labour market and application strategies:

Any career counsellor or trainer should have solid knowledge about the labour market, including knowledge about job opportunities and job openings at local, national and – to a certain degree – international level. They should be able to inform about qualification or training opportunities. Furthermore, a counsellor and/or a trainer who is accompanying people under rehabilitation should know about the different consequences of reduced working capacity and also be familiar with all the economical and practical possibilities for compensation in relation to handicaps in the labour market and in the qualification and training system. Finally yet importantly, the counsellor and the trainer should be able to mediate this knowledge to the patient in a clear and understandable way.

As already mentioned, counsellors and trainers in the EduCoRe context can face extreme situations in life, like a degenerative illness or another dramatic change in their situation. Hence, counselling and training aims at contributing to the improvement of the patients' life quality as well as their personal and emotional growth. The counsellor's and trainer's role are extremely difficult in such serious cases, because the patient goes through different stages, with fluctuations in the evolution of the illness that may cause relapse. These situations are not always easy to cope with, as they require much emotional control. On some occasions, it can also be necessary to seek some type of psychological support or supervision.

Besides the already-mentioned skills (including knowledge of the labour market and the economical and practical possibilities for compensation in relation to handicaps on the labour market and in the educational system), counsellors and trainers also need so-called **soft skills**: Patients should get motivated and encouraged during the first phase of counselling and training, especially during a time when the patient's illness is not a major obstacle. Thefore the counsellor and trainer have to have specfic soft skills:

3.1.2 Required soft skills for vocational and educational counsellors and trainers working with patients in the EduCoRe context

Soft skills refer to the cluster of personality traits, social graces, communication, language, personal habits, friendliness, and optimism that mark us.

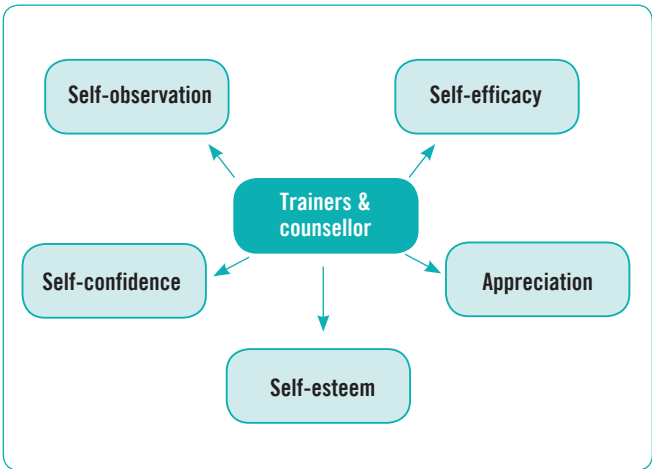Some essential soft skills for counsellors and trainers are:

Fig. 9: Soft skills for counsellors and trainers related to their own person

Dealing with others as a condition for fruitful communication between the patient and the counsellor / trainer, the latter have to be able to:
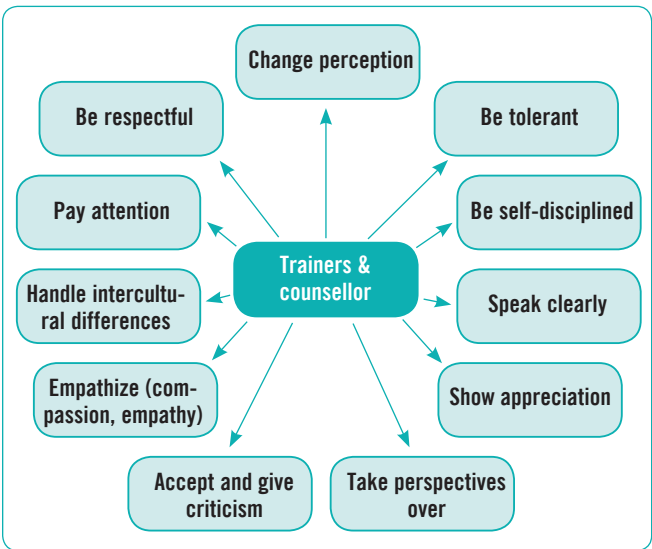

Fig. 10: Soft skills for trainers and counsellors related to other persons

Counselling and training activities include cooperation with other professionals and maybe with relatives of the patient, therefore counsellors and trainers do not work with the patient in isolation – many other stakeholders can be involved in the process.

In terms of cooperation, counsellors and trainers need skills related to team work, cooperation, motivation, communication and conflict management.

The counsellor and the trainer have to frequently exchange crucial information with the medical staff of the rehabilitation centres: such as doctors, physiotherapists, nurses, etc. but also with staff members who care of the patient's psychological well-being such as social workers, psycho therapists, etc. The cooperation between the counsellors, trainers, patients and respective staff of the medical rehabilitation centre requires the following abilities:
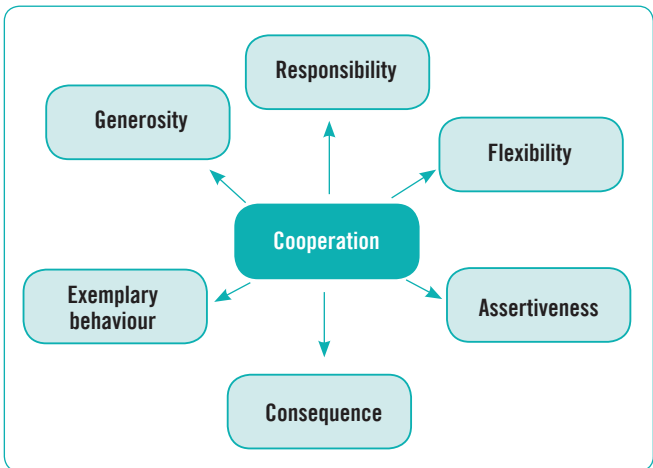
Fig. 11:. Soft skills for counsellors and trainers related to cooperation

Both counsellor and trainer have to have emotional intelligence and commitment. This includes the ability to reflect on not just one's own but also on other's thoughts and actions.

The trainer has to especially take into consideration that the size of the learning group can have a crucial impact on the group process. Learning is often accompanied by emotions. This means that facing new, unfamiliar situations can cause emotions and uneasiness among patients. In this case, bigger groups can make participants feel even more uncomfortable.

It is useful to use so called "ice braking exercises" to reduce stress and fears among the participants on the one side and to ensure actively participation on the other side.

Trainers and counsellors in general have to be aware that the EduCoRe counselling and training offer is composed not only of face to face counselling and training but also of e-learning units and e-counselling. Due to this, the counsellor and trainer are ideally e-learning trainers, or at least have an idea how to use the moodle platform which contains exercises as well as the e-counselling environment. Patients have to be frequently motivated to use e-learning and e-counselling for deepening the skills and competences that they learn during the face to face sessions. Making use of this additional service can help the learners to reintegrate easier into the labour market and social society. To provide a feasible interlinking process between the face to face units and the e-learning component, the trainer and the counsellor have to have a clear picture of the e-learning and e-counselling system. If needed, the counsellor or trainer has to know how to install an e-mail account for the patient.
A detailed example is given in chapter 2.1.1.

The authors are aware that many different counselling and training approaches exist. The following chapter contains a description of a counselling model, so that project managers etc. who would like to implement it or a similar training scheme in a medical rehabilitation context can get an idea of how counselling might work. Thus, the following five-step counselling approach can be seen as one of many possible models.

3.2 The five steps of counselling

It is the counsellor's task to organize a systematic process of counselling and ensure that it leads to results. The following "5-step" model is a proposal for how the counsellor could plan and carry out the process of counselling. The 5-step model is presented in "Femmeren – en vejledningsmetodik"[3]. It is used by many counsellors in Europe, especially in Denmark and Sweden where vocational counselling (after and/or during medical rehabilitation) takes place in a specific vocational rehabilitation centre. This approach has been a source of inspiration for this chapter but is to be understood as just one example out of many possible counselling methodologies.

3.2.1 Step 1: To unravel and clarify the situation

An insufficient description of a problem makes the solution more difficult or even impossible to find, and eventually, the "wrong" problem could be solved. Therefore, it is essential that the counsellor and the individual take the time to clarify the

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3   The five – a counselling methodology, Gunnel Lindh, 2000

situation and understand the relevant problems. An individual who has undergone an illness or an accident, resulting in a new living situation has an urgent need for clarifying his/her new situation. Strengths as well as weaknesses must be included in this.

Questions that can be used in this step can be:
- Which changes have been detected in relation to competences and qualifications?
- Which tasks are impossible to perform, and which tasks have become more difficult?

A counsellor must be careful to not be too eager in solving a person's problems in which case he/she risks blocking the patient's own progress towards improvement.

It is important that the counsellor is well prepared for their first consultation and is updated concerning case notes and medical records. A person who has undergone hospitalization and rehabilitation courses has had to explain his/her situation many times before to various professionals, and is often fatigued with having to do it again. Thus it is easy for the patient to misunderstand such questions as a lack of respect if the counsellor is not familiarized with his/her specific case. Nevertheless, if the counselor wants the patient to tell his/her "story" again (as falsification or misinterpretation can occur if information comes from a third party), it is important that he/she makes his/her purpose clear.
As mentioned above, it is crucial that during the preparation, the counselling person does not develop a preconceived attitude or prejudices concerning the patient who is about to receive counselling.
It gives a feeling of security to clarify the scope of the consultation at the beginning, e.g. by informing the patient that the counsellor is sworn to professional secrecy, what the purpose of the consultation is, what the counsellor's task is, and how long the consultant has been appointed for.

Questions: In order to clarify the patient's situation, it is necessary to get the patient to talk. The counsellor can start this process by asking questions: both closed and open questions. *Open questions* are questions that encourage the patient to tell more (E.g. questions starting with "how" and "what"). A special type of open question is the so-called broad or descriptive question, starting with an introduction and ending with a statement that encourages the patient to state his attitude and opinions. *Closed questions* are questions that are always answered by "yes" or "no", or questions intended to bring out facts (Are you married? Where do you live? How many jobs have
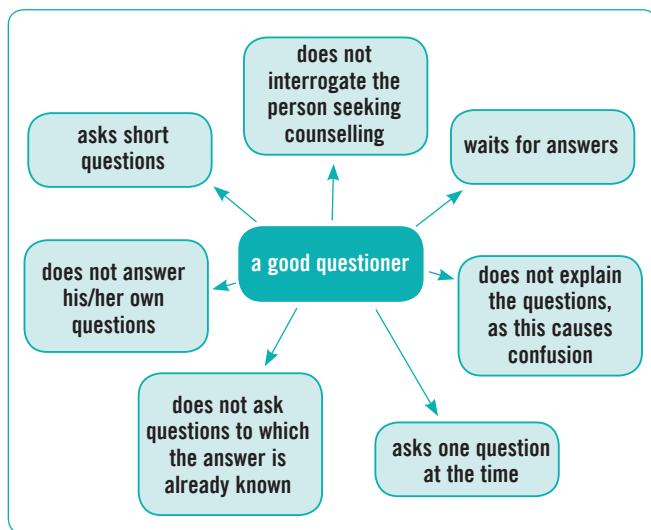
Fig. 12: Skills for a good interviewer

you had during the past 5 years etc. Specific types of closed questions are *leading questions*, which encourage the patient to agree rather than to activate their own thoughts, e.g. questions like "Are you sad you lost your job?"

Reflection: During the process of the counselling, it is important that the counsellor reflects upon what is heard. Reflections means explaining with one's own words how one understands what has been said. In this sense reflection ensures a concord between what the patient has explained and how this has been understood by the counsellor. This process prevents the counselling from going awry.

Summing up: During this step of the counselling process, it is the counsellor's task to help the patient gain an overview (as well as a thorough understanding) of his/her situation after the accident/illness. Summing up has not solely be done at the end of the consultation, but also during the course of the consultation, or if the patient goes from one subject to another, or if a subject is finished.

Creating clarity: To create clarity (by clarity referring to one's own language), to concretize, and focus, are other issues that the counsellor has to be aware of during the counselling process. It might be of great help for some patients if the counsellor is able to visualize by making drawings on paper that illustrate, for example, the positions of persons/institutions influencing the patient's situation, the different barriers he/she is facing and the opportunities he/she has. Equally, it can help a patient if the counsellor writes down some keyword during the counselling process and repeats it at the end of the session.

3.2.2 Step 2: To broaden the perspective

On the grounds of a changed life situation, it is essential for a person undergoing rehabilitation to develop new perspectives and gain new angles in relation to his/her situation. In order to make this possible, the counsellor should be able to contribute with new knowledge, as well as impulses, and assist in the restructuring and possible altering of existing knowledge. To summarise, the counsellor has to broaden the perspective of the individual in question.

To inform: As already mentioned the counsellor has to have knowledge about the labour market dynamics, as well as its possibilities and requirements. He/she needs to have knowledge of job openings, bottlenecks and also the nature of the job advertised. The same person should be knowledgeable about the education area and familiar with all the economic and practical possibilities for compensation in relations to handicaps on the labour market and also in the educational system.
This knowledge is mediated to the patient during the counselling, and it develops the horizon and perspectives of the patient.

As well as being motivating, it gives the patient an actual feeling of influence and power in relation to one's own situation if the counsellor does not "serve" the knowledge to the rehabilitating person, but rather involves the patient in the examinations e.g. organizes visits to educational institutions and provides practical training. In any individual case, the counsellor has to estimate to which extent the patient can be involved.

To provide information is not the same as giving advice. Ultimately, the patient, and not the counsellor, has full responsibility in making his/her choices.

To confront: It is a painful process to realize that one is not able to maintain the same conception of oneself after an accident or illness. Having to deal with a new perspective on one's situation can often lead to fear and resistance towards change. Based on the exchange process with medical and psychological staff at the rehabilitation centre, the counsellor has – if necessary – to confront the patient with his/her (physical and/or pyschical) limitation. This sort of confrontation is needed when the counsellor becomes aware that there are contrasts e.g.: What the patient does and what he/she says. What his/her view of him/herself is and what the views of others are. What he/she wants to become and what is possible due to his/her physical and/or psychological limitations.

If the counsellor does not carry through with the necessary confrontations and merely agrees with the person in question, then he/she counteracts a broadening of the patient's perspectives. Confrontation must be carried out in a way that the initiative lies with the patient *after* the confrontation.

3.2.3 Step 3: To formulate objective and intermediate aims

After getting a clear idea of the new situation after the illness or accident – and thus gaining new perspectives, a basis has been created to find out *what* steps to take next – in other words, to set long and medium-term aims. The aims must be formulated before any action is taken. The process of setting goals must begin only after one understands one's problems.

Clear and concrete aims: Setting one's aims is about determining *what* has to be done, and initially, in order to clarify, this must be separated from *how* one can do it. The rehabilitating person often has wishes for the future, and the counsellor must support him/her in reshaping these wishes into aims and intermediate aims that are concrete, specifically formulated and obtainable.

Adequate aims: The set aims must be adapted to the situation of the patient. They must contain the solution to the problems arising as consequences of the event that have occurred in the patient's life. In other words, the aims must contribute to the solution of the problem(s) described in the problem analysis.

Measurable and verifiable aims: It is necessary for the patient's motivation, that he/she is able to check if his/her aims are reachable. Here, it is not solely the case of quantitative, but also qualitative measuring.

Realistic aims: Aims must be realistic. There might be aims that live up to the above criteria, but such aims are not helpful if the necessary resources for reaching them are not present. That is, if the costs are too high, if external circumstances hinder the fulfilling of such aims, or if the aim is beyond one's control. In the case of individuals with functional handicaps (after an illness or accident), it is essential that the individual in question relates to his aims in relation to his/her present situation, and not the situation as it was before the illness/accident.

In the process of formulating aims, it is important to also create alternatives to the aims (solutions) that the counsellor can discuss with the patient. For each alternative, it is important to create *a list of pros and cons*. In connection with starting any new job or course, there are pros and cons, and it is important to create a list of these so that the rehabilitating person is able to make the right decision. After an illness or accident, new factors and issues are present which the person in question might not have taken into consideration. While one is comparing the alternatives with one's original aims, the counsellor may also include the social environment for this step (inviting the individual's partner, family members and/or friends either in real world or in terms of imaginary exercises).

Persons who unintentionally have to change their career due to an accident or illness may find it difficult to see new possibilities, in which case it may be relevant to introduce methods such as *brainstorming* in order to bring out more possibilities.

At this point, it is essential that the counsellor does not settle with the fact that long-term aims and intermediate aims have now been formulated, but that he/she continues with the next step in the counselling process and supports the patient in reaching these aims.

3.2.4 Step 4: To prepare an action plan and to implement it

After having unravelled and clarified the situation after an illness or accident, and after having broadened the perspective and formulated the long-term aims and intermediate aims, the preparations have been made for the rehabilitating person to work out a strategy or an action plan in relation to their return to the labour market directly afterwards or after re-training/education.

By identifying various alternative paths and preparing an action plan, the patient will become aware of *how* he/she can reach these aims, and *when*.

There are always several roads that lead to the same aim, but most people settle for the first road they see. Therefore it is important that the counsellor supports the patient in finding as many roads as possible for reaching the aim, so that the patient can choose which one is most suitable for his/her situation, and have the others as alternatives if problems should arise with "Plan A".

In addition, a time schedule must be worked out stating the order of, and the time when the different tasks have to be done. In connection with the preparation of an action plan, it is possible to use all the techniques already mentioned in relation to prior steps.

3.2.5 Step 5: To evaluate and follow up

Evaluation of the counselling process (and of the result of the counselling) helps to ensure that the counsellor provides an approach that is relevant for the patient (who has undergone an illness or accident) and now needs support in returning to the labour market.

The evaluation will make the patient receiving the counselling more aware of what goes on during the counselling, and clarifies what progress will be made and how. It is quite simple to evaluate whether the aims have been reached in the end, but a continuous and systematic evaluation can help ensure that the counsellor constantly provides the most beneficial counselling for the specific patient in question. By evaluation, it is possible to receive answers e.g. to check and see if the counsellor is talking about the issues that the patient has intended to talk about, and whether the patient thinks that he/she is getting help with the issues that he/she wants to.

After each consultation, the counsellor can attempt to get an answer to whether the counselling that has taken place (on that exact day) has helped to bring the patient closer to qualifying for education or a job – e.g. with the help of a scale from 0 to 10, where 0 can mean not at all and 10 absolutely (the scaling can be set individually).

Apart from letting the patient evaluate the counsellor, it is possible, for the counsellor to ask members of staff (from the medical rehabilitation centre) to evaluate the counselling process from their perspective (Did doctors, nurses, social workers etc. recognize a change in the patient? Does he/she talk about his/her new aims? Etc). Furthermore the counsellor can do self-evaluation e.g. with the help of a questionnaire.

The EduCoRe approach is, as mentioned before, a blended one. This means that face to face interactions are accompanied by e-learning tasks.

E-counselling as a specific form of counselling, which is used in the EduCoRe project, (which due to certain circumstances: access to computer and internet, need of the patients, lack of time for "real" appointments from the counselling person, anonymity et.) is described in chapter 2.2.

The fourth chapter of the EduCoRe Approach contains the description of the five training modules, which can be deepened in the counselling sessions:

4. Counselling and training in rehabilitation centres in regard to job orientation

There are various assumptions underlying the practice of career counselling and training. Some of them are that people have the ability and opportunity to make career choices for their lives and that individuals are naturally presented with career choices throughout their lives.

The amount of freedom with choices is partially dependent upon the social, economic, and cultural context of individuals, but opportunities and choices should be available for all people, regardless of sex, socio-economic class, religion, disability, sexual orientation, age, or cultural background.[4]

When it comes to patients with physical and/or physiological deficiencies after an accident or illness that threatens their employability and participation in society, professional re-orientation is no longer a matter of free choice, however, but a sheer necessity. A change in one's life situation causes a need for change in career. In order to make decisions about new career pathways: information about career possibilities (and educational institutions) and support in decision-making is both necessary and crucial.

Modern societies have well developed systems of offering jobs, education orientation and career counselling to their citizens. In many cases, however, this counselling is given only after a stay in a medical rehabilitation centre – and this phase can have a long duration.

By offering job orientation (conducted by professional counsellors and trainers) while the patient is still in a rehabilitation centre, it is possible to start the process of vocational reorientation at an early stage and make use of the time in the centre in an optimal way. During the rehabilitation phase, periods without treatments or therapy can be used with benefit for vocational counselling, e-counselling and group trainings on the topic. In this sense the physical rehabilitation is accompanied by "occupational rehabilitation". The length of this period depends on different factors: not only the physical state of the patient but also the national rehabilitation system: in some countries the medical rehabilitation process lasts longer than in other European countries. Some patients don't want to think about their future working life, although

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4   From UNESCO's Handbook on career counseling

physical preconditions are given in terms of physical working conditions. They might not have reached the moment yet which makes them want to return to labour market; thus the start of the vocational rehabilitation has to fit with the patient's needs and demands. It might not make sense to start too early with a vocational comeback as this could cause more discouragement that motivation.

Starting at the correct moment for occupational counselling and training in the medical rehabilitation phase sufficiently prepares the patient for the occupational guidance that normally follows the rehabilitation. In the long run, this makes the reintegration into the labour market easier.

Widening perspectives and reflecting over positive outcomes automatically directs the attention to the future, thus promoting – not only an orientation towards change – but also the recovery of the patient; it will also support the medical and psychological/emotional rehabilitation process. One big advantage of the EduCoRe project is the close cooperation between the staff of the rehabilitation centre and the professional trainers and counsellors, who can work either internally or externally. This frequent exchange of (medical) information ensures that the counsellors and trainers not only know the patients' medical condition, but can also estimate patients' future abilities to cope with certain job-related activities.

The EduCoRe offer aims not only at reintegration into the labour market, but also at the promotion of the idea of life-long learning, one of the main aims of the European Commission. Career counselling and training in rehabilitation centres goes hand in hand with this aim. Attention to these four points is necessary[5]:
- Promoting adult learning
- Widening access
- Increasing participation
- A learner-centred approach with open and flexible forms of learning

4.1 The EduCoRe counselling and training programme

The programme aims at refreshing knowledge and skills, which enable participants (after a period of rehabilitation) to reinte-

grate more easily into the labour market and to actively participate in society. The structure of the training course is based on a modular concept, meaning that its section and units can be used independently. The term 'module' refers to a part of a building, system or product. A building or a system is composed of a multitude of modules each of which is indispensable for the operation of the entire system.[6] Training modules can be compared to the rooms of a house. Each room has its own plan and functions, but it is the manner in which they complement each other that makes a house.

In accordance with this concept, training modules can be composed like 'building blocks' in various ways, according to the training needs and characteristics of the target group(s), and the time available for training. The contents are integrated in a methodological modular structure in the form of interchangeable modules and learning units that are used to create different training/learning programmes. From a methodological point of view, modularisation implies taking a complete training programme and breaking it down internally into viable training modules and learning units.

Modularisation in education / training and a modular structure constitute a prerequisite for the delivery of flexible training programmes, creating the conditions for developing flexible learning environments. Given the heterogeneity of the target groups, the rapid change in the requirements of the labour market and the emerging plurality of vocational, education and training providers, it can be seen that modularisation plays an important role and constitutes the main feature of any training system capable of offering and delivering a just-in-time response to the requirements of any rehabilitation program.

4.1.1 EduCoRe training methodology

The proposed teaching and learning methodology is based on the following adult learning principles:
- The learning is self-directed.
- It fills an immediate need and is highly participatory.
- Learning is experiential (i.e., participants and the trainer learn from one another).
- Time is allowed for reflection and corrective feedback.
- A mutually respectful environment is created between trainer/tutor and participants.
- A comfortable environment is provided.

5   Communication from the Commission of 21.11.2001: Making a European Area of Lifelong Learning a Reality (COM(2001) 678 final

6   http://en.wiktionary.org/wiki/module

The main training techniques used in the EduCoRe training programme are summarized in the following table:

Training Techniques	Explanation
Case Studies	Written descriptions of real-life situations used for reflection and discussion (workshops and e-learning)
Presentations	Activities conducted by the trainer/tutor or a resource specialist to convey information, theories, or principles (workshops)
Simulations	Enactments of real-life situations (workshops and e-learning)
Pair work or Small Group Discussions	Participants share experiences and ideas or problem solutions (workshops and e-learning).
Self-reflection	With the help of various questionnaires, participants are motivated to examine the impact of personal values, beliefs, styles of communication, and experiences in order to gain a deeper understanding of one's culture, personal and cultural biases, experiences, and beliefs as these may influence future action and learning.

Fig. 13: Training techniques used in EduCoRe

4.1.2 EduCoRe module description

The following module descriptions serve as an orientation for the trainer. The counsellor can also attune his/her work in accordance with the patient's needs regarding the modules as well.
Each module description contains names of the authors, a short theoretical introduction, a list of competences that should be enhanced during the module as well as all proposed exercises for the face to face and the e-learning parts. Furthermore some recommended readings are mentioned.

4.1.2.1 Module 1 Self-evaluation of the patient

Authors: Giulio Gabbianelli, Training 2000
Elmo De Angelis, Training 20000, Niels Christian F Vestergaard, SOSU

Theoretical introduction

Because of an accident or an invalidating pathology, patients sometimes can no longer carry out their own job or study in the way they did before. These people remain temporarily (some for a longer, some for a shorter period) excluded from their social and working life.
The path outlined in this module has the purpose of helping patients understand their situation, collect data on the patient, reconstruct his/her own personal history, in order to highlight fundamental points that can create an exact picture of their position and aspirations.
Individuals do not always have the correct perception of their position and possibilities. Even when they begin to understand them, they should consider how these possibilities could be perceived by others.
The activities outlined in module 1 supply tools to patients for reflecting on their situation and obtaining a realistic picture of their abilities and competences. In this situation, the activities mainly have the purpose of making individuals conscious of the restrictions deriving from their physical situation and preparing them for their re-integration into social life and the labour market.

Competences to be enhanced

- To identify and face one's own disability
- To be able to express one's disability and its consequences before ones reintegration into the labour market and social society
- To talk with other patients about their disabilities
- To recognise changes in one's learning style before and after an accident or illness
- To identify a new, suitable learning style
- To identify changes in one's personality
- To reflect on changes in one's (future) working life
- To identify one's own motivation for applying for a future job
- To identify the expectations of other people
- To recognize one's fears connected with their return to work
- To establish ways to cope with fears
- To deal with a situation in which the disability of a person is a barrier to career development
- To encourage participants to consider different solutions and possibilities
- To booster creativity and courage
- To foster positive thinking
- To present and maintain one's basic educational background.

Overview of learning activities

■ 1.2 How can I talk about my disability and its conse-quences?
■ 1.3.1 How am I now?
■ 1.3.2 What is my motivation?
■ 1.3.3.1 How do I deal with my fears?
■ 1.3.3.2 Short drama for identifying disability management strategies
■ E-learning: Presenting your basic and vocational back-grounds and support for your reflections about your voca-tional future

Fig. 14: Learning activities of module 1

4.1.2.2 Module 2: Personal planning

Authors: Elisabeth Frankus, *die Berater®*, Niels Christian F. Vestergaard, SOS

Theoretical introduction

Medical rehabilitation is often a period of physical and mental inactivity which is quite challenging for patients. Therefore transforming it into a period of learning and personal growth allows patients to plan their future career and social life. The essential condition for this is the ability to plan how and in which form to develop specific skills and competences. Personal planning does not only depend on individual life and health circumstances but also on the transparency and defi-niteness of the intended aims – whether they have a social or professional character.

The training content of module 2: "personal planning" aims at helping patients to plan goals they want to achieve. Part of this is to reflect on and plan one's education, respective competences and skills development. Self motivation and self management are crucial influence factors for one's personal planning process.

Competences to be enhanced

■ To define concrete aims
■ To make sure that the aim really is a personal one and not the result of other peoples pressure
■ To define steps for achieving the aim
■ To develop new ideas and aims
■ To visualize ideas and concrete aims
■ To get a general overview of one's professional career

■ To visualize one's past, present and future working life
■ To foster creativity (referring to further occupational steps)
■ To practice self-presentation
■ To analyse one's professional aim profoundly
■ To identify the necessary skills and competences that a spe-cific profession requires
■ To prioritize and structure one's tasks, activities and steps
■ To booster one's courage and self-confidence
■ To define one's definition of courage
■ To improve one's courage
■ To reflect on how one uses his/her time
■ To reflect on how one can re-integrate into the labour market in a way that is best for his/her family life

Overview of learning activities

■ 2.1.1 Defining realistic individual aims
■ 2.1.2 Mind mapping
■ 2.2.1 The career road
■ 2.2.2 Journalistic questions
■ 2.3.1 The Eisenhower matrix
■ 2.3.2 How can I improve my courage
E-learning: Personal planning

Fig. 15: Learning activities used in module 2

Further reading

■ Buzan, Tony; Buzan, Barry (2006) The Mind Map Book
■ http://www.mindmapinspiration.com
■ http://www.mycoted.com/Five_Ws_and_H
■ Kustenmauer, tiki; seiwert, lothar j. (2004) how to simplify your life, Frankfurt, new York, Campus
■ Caluwè, Leòn; Vermaak, Hans (2002) Learning To Change: A Guide For Organization Change Agents
■ http://www.southasianconnection.com/articles/125/1/Six-Practical-Ways-To-Develop-Courage/Page1.html

4.1.2.3 Module 3: Development of (inter)personal skills and competences

Authors: Giulio Gabbianelli, Training 2000, Elmo De Angelis, Training 20000, Tanja Wehr, BUPNET, Sabine Wiemann, BUPNET

Theoretical introduction

Activities in module 3 aim at improving patients' interpersonal and communication competences. These skills are beneficial when it comes to looking for a new job, yet also for re-integration into the workplace. From this point of view, it is important to acquire communication skills for expressing in a conscious and efficient way, our own ideas and to understand how these tools can be used to manage interpersonal relationships. Good communication is certainly important during a job interview, but it is also important during the management of a work group and in the relation to working with new colleagues.

Competences to be enhanced

- To raise awareness that misunderstandings in conversations can happen easily
- To look at one situation from different perspectives
- To understand the importance, difference and interdependence of verbal and nonverbal communication,
- To improve one's teamwork skills (cooperation)
- To find a common conclusion within a group
- To identify one's role within a group
- To identify similarities between one's role in this exercise and in one's professional (and/or private) life
- To recognise one's behaviour during conflict
- To booster conflict management strategies
- To identify behaviour alternatives for solving conflict situations

Overview of learning activities

■ 3.1 Critical incident
■ 3.1 E-learning: Communicating effectively
■ 3.1.1 How do I communicate?
■ 3.2 Preparing a holiday trip within the group
■ 3.2 E-learning: Story telling
■ 3.3 My argumentation mentality
■ 3.3 E-learning: A place to feel safe
■ 3.4 Simulation conflicts
■ 3.4 E-learning: Coping with conflicts

Fig. 16: Learning activities used in module 3

4.1.2.4 Module 4: Application strategies

Authors: Stefan Kremser, *die Berater®*, Elisabeth Frankus, *die Berater®*, Sabine Wiemann, BUPNET, Tanja Wehr, BUPNET

Theoretical introduction

The overall aim of the EduCoRe project is to reintegrate patients of rehabilitation centres into the labour market and society. With the help of the tailor made counselling and training offer, patients of rehabilitation centres learn how to apply for a job. Together with the trainer and counsellor on one side and with e-learning exercises and e-counselling on the other side, participants develop, improve or train different application strategies which they can use for their independent application process. Furthermore the patients get informed about labour market dynamics, the legislation of labour markets for people with disabilities and the diversity of job hunting strategies.

Competences to be enhanced

- To get to know the dynamics of the labour market
- To recognize and present one's strengths
- To foster personal responsibility
- To receive appropriate information and assistance
- To present some personal data, such as age, origin, education and training
- To express one's professional experience
- To be able to read and understand an advertisement
- To learn how to attract the attention and interest of a company
- To convince the company that one is the best candidate for the job
- To be invited to a job interview
- To write a personal job-application letter
- To see what criteria of an application is important for a HR Manager
- To see how to apply properly
- To identify which application is suitable for which job/company
- To define different job application strategies
- To prepare oneself for a job interview
- To be more secure in a job interview
- To understand how others see oneself in a job interview

Overview of learning activities

■ 4.1 What do the present labour market dynamics look like?
■ 4.1 E-learning: Writing an application
■ 4.2 Finding support for people with special needs
■ 4.2 E-Learning: How to search the web
■ 4.3.1 Writing a curriculum vitae
■ 4.3.2 How to read an advertisement
■ 4.3.3 How to write a job application letter
■ 4.3.3.1 What do I have to avoid while writing a job application letter?
■ 4.4 Defining different kinds of job hunting strategies
■ 4.4 E-Learning: Job hunting strategies
■ 4.4.1 E-learning: Job portals
■ 4.5.1 Defining different kinds of job interview questions
■ 4.5.2 How do I act in a job interview?

Fig. 17: Learning activities used in module 4

Further reading

■ European CV: http://europass.cedefop.europa.eu/europass/home/vernav/Europasss+Documents/Europass+CV.csp?loc=en_GB

■ University of Nottingham: http://www.nottingham.ac.uk/careers/graduates/jobs/hunting/

■ HG.org: http://www.hg.org/empsearch.html

4.1.2.5 Module 5: Process evaluation

Authors: Elisabeth Frankus, *die Berater®*, Sabine Zauchner, DUK, Reinhard Bauer, DUK

Theoretical introduction

It can be very useful and motivating for patients to recognise the process they went through during the counselling and training. Therefore a process evaluation has to take place. It includes an analysis at the beginning of the counselling and ends with a final evaluation. The results are available primarily for the target group to identify their development. The results are also there for the counsellors and trainers to obtain feedback to their work.

Competences to be enhanced

■ To reflect, express and visualize one's own wishes, desires and fears uncovered during the training
■ To find out at the end of the training if all of the participant's expectations have been fulfilled
■ To get to know the expectations and fears of the training participants (trainer)
■ To find out how the participants like the training session
■ To find out which sessions appeal to the participants and which don't
■ To evaluate the training process
■ To be able (the trainer) to improve single points from one session to the other
■ To receive a process evaluation at the end of the training
■ To reflect on significant experiences made in connection with one's learning process
■ To identify issues and problems concerning the learning methods used
■ To consider resolution options
■ To identify, formulate and check possible sub-goals,
■ To record a time framework and to prepare an individual working plan
■ To critically analyze one's learning process / working process

Overview of learning activities

■ 5.1 Expectations
■ 5.1 E-learning: Keeping an electronic diary
■ 5.2 Barometer of public opinion
■ 5.2 E-learning: Short evaluation of the e-learning sessions

Fig. 18: Learning activities used in module 5

Further reading

■ Phillips, Jack, J. (2004) Make Training Evaluation Work, Astd Press
■ Donovan, Paul (2004) Training Evaluation Pocketbook (Management Pocketbooks)
■ Attwell, G., Chrzaszcz, A., Hilzensauer, W., Hornung-Prähauser, V. & Pallister, J. (2007). Grab your Future with an E-Portfolio – Study on New Qualifications and Skills Needed by Teachers and Career Counsellors to Empower Young Learners with the E-Portfolio Concept and Tools – Summary Report, pp. 42.
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5. Conclusion

A job is an essential part of a human beings' identity in modern society – to some people it is even the most important thing in their life.

When a serious illness or an accident implies a reduced working capacity, maybe even for the rest of a person's life, he/she is faced with a new life situation that requires reorientation regarding one's life in general, yet also about their professional career in particular.

As a part of the total medical rehabilitation, new thoroughly reflected career decisions must be made. In such a situation, the person does not only need support and guidance about job opportunities and eventual further education, but he/she also needs to be accompanied in the development of personal and social competences that are necessary to put the professional and educational decisions into practice.

EduCoRe – Educational Counselling during Rehabilitation – aims at providing tailor made educational and vocational counselling services and trainings for patients in medical rehabilitation centres. With the help of these offers, patients are supported in reintegrating into the labour market and in participating actively in society after this period of medical rehabilitation. Blended counselling and training (in this specific setting) is profitable due to the high potential of communication technologies for people who are restricted in their mobility or who have to change their location several times in the process of medical rehabilitation. It contains online and face to face modules. The structure is based on a modular concept. This means that the section and units of the counselling and training course can be used independently. In accordance with this concept, training modules can be composed like 'building blocks' in various ways according to the training needs and characteristics of the target group(s), and the time available for training.

The EduCoRe service is conducted by professional counsellors and trainers. The project consortium has diverged from the EduCoRe initial idea which was to produce counselling and training materials which can be used by the staff of medical rehabilitation centres. All project members agreed that counselling and/or training has to be done by educated persons. Although medical and psychological staff may have a high degree of social knowledge and potential, it would not be professional to let them counsel or train patients the way professionals do. Due to this, the EduCoRe Kit should only be used by trained counsellors and trainers. Never the less, this EduCoRe Approach aims not only at introducing them to the course concept or methodology, but also provides information about the EduCoRe project to project managers who would like to train the operational and/or organisational staff of medical rehabilitation centres. Other interested bodies, whether they be from social security, insurance organisations or the health sector in general are also potential candidates for the EduCoRe project (or a similar training in a rehabilitation setting).