



Training **Elder Care Workers** in Humanistic Approach

Learning Manual

Intellectual Output 2
Project Number 2018-1-IT01-KA202-006769

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PROGRAMME

TENDERNESS 4 LIFE

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About TENDERNESS4LIFE Project

The 2019 edition of the Ageing Europe report states that ageing is a fact in EU countries and increases the demand for health and social care and support of older adults. Data from 2018 shows that EU-28 counted with 32.8% of people with 55+ years (LOOKING AT THE LIVES OF OLDER PEOPLE IN THE EU, Eurostat, 2019). This current EU trend - of more older people who need some form of professional care, especially those with chronic diseases who require extra attention and more services - demands an update in education and training of all care workers in this field.

Elder care workers feel many times a lack of preparation and of proper communication skills, alongside with lower levels of training in care practices, increasing their emotional distress and decreasing the satisfaction receiving from their profession (Nilsson & Engstrom, 2015). The use of a **humanistic approach in delivering services to older people is a strategic solution** to address the challenges in an ageing population. Research «indicates that person-centred approaches are associated with better clinical outcomes and improved cost effectiveness» and thus, supporting the pressure that EU is facing in welfare systems for social and health care (Bezold,2005;Olsson et al,2009;Reid et al,2009;WHO,2015; Picker Inst EU,2016). This humanistic approach sees customers as “unique individuals”, taking in consideration their perspective and will in the decision-making process, by respect, courtesy, availability, communication.

The Erasmus+ project TENDERNESS4LIFE is a European project coordinated by **ANS** from **Italy** and involving organizations representing 6 European countries:

- Aproximar in Portugal
- EASI and Habilitas in Romania
- Merseyside Expanding Horizons in the United Kingdom
- The Cyprus University of Technology in Cyprus
- OMNIA in Finland

The project aims to promote the professional development of low skilled adults working in the care of older persons, by providing them with a complementary and alternative curriculum, based on humanistic approach.

The specific goals are:

- Identify the new job profile and competences for elder care, which is emerging from the contemporary changes in care services;
- Develop a multimedia training course to enhance the competences of low skilled elder care workers to perform a better job role, to address care organisations' needs and to complement the initial qualifications of these care workers;
- Pilot the B-learning training course for elder care workers;
- Create a good practice guide on humanist approach to support care facilities for older persons.

Introduction to the Learning Manual

The TENDERNESS4LIFE project focused on the creation of a supportive learning model to help elder care workers to develop their knowledge and daily practice. This model comprises:

- a competence profile and self-assessment tool (as part of the first intellectual output of the project, available from: <https://tinyurl.com/x73u9t4j>) to enhance self-reflection as a learning tool;
- a B-learning course to provide theoretical contents and practical exercises and case studies (as part of intellectual output 2);
- a good practices guide aiming at describing how to combine all the outputs and to present case studies for further improvement of humanistic care at organizational level (as part of intellectual output 3).

This learning manual is part of the B-learning course and gathers the information related to the course curriculum and related training materials (activities), including session plans for all the modules defined by the project partners.

The main aim of the B-learning course is to support elder care workers to acquire the necessary skills to encompass a humanistic approach in their job as well as to integrate ICT in their daily work. **The course curriculum was developed taking into consideration the dimensions/ competences defined within the competence profile¹** and the learning outcomes and modules' contents were listed according to the key behavioural indicators from the same profile. All project partners implemented a pilot test to experiment the course structure and materials, using online and face-to-face format. During the project implementation, project partners faced challenges due to the constraints of physical gatherings. As such, the B-learning approach was adjusted to e-learning using both the digital format only, by synchronous and asynchronous sessions.

The target of this learning manual is any vocational training provider in the field of elder care, as well as trainers, facilitators and other professionals supporting care workers to develop their skills for a better service towards older people.

In the next pages, you may consult:

- the course curriculum, with the structure of the course, the modules, learning hours, learning and assessment methods;
- the session plans for each module, describing how each module can be organised; and
- the description of activities used as practical exercises for active methods of learning.

¹ You may access the full version here: <https://www.tender4life-project.org/library.html>

Course Curriculum to Train Elder Care Workers

Taking care of older persons respecting their dignity, individuality and self-determination requires the development of skills which go beyond the technicalities of health and care upon which many training curricula for care professionals are still based. Moreover, it is important to encourage the care sector and its professionals to explore the opportunities offered by ICT to improve the quality of care.

The TENDER4LIFE Competence Profile¹ establishes a series of areas of competence and a set of knowledge, skills and attitudes for individuals to perform successfully the care for older persons based on a person-centred approach. The course curriculum addresses the main knowledge and skills needed by an elder care worker to incorporate a humanistic approach in his/her daily practice and to exploit the opportunities offered by ICT.

Intended audience

This training course is designed to any care worker, active or in search for a job place. It suits those who are willing to go deeper in the knowledge of a more humanistic approach whilst introducing technological skills in the care for older people.

Keywords and Glossary

Elder Care Worker; Humanistic Care; Lifelong learning; B-learning; Competence.

Elder care worker: a professional working with older persons to provide personal assistance. He/she assists with a variety of daily tasks including personal grooming, meal preparation, feeding, light housework. Generally, these workers receive a basic vocational training, are likely to be middle-aged women and might have a migrant background.

Humanistic care: humanism in care refers to the idea that illness and recovery—and living and dying—are an integral part of the whole human experience. Every person throughout the care system—care professional and patient alike—is first and foremost a human being.

Lifelong learning: “the lifelong, voluntary and self-motivated pursuit of knowledge for personal or professional reasons. The overall aim of learning is to improve knowledge, skills and competences. The intention to learn distinguishes learning activities from non-learning activities such as cultural activities or sports activities” (in: <https://tinyurl.com/4texwu77>).

B-learning: stands for blended learning and it is a mixed training between online and face-to-face, using different platforms and methods of delivery to achieve the learning outcomes (ELECTRONIC Platform for Adult Learning in Europe – EPALE, 2015).

Competence: the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development (European Qualification Framework, EQF).

Available languages

English; Finish; Greek; Italian; Portuguese; Romanian.

Objectives

- Promote awareness about caring for older adults in a more dignified way;
- Promote carers workers’ humanistic development in order to empower their awareness and knowledge;
- Promote interpersonal skills related to person-centred ways of care, humanistic approach, ethics of care or relationship-based care;
- Acquiring ICT skills aimed to incorporate the opportunities offered by new technologies to support the implementation of a humanistic approach in care.

Learning outcomes

The competences defined in the TENDER4LIFE Competence Profile provide a framework for the identification of the learning outcomes of the training course. Thus, the training will offer the possibility to develop some of the competences listed in the Competence Profile, which have been considered as the most important. Indeed, by the end of the training modules, learners will be able to provide care by:

- fostering the quality of life of the care recipient
- promoting the autonomy of the care recipient
- applying the principle of compassionate care
- respecting the dignity of the care recipient
- respecting privacy of the care recipient and maintaining confidentiality
- being able to apply some basic digital competences
- applying the principle of effective communication and collaboration

Course Content

M1: Quality of Life (QoL)

- What is quality of life (QoL)
- Individual factors and the influence of external context
- Involvement of care recipients' social support network
- How to assess QoL
- How to put QoL into practice

M2: Autonomy

- What is autonomy
- Self-determination
- Principles of decision making
- Setting goals

M3: Compassionate Care

- What is compassionate care
- Vertices of compassion
- Compassion in care

M4: Dignity

- What is dignity
- Principle of confidentiality in health and care
- Respecting the human rights of older persons
- Promoting value and self-worth in older people
- Protecting dignity of older persons in care

M5: Privacy

- What is privacy
- Ethical principles of securing personal data
- Strategies for care while protecting sensitive data
- European regulations of digital safety

M6: E-Health

- Basic digital literacy
- Digital tools
- Digital identity
- Communication with health professionals

M7: Collaboration and Communication

- Effective communication
- Teamwork
- Social interaction methods

Learning hours

The total amount of pedagogical contact is **estimated** in 25 hours, including online access to theory, class training/ practical sessions and final evaluation (impact is not considered).

The distribution of hours between online and class **can be adapted** according to the profile of learners (e.g. level of experience or professionalization). Here is a proposal of timetable:

MODULES / CONTENTS	HOURS		
	CLASS	ONLINE	TOTAL
M1. QUALITY OF LIFE (QOL)	2.5	1.5	4 h
M2. AUTONOMY	2.5	1.5	4 h
M3. COMPASSIONATE CARE	2.5	1.5	4 h
M4. DIGNITY	2.5	1.5	4 h
M5. PRIVACY	2	1	3 h
M6. E-HEALTH	2	1	3 h
M7 COLLABORATION AND COMMUNICATION	2	1	3 h
TOTAL	16 h	9 h	25 h

Learning methods

This training course uses the **B-learning approach**. This is designed as a combination of class (face-to-face) and online (internet based, asynchronous) sessions. For the asynchronous component, training providers need to setup an e-learning platform (learning management system), in which learners can locate learning materials such as presentations, research papers and other relevant publications. Learners can be asked to provide assignments to assess their overall understanding of core concepts, although it can be at a practical level (eg, simulations, short quizzes).

The video-lessons developed within the project can be reached via the links indicated in each module.

During class or synchronous sessions, the relevant concepts, introduced online, will be supported by practical examples, and learners are encouraged to share their experiences and introduce their own case studies as part of the self-reflection process. Discussions based on the practical examples will also take place using scenarios (problem-solving), case studies, role-plays and other active techniques.

Finally, an evaluation activity and an assessment quiz are provided for each module.

Assessment method

The evaluation process is based on four activities that assess the whole process (online and face-to-face sessions):

- Self-assessment of competences (pre- and post-training), according to the Competences Profile and the perception of skills acquired, performed before, immediately after training and 6 (six) months after training (impact) – based on Intellectual Output 1 available in: <https://tinyurl.com/x73u9t4j>;
- Final evaluation regarding the completion of training assignments, punctuality and assiduity, personal relationships with colleagues, among others;
- Evaluation of the training course in the perspective of learners and trainer, regarding logistics, contents, administrative support and the overall b-learning process;
- Impact assessment to identify the benefits of the training course in learners' way of taking care of an old person, not only based on their self-assessment of competences, but also taking in consideration what learners perceive as achievements derived from training.

Following the evaluation and assessment, learners may be able to complete their certification. The training certificate will be issued to those participants who attend at least 80% of the training sessions and who complete the online assignments on time as part of the agreed learning plan.

Session Plans & Activities

In this part you can find the description of the modules and the session plans established for each one. Consider that these are a proposal, that training providers may adjust to the learning needs of their participants. In each module/chapter, you may find:

Session plan



This provides an example of how trainers can organise and deliver each module. It provides an overview of the activities performed using the materials created. Each session plan links to the necessary worksheets to implement the module.



Video

Theoretical information presented in audio-visual format.



Worksheets

Activities and exercises to consolidate knowledge acquired. It might be a questionnaire or other tasks/activities.



Quiz

Simple and quick test to verify the level of understanding of relevant concepts.

M.1


Quality of Life

Module 1 - Quality of Life (QOL)

The concept of quality of life in the field of care in general, is extensive and complex. It involves and is influenced by a broad range of individual factors such as physical health, psychological state, personal beliefs, social relationships and the individual's relationship with their environment.

The World Health Organization defines quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. As a result, an individual's quality of life has an important impact on their mental and physical status, making it an area for both assessment and intervention in the field of elder care.

Understanding the concept of quality of life, with all its influencing factors, will help the care giver develop a better relationship with the person they are caring for, since it focuses the care effort on the individual needs, values and desires of each recipient of care, while also improving the quality of provided care and the work-related satisfaction for the care worker.

Module #1	Quality of Life (QOL) 4h
Contents	<ul style="list-style-type: none">• Learn what is Quality of Life• Understand how to enhance Quality of Life of beneficiaries in the care context• Explore how to assess and promote Quality of Life in the everyday work
Learning Outcomes	<ul style="list-style-type: none">• Understand the concept of Quality of Life and how it can be implemented in practice in care settings
	https://www.tender4life-project.org/b-learning-course.html



SESSION PLAN

Activity 1

Ice-breaker >

20 min

Ice-breaking exercise based on a scenario that introduces the notion of quality of life as it applies to the field of care. The activity aims at developing empathy and the ability to use a quality of life-oriented perspective in the field of care

Materials: One sheet of paper and a pencil for each participant; Flipchart paper and markers

Activity 2

Care plan development meeting >

35 min

A role-play exercise that aims to introduce the notion of quality of life to participants and for them to be able to use a quality of life perspective in developing / implementing a care plan

Materials: Flipchart paper, Pens, Copies of the case studies

Activity 3

Care plan development focusing on QOL >

35 min

A group work exercise to ensure that the trainees are considering quality of life aspects in creating a person-centred care plan. Aim of the exercise is to help participants to consider quality of life aspects when creating a person-centered care plan and to consider quality of life aspects when implementing/updating a person-centered care plan.

Materials: Flipchart paper, Pens, Copies of the case studies

Activity 4

Evaluation of Quality of life >

40 min

A case study based work aimed to ensure the trainees are aware of the need for a monitoring procedure and encourage them to use available tools in doing so.

Materials: Flipchart paper, Pens, Copies of the case studies

Evaluation of the session >

Materials: Post-its.

10 min

Assessment quiz >

Materials: Quiz

10 min

A1 Ice-breaking (Scenario)	
Description	<p>Ice-breaking exercise – Scenario – Introducing the notion of quality of life as it applies to the field of care. Developing empathy and the ability to use a quality of life-oriented perspective in the field of care.</p> <p>Duration: 20 minutes / Delivered: face-to-face</p>
Objectives	<ol style="list-style-type: none"> 1.introducing the notion of quality of life 2.developing empathy
tips for trainers	<p>Step 1 – Describe the following scenario:</p> <p>You are admitted in the hospital for a minor ailment that requires a 14 days hospitalization. All your medical / immediate needs – medication, consultations, tests, food, etc. – are met. What would you need beyond the medical aspects in order for your hospital stay to be comfortable?</p> <p>The trainer can provide examples – music, books, news, games, etc.</p> <p>Identify which are your 3 most important needs.</p> <p>10 minutes are allocated to this step.</p> <p>Step 2 – Each participant presents the identified needs and the trainer writes them down on a flipchart paper, each identified need once.</p> <p>10 minutes are allocated to this step.</p> <p>Step 3 – the trainer draws a conclusion about the various aspects of quality of life and the fact that it is a mostly subjective notion and must be evaluated for each individual.</p>
How to apply this activity	
What to learn	<p>Trainees can start thinking about the notion of quality of life from a personal perspective developing empathy for care recipients that are living a “residential” life on the long term, and require adjustments in order to have a good quality of life.</p> <p>Trainees can start looking at their care recipients as “individuals” with specific needs and desires, likes and dislikes, etc. and understand that each care recipient must be approached as an individual in order to ensure their quality of life.</p>

A2 Care plan development meeting	
DSCR	<p>Role-play exercise – Care plan development meeting – ensuring quality of life for a patient suffering from dementia during the transfer from home to residential care.</p> <p>Duration: 20 minutes / Delivered: face-to-face / Materials: Flipchart paper, pens, copies of the case study</p>
OBJ	<p>1.introducing the notion of quality of life 2.using a quality of life perspective in developing /implementing a care plan</p>
APPLY	<p>Step 1 – Explain the following role-play task to all participants:</p> <p>Create a stage – one table and 5 chairs</p> <p>Ask for volunteers for the 5 roles.</p> <p>Ask all participants that will not be involved to have a pen and paper ready for use during the role play session.</p> <p>Provide copies of the case study to all participants and a flipchart paper to the actors</p> <p>Instruct the “actors” that the discussion should not be longer than 20 minutes and that the case manager needs to write down the measures that need to be included in the care plan.</p> <p>Instruct the non-actors to pay attention to the discussion and to write down the care aspects that they believe need to be included in the care plan.</p> <p>Read the case study and provide copies to the actors.</p> <p>Case-study:</p> <p>Mrs M in 88 years old. She has been suffering from Alzheimer’s disease for the past 10 years.</p> <p>She lived alone for most of that time since her husband passed away one year after her being diagnosed, with support from her daughter who lives next door to her.</p> <p>Mrs M was a florist, she loves flowers and plants, she is a practicing catholic, she enjoys music and dancing and is a passionate cook.</p> <p>In the past 6 months though, caring for Mrs M has been increasingly difficult since she stopped recognizing her daughter, has an inverted sleep pattern – she sleeps mostly during daytime and is up all night, only eats when she wants, and drinks very little, becomes agitated when she needs to take a shower or change her clothes, has fallen repeatedly without sustaining any serious injuries, has become incontinent and no</p>

Care plan development meeting

APPLY

longer asks to be taken to the toilet, is constantly wondering throughout the house and was found out of the house repeatedly by her daughter.

Aside from the Alzheimer's disease, Mrs M suffers from a number of other conditions, such as arthritis of the hips, knees and hands, ischemic heart disease, high blood pressure, cataract in her right eye and hearing problems. She also has a number of drugs to take every day at different times of the day, that need to be closely followed and controlled since she is quite frail and may often mistake medication due to her cataract.

The daughter is 62 and still working. She has children and grandchildren of her own and is caring for her husband as well.

One month ago, the daughter sustained a back injury, and it limited her ability to move, as a result, she found it very difficult to care for her mother.

The family met and evaluated the situation and a decision was made to relocate Mrs M to a residential care facility nearby. This would allow the family to visit often and to make sure that she is well cared for.

They came to your facility, visited it and decided to bring Mrs M in for residential care.

The case manager decided that the best way to proceed is to have a pre – admission meeting with the care team and the family, in order to discuss the case and decide what is the best way to proceed in order to limit as much as possible the distress of Mrs M during the transfer from home to the residential care unit.

Conditions offered by the residential care unit are :

- Single room with in-room bathroom
- 24/7 medical care
- Psychotherapy services adapted to the patient
- Physical therapy services adapted to the patient
- Ergotherapy services adapted to the needs and abilities of the patient
- Technical devices as needed by the resident
- Beautiful garden, common spaces such as a sitting room, dining room, library, chapel.

Actors:

Each participant needs to discuss the case from their point of view and to provide and obtain information needed to ensure a good quality of life for Mrs M during her stay in the residential facility.

A2

Care plan development meeting

APPLY	<p>Case manager – guides the conversation and focuses on services to be provided to Mrs M and how to adapted them to the needs of Mrs M</p> <p>Medical doctor – is interested in Mrs M pathology and medication as well as details about the evolution of her Alzheimer’s disease; focuses on the medical needs.</p> <p>Psychologist – focuses on the emotional, cognitive and behavioural symptoms of Mrs M</p> <p>Therapist – focuses on the functional status of Mrs M</p> <p>Daughter – she must provide personal data about Mrs M that is relevant for the situation – likes and dislikes, agitation triggers, methods to calm her down, hobbies, abilities, food preferences, habits, etc.</p> <p><i>15 minutes are allocated to this step</i></p> <p>Step 2 - Start the role play and allow the actors to discuss the case while encouraging them to be as creative as possible and use their personal experience.</p> <p><i>20 minutes are allocated to this step</i></p> <p>Step 3 - Once the time has passed, ask the case manager to present the conclusions of the meeting and the draft of the care plan.</p> <p><i>10 minutes are allocated to this step.</i></p> <p>Step 4 – Discuss the results with all participants and ask them to add to the care plan, any measure they think is relevant for the case.</p> <p><i>10 minutes are allocated to this step.</i></p>
LRN	<p>Trainees can start thinking about how to apply the notion of quality of life in a practical setting – a case study.</p> <p>Trainees can use different perspectives in order to learn where they can find relevant information to use in improving the quality of life of their care recipients.</p>

A3 Care plan development Quality of life perspective	
DSCR	<p>Care plan development focusing on Quality of Life</p> <p>Method: Group work exercise - ensuring the trainees are considering quality of life aspects in creating a person-centred care plan.</p> <p>Materials: Flipchart paper, pens, copies of the case studies</p> <p>Duration: 35 minutes</p> <p>Delivered: face-to-face</p>
OBJ	<p>1.trainees consider quality of life aspects when creating a person-centred care plan.</p> <p>2.trainees consider quality of life aspects when implementing/updating a person-centred care plan.</p>
APPLY	<p>Step 1 – Explain the task to all participants:</p> <p>The group splits in groups of 4 – 5 persons in order to discuss a case study as a group.</p> <p>Provide copies of the case study to all participants and a flipchart paper to each group in order for them to write down the main aspects of the developed care plan.</p> <p>Instruct the participants that the group work needs to be no longer than 20 minutes and the remaining time will be used to present each group's care plan and discussing them with the other groups. Each group needs to choose a rapporteur who will do the actual presentation of the care plan.</p> <p>Step 2 - Once the 20 minutes pass, ask the rapporteurs to present their care plan.</p> <p>Discuss the results with all participants and ask them to add to the care plan, any measure they think is relevant for the case. Encourage the sharing of personal experiences.</p> <p>Case study – Mr Dan</p> <p>Mr Dan is 79 years old and he lives with his 77 years old wife. They are both really active and love socializing with family and friends.</p> <p>Mr Dan was an engineer and loves building airplane models when he has some time.</p> <p>He generally has a very busy schedule, since he volunteers with multiple organizations alongside his wife, and rarely has time for his hobby.</p>

Care plan development Quality of life perspective

APPLY

He also has high blood pressure, a heart condition, problems with his hips (pain, stiffness) and a hearing problem for which he uses a hearing aid.

Until 2 weeks ago, he was managing ok with day to day activities.

Two weeks ago, Mr Dan slipped, fell and hurt his back dislodging an intervertebral disk.

As a result, he was rushed to the hospital for tests, he was treated and once stabilized he was sent home with a recommendation for treatment and homecare since he can't move without help and his wife is unable to help him get in to and out of bed, due to his weight and her health issues.

You are the homecare case manager.

Please create a personalized home care plan for this patient, taking into consideration ensuring his quality of life among other relevant aspects, like his medical conditions, functional status, etc.

Case study – Mrs. Lili

Mrs. Lili is 87. She no longer has a family, since both her husband and her son have passed away recently. She is a former teacher who is actively involved in religious activities and visits the temple every week (Mrs. Lili is jewish)

She has lived alone for the past 6 months and found it more and more difficult to manage alone with everything she needed to do.

She finds she no longer can clean her house due to fatigue and joint pains nor can she cook as well as she used to. Buying groceries is also becoming almost impossible since she can't carry a lot of weight, nor can she walk for long distances. The nearest store is 2 km away and the bus station to get there is 300m away.

The last time she went shopping she almost did not make it home due to her knees being too weak and painful.

She gets inconstant help from one of the neighbours, Sally, but Sally is really busy and is not always available.

Mrs. Lili has asked for support from a homecare provider to discuss what services she can access, but is mainly interested in help with cleaning, buying groceries and cooking.

You are the homecare case manager.

Please create a personalized home care plan for this patient, taking into consideration ensuring his quality of life among other relevant aspects, like her medical conditions, functional status, etc.

Case study – Mrs. Ana

Mrs Ana is 73. She recently suffered a stroke, has limited use of her right leg and has only partial use of her right arm.

35 min

A3 Care plan development Quality of life perspective

APPLY	<p>She is right-handed and is struggling with her new situation.</p> <p>She decided that she does not want to be a burden for her daughter who lives separately and has a family of her own, and chose to go into residential care for as long as is needed to get better or to become more functional.</p> <p>Currently she has difficulties getting in and out of bed, eating, putting on clothes, going to the bathroom or bathing and can't be autonomous in her own house alone. She also suffers from high blood pressure, heart disease, Parkinson's disease early stages and early stage cataract in both eyes.</p> <p>Mrs. Ana loves her home but, since it is a two stories building, with various sets of steps on both levels, she realises that unless she can recuperate part of the use of her right leg, she will no longer be able to live there. This saddens her, a lot, since she is very attached to her home. She was born and lived all her life in the same home and is very attached to "her plants and her knick-knacks, all her memories".</p> <p>Still she made the decision to not be cause for suffering in her family and wants to recuperate in your residential facility.</p> <p>She is being brought in today for admission.</p> <p>You are the residential facility appointed case manager.</p> <p>Please create a personalized care plan for this patient, taking into consideration ensuring her quality of life among other relevant aspects, like her medical conditions, functional status, etc.</p>
LRN	<p>Trainees will develop their knowledge on Quality of Life discussing case studies.</p>
<div style="text-align: right;">40 min</div>	
<h3>A4 Evaluation of quality of life</h3>	
DSCR	<p>Evaluation of Quality of life</p> <p>Method: Case study – ensuring the trainees are aware of the need for a monitoring procedure and encourage them to use available tools in doing so.</p> <p>Materials: Flipchart paper, pens, copies of the case studies</p> <p>Duration: 40 minutes</p> <p>Delivered: face-to-face</p>
OBJ	<ol style="list-style-type: none"> 1. ensuring the trainees are aware of the need for a monitoring procedure of QoL 2. encouraging the trainees to use available tools

Evaluation of quality of life

APPLY

Step 1 – Explain the task to all participants: the group splits in groups of 4 – 5 persons in order to discuss a case study as a group.

Provide copies of the case study to all participants and a flipchart paper to each group in order for them to write down the main aspects of the developed care plan.

Instruct the participants that the group work needs to be no longer than 20 minutes and the remaining time will be used to present each group's care plan and discussing them with the other groups. Each group needs to choose a reporter who will do the actual presentation of the care plan.

5 minutes are allocated for the presentation

20 minutes are allocated for group work

Step 2 – Once the 20 minutes pass, ask the reporters to present their care plan.

Discuss the results with all participants and ask them to add to the care plan, any measure they think is relevant for the case. Encourage the sharing of personal experiences.

Case study – Mr. John

You, as a case manager for homecare services, are assigned to the case of Mr John, a 78 years old gentleman who has been a client of your company for homecare services for the past 3 months.

As part of your takeover of the case, you had a meeting with the caregivers that visit him – the nurse, the carer, the therapist and the GP in charge of his treatment.

From their point of view, Mr. John is a nice, albeit sometimes grumpy, gentleman.

He cooperates with the therapist and the nurse and is good friends with the GP. The carer reports that her relation with Mrs John is rather strained, and she does not understand why, since her relationship with all her other customers (all women) is very good. Mr John seems to dislike talking to her, is snappy, short-worded and not cooperative with the carer, creating a heavy work atmosphere in her case.

Also as part of your takeover, you arrange a meeting with the client to clarify the issue.

Mr John speaks in great terms about everybody he came in contact with, except the carer, about whom he seems reluctant to talk. He slowly starts to open up and reports the fact that he feels disrespected by the carer since she has a very "motherly" way to talk and act that bothers him as a former military officer.

A4

Evaluation of quality of life

APPLY	<p>Her way of acting and talking, although well intended, makes him uncomfortable, and he tends to become grumpy when she is around in order to avoid extended conversations. It bothers him and he feels somewhat trapped, since she comes over twice per day, and spends around 3 hours per day with him. Although he confirms she is doing her job well and treats him respectfully.</p> <p>Each group needs to discuss the following items:</p> <ul style="list-style-type: none"> - Is this a real issue from your point of view? - If so, describe the issue and identify causes and effects in this case. - If so, what steps must be taken and by whom? <p>Write down your conclusions, once you made your case, present it and discuss it with the other participants.</p>
LRN	<p>Trainees will develop their knowledge on Quality of Life discussing case studies.</p>



M1. Quality of Life (QCL) - Module Evaluation

Activity (10 min):

Provide post-it to the participants, in 3 different colors: red, yellow and green

Each participant will write on 3 post its of different colors:

- on a green post-it: what worked well during the training, what he/she learnt, what he/she gained
- on a yellow post-it: what could be improved
- on a red post-it: what went wrong

All post-it are then collated to flipchart/blackboard and discussed with facilitator

Quiz (10 min):

- 1 One's quality of life is:
A – the opinion of one's GP
B – an individual perception
C – how society perceives an individual
D – what medical staff can evaluate as good care
- 2 An individual's Quality of life can depend on:
A – religious beliefs
B – social network
C – financial situation
D – personal values
- 3 What aspect in a person's life can influence their quality of life?
A – a person's goals
B – a person's physical health
C – a person's relationship with their environment
D – a person's life principles
- 4 The support social network of the care recipients, as an important part of Quality of Life, can be ensured by:
A - Family
B – Institutions
C - Colleagues
D – Friends
- 5 Quality of Life measurement:
A – is not influenced by subjective factors
B – can be done only at individual level
C – means to evaluate a simple concept
D – can be delivered in objective ways
- 6 Assessment of Quality of Life can be done:
A – by anyone
B – with tools developed by specialists
C – by finding out how the care recipient is feeling in a particular day
D – it cannot be done

Correct answers are in bold letters


M.2

Autonomy

Module 2 - Autonomy

Autonomy is Greek for “self-rule,” and it’s basically another word for liberty. If you have autonomy, you can make your own choices and go your own direction. In a care setting Autonomy is an important concept which relates to a care recipient’s ability to make their own decisions about the treatment they receive, when and where they receive it and who administers their care.

Care recipient autonomy does not mean that the care provider does not educate and provide guidance to the care recipient to make informed choices however this information, advice and guidance should be done in a way which empowers the care recipient to understand all the issues and consequences of the choices they make and enables them to ask relevant questions to the right people at the right times.

Module #2	Autonomy 4h
Contents	<ul style="list-style-type: none"> • Definition of autonomy, self-determination, and informed choice • Key skills needed to promote autonomy within care recipients • How to understand the needs and wishes of care recipients • How to support care recipients to make informed choices in their care • Identifying care goals • Communication of care options • Supporting risk management within decision making • Reaching a shared agreement within care planning • Importance of care reviews within decision making
Learning Outcomes	<ul style="list-style-type: none"> • Learners will develop their knowledge of the terms autonomy, self-determination, as well as the principles of decision making. • Learners will gain an understanding through the use of person centred tools and resources in order to understand the views, and needs of care recipients. • Learners will be able to apply this knowledge using theoretical knowledge in order to set goals with care recipients.
	https://www.tender4life-project.org/b-learning-course.html



SESSION PLAN

Activity 1

Circles of support >

35 min

Aim of this activity is to introduce learners to a tool to support patient autonomy. The tool is called circles of support, a visual tool consisting of 4 circles. The immediate circle is to support care recipients to understand the key individuals in their lives who they can depend upon, the individuals that would be available should they be needed. The circle surrounding the inner circle refers to those who are in their life but it wouldn't be certain that they could provide practical support. This circle may include friends and extended family for example. The third circle is for those who may not always be present in their lives, they could be supportive but it may not always be feasible. The outer circle refers to those in the care recipient's life who are paid to be there (professionals).

Materials: Circles of support activity worksheet

Activity 2

One Page Profile >

35 min

Learners will be introduced to the tool One Page Profile. This is a tool to promote reciprocity between care givers and care recipients. This is a one-page document for both the care giver and recipient to capture interesting information about themselves such as what is important to them, hobbies and interests.

Materials: One page profile template

Activity 3

Scenario Exercises >

35 min

Each learning is given three scenarios to promote autonomy within the care recipient empowering and enabling them to make informed choices and demonstrate self-directed care. Once they have decided what actions they would carry out. They will also need to decide the skills, knowledge and attitudes they would need to demonstrate in order for the actions to be meet the needs of the care recipient. In accordance with the scenario learners will be asked to complete an individual action plan setting specific, measurable, achievable, realistic and time bound goals.

Materials: Activity Worksheet, Reflective log, Action plan template

Activity 4

Knowledge, Skills and Attitudes Match >

25 min

Learners will be given a series of statements relating to supporting patient autonomy, self-directed care and informed choice. They are required to align the statement with a knowledge, skill or attitude.

Materials: Worksheet

Evaluation of the session >

Materials: Post-its.

10 min

Assessment quiz >

Materials: Quiz

10 min

A1&2 Cycles of Support & One Page Profile

DSCRCP	<p>This exercise enables learners to understand the important people in their life and also in their care recipients which is vitally important when setting goals, in the decision-making process and promoting autonomy. This exercise can be done online or face to face. The exercise will take a maximum of 30 minutes.</p> <p>Using the diagram learners are asking to think about their own life and place crosses on each of the circles 1 to 4 of the people they have in their life.</p> <p>Circle 1 represents the people who love and who they need to have in their life for example life partner, parents, or close family.</p> <p>Circle 2 represents the people who we really care about and choose to invest a lot of time and information with but they are not as close as circle one, this might be our best friend or other family members.</p> <p>Circle 3 represents friends we might meet up with occasionally or we might know on a fairly superficial level.</p> <p>Circle 4 represents people who are paid to be in our lives.</p> <p>Once learners have done this for themselves they are introduced to a case study of a care recipient and their circle of support, and are asked to reflect on the care recipient's in relation to their own</p> <p>Learners are then invited to think how this knowledge can affect on autonomy, self-determination and SMART goal setting.</p>
OBJ	<ol style="list-style-type: none"> 1.To understand how to complete a circle of support diagram. 2.To understand how this information can be used to develop person centred SMART goals and promote autonomy. 3.To gain awareness of important people in a care recipient's life.
APPLY	<p>Need to explain the diagram to ensure learners understand where to put people</p> <p>Should be done in conjunction with a reflective learning log to capture learner's reflection.</p> <p>When using a theoretical case study to demonstrate differences it can be useful to use someone facing social isolation to demonstrate that one care goal might be to support someone to socialize more. Equally if you use a case study with someone with lots of family members it can be used to show how self-determination can be supported or indeed hampered by family members.</p> <p>For steps see description above.</p>

A3

Scenarios

DSCR	<p>This exercise enables learners to demonstrate their knowledge and skills in relation to supporting care recipients to be autonomous, enable them to make informed choices and support self-directed care.</p> <p>In small groups or pairs learners spend a short time (no more than 10 minutes) discussing each of the scenarios and deciding as a group what they would do within each scenario to promote autonomy within the care recipient empowering and enabling them to make informed choices and demonstrate self-directed care. Once they have decided what actions they would carry out. They will also need to decide the skills, knowledge and attitudes they would need to demonstrate in order for the actions to be successful.</p> <p>Duration 35 minutes</p>
OBJ	<ol style="list-style-type: none"> 1. To understand how promoting autonomy works in practice. 2. To understand the skills, they need to use in promoting autonomy. 3. To gain awareness of difficult situations and conflicts can arise through promoting autonomy in care recipients
APPLY	<p>Step 1. Full group discussion on the three terms to ensure that participants understand them and the skills associated with them.</p> <p>Step 2 Tutor example S that there are xx scenarios in the room and that each group goes around the room and notes down their actions and skills that they would need to use to carry out the actions.</p> <p>Step 3. Tutor leads whole group discussion about each scenario ensuring that each group is able to contribute and ensuring there is discussion about an effective action plan and skills.</p>
LRN	<p>Each learner will demonstrate how they will apply the concept of autonomy within their practice.</p>

A4

Skills match exercise

DSCR

This exercise enables learners to understand the skills that they need to use in supporting care recipients to be autonomous, and to support them to be able to carry out self-directed care and make informed choices.

The worksheet will be split into three different columns title Autonomy, Self-Directed Care and Informed Choice.

A list of knowledge, behaviors, skills and attitudes will be in boxes on the right-hand side. The learner must put each of the statements under each of the 3 columns by dragging a line (or, the statements can be provided in small cards).

The list of areas can be seen below

Knowledge

(he/she ...)

1. Provide information to raise awareness with care recipients of potential courses of treatment including explaining any potential risks and ethical dilemmas which may affect medical decisions.
2. Knows how to seek and value open feedback from care recipients when developing individual care plans
3. Understands when a care recipient has the cognitive recognition to make their own decisions and understanding of the risks they may take.
4. Knows how to think creatively (find innovative solutions) in order to encourage and empower to understand their care needs and therefore make informed decisions about their care.
5. Knows how to manage and prioritize daily activities and make appropriate decisions about when, where and who is involved in discussions with care recipients about their ongoing treatment
6. Knowledge about the abilities and personal preferences of the care recipients in order to encourage activities that promote autonomy
7. Has knowledge about the effects of aging on the human body and how it will impact their care recipient to safely encourage choice and independence in daily tasks.
8. Has knowledge on psychology/motivational strategies to encourage care recipients to participate in decision making and daily tasks.
9. Has knowledge of technologies to assist care recipients to make informed choices and facilitate independent living.
10. Provide information to raise awareness with care recipients of potential courses of treatment including explaining any potential risks and ethical dilemmas which may affect medical decisions.

Skills

A4

Skills match exercise

	<p>(he/she is able to...)</p> <ol style="list-style-type: none"> 1. Develop an sustain empowering and relationship with care recipients which enable them to make informed choices through good interpersonal skills. 2. Encourage care recipients to establish personal goals and support them to achieve it through good communication skills 3. Able to support care recipients to think and act independently, as well as adapting to ongoing changes in everyday life order to receive the best care – Empowerment Skills 4. Educate care recipients to understand how to deal with setbacks and personal failures whilst learning and developing from such experiences through informal learning techniques. –Training Skills 5. Enable care recipients to think outside the box, be adaptable, and learn how to manage various situations – Enabling Skills 6. Support care recipients to be involved in their care and facilitate communication with peers, family members and their care team – Planning Skills 7. Able to equip care recipients to recognize their own health changes - Diplomacy Skills <p>Attitudes (he/she is...)</p> <ol style="list-style-type: none"> 1. Empowering 2. Decisive 3. Creative 4. Flexible 5. Adaptability to the changing needs of patients 6. Assertiveness 7. Person Centered care
OBJ	<ol style="list-style-type: none"> 1.For learners to identify the skills needed to support autonomy, self-directed care, and informed choices with care recipients 2.For Learners to compound their knowledge and understanding of the term's autonomy, self-directed care, and informed choices/ 3.For Learner to understand the knowledge, skills, and attitudes they will develop and use through promoting autonomy, self-directed care and informed choice with their care recipients.

A4 Skills match exercise

APPLY	<p>This sheet should be applied following face to face work done around the Autonomy module. Learners should have already been introduced to the concepts of autonomy, self-directed care and informed choices and the actions that fit within each of these areas and have discussed the behaviors, skills and attitudes which need to be displayed in order to support the 3 concepts through their care giving.</p>
LRN	<p>The learner will compound the learning what is meant by autonomy, self-directed care and informed choice.</p> <p>They will also identify the behaviors, skills and attitudes they need to display within their practice, and therefore will be in a position to move onto the scenario-based faces to face exercise.</p>



M2. Autonomy - Module Evaluation

Activity (10 min):

Provide post-it to the participants, in 3 different colors: red, yellow and green

Each participant will write on 3 post its of different colors:

- on a green post-it: what worked well during the training, what he/she learnt, what he/she gained
- on a yellow post-it: what could be improved
- on a red post-it: what went wrong

All post-it are then collated to flipchart/blackboard and discussed with facilitator

Quiz (10 min):

Learners will be invited to complete an online quiz consisting of 10 true or false questions to determine their current level of knowledge. This will determine if there has been a distance travelled or knowledge increase as a direct result of completing the training module.

1 Autonomous care means a carer no longer engages with a patient, they are left to make all decisions alone

TRUE FALSE

2 It is the care givers responsibility to educate care recipients on how to deal with set backs and personal failures

TRUE FALSE

3 Promoting autonomous care recipients involves using good interpersonal skills to tell the care receiver what care they need

TRUE FALSE

4 Once an autonomous care recipient has chosen a care path they are unable to review their decisions

TRUE FALSE

5 Autonomous care empowers a care recipient to understand their decisions and consequences when making choices

TRUE FALSE

6 It is solely the responsibility of care recipients to recognize their own health changes

TRUE FALSE

7 Self-directed care means care givers have the right to assess their own needs and how they are met and evaluated

TRUE FALSE

8 Informed choice emphasizes the autonomy of individuals and respects their rights to make decisions about things that will affect them

TRUE FALSE

9 A care giver can choose an autonomous care recipient care plan without consent

TRUE FALSE

10 Knowledge of health technologies assists care recipients to make informed choices and facilitate independent living

TRUE FALSE

Correct answers are in bold letters


A hand is shown from the bottom, gently holding a small, fluffy bird chick. The chick is covered in soft, downy feathers and is facing away from the camera. The entire image is overlaid with a semi-transparent red filter. In the lower-left corner, there is a vertical red bar with rounded ends. The text 'M.3' is positioned at the top of this bar, and the words 'Compassionate Care' are written in large, white, bold letters across the middle of the bar.

M.3

Compassionate Care

Compassionate Care

Compassion is a core value when dealing with person-centred care and allows for the respect of a care recipient's dignity. Compassionate care is when you identify the suffering and distress of another and get impelled to solve it. Introducing compassionate care in organisations is a way to improve relationships and care recipient-care worker-experiences. Very often care recipients tend to value those care workers who are compassionate, kind and generous. Compassionate care can also be a trigger for better performance levels in caring: it enhances «staff efficiency», helps «elicit better patient information», thus leading to «better recovery and increased satisfaction» (Cole-King & Gilbert, 2011)³.

Module #3	Compassionate Care 4h
Contents	<ul style="list-style-type: none"> • Results of T4L discussion groups on compassion • Compassion • Concept • Vertices of compassion • Compassion in care • Care approaches • Compassionate care
Learning Outcomes	<ul style="list-style-type: none"> • Understand the concept of compassionate care; • Develop practical skills that allow compassionate care; • Understand the meaning of integrating compassion into practice into forms of care.
	https://www.tender4life-project.org/b-learning-course.html

³Burnell, L. & Agan, D.L. (2013). Compassionate Care: Can it be Defined and Measured? The Development of the Compassionate Care Assessment Tool. *International Journal of Caring Sciences*, May – August, Vol 6, Issue 2. Cole-King, A. & Gilbert, P. (2011). Compassionate care: the theory and the reality. *Journal of holistic healthcare*, Volume 8, Issue 3. Crawford, P., Brown, B., Kvangarsnes, M. & Gilbert, P. (2014). The design of compassionate care. *Journal of Clinical Nursing*, 23, 3589–3599. Dewar, B. & Nolan, M. (2013). Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies*, 50, 1247–1258. MPATH Project (2016). MENTORS' PROFILE AND COMPETENCES TOOL. Smith S., Dewar B., Pullin S. & Tocher R. (2010). Relationship centred outcomes focused on compassionate care for older people within in-patient care settings. *International Journal of Older People Nursing* 5, 128–136.



SESSION PLAN

Activity 1

How is the human being? >

15 min

Aim of the activity is to help learners to be aware of the human being's potential for compassion and cruelty, but have the power to choose what type of behavior they will have. It is an activity to be performed only in a room with groups of 3 to 4 people

Materials: A3 sheets, Color pens

Activity 2

Scenario >

15 min

Through a scenario provided, participants will be able to assess how they would respond to a given situation. This activity can be carried out in person as described, or it can be presented in a quiz format with the referred situation and four options on the best behaviour to be adopted.

Materials: Scenario

Activity 3

What is compassion >

10 min

Each trainee writes on a post-it note what compassion is about care in their point of view. At the end of the course the same question will be asked and they will answer on a post-it and the differences or similarities will be analyzed.

Materials: Post It

Activity 4

Organize your schedule >

15 min

Create a schedule for a work shift and the tasks they have to do in that shift and check what kind of tasks they have developed if it was just taking care of hygiene, food etc, or if they have planned other types of activities.

Materials: Worksheet with a blank schedule

Activity 5

Values of compassion >

15 min

Aim of this group exercise is to help participant recognizing the values of compassionate care and stimulate a discussion around them. Methodology: This activity should be performed in a classroom environment.

Materials: A5 cards

Activity 6

Recognize the skills of the caregiver >

10 min

Materials: One form per participant

Activity 7

Well-spoken / mis-spoken words >

10 min

This activity is performed with pieces of sandpaper and pieces of cotton and the participants have to say things to each other and each one will have a cotton and sandpaper and will show the other if the words they used are cotton or sandpaper (that is, well said or poorly said).

Materials: Sandpaper, cotton.

Activity 8

Brainstorming >

10 min

Brainstorming exercise to support participants to reflect upon compassionate care in their work practice.

Activity 9

Compassionate behaviours >

10 min

In this exercise, several situations have to be represented in pairs and the remaining participants have to assess whether there is compassion there and if there is no way in which the situation could be changed to a more appropriate one.

Materials: Copies with the situations

Activity 11

What I would like >

10 min

In this exercise, participants should write a letter to their caregiver (in the future) with the essential points that they think they should know about themselves and how they want to be treated. It encourages empathy and a self-reflection on person centered care.

Materials: Personas

Evaluation of the session >

Materials: Post-its.

10 min

Learning Assessment >

Materials: Quiz

10 min

A1 How is the human being	
DSCRIP	<p>Be aware of the potential of the human being for compassion and cruelty, but have the power to choose what kind of behavior will have.</p> <p>Time: 15 min - Construction and discussion</p> <p>Methodology: it is an activity to be performed only in a room with groups of 3 to 4 people.</p> <p>Materials: Sheet A3 per group and pens</p>
OBJ	<ol style="list-style-type: none"> 1. Promote knowledge among participants 2. Create a work environment and discussion among participants 3. Initiate the theme Compassionate Care as a capacity of the human being.
APPLY	<p>Step 1 - Ask each group to draw on an A3 sheet or more a person</p> <p>Step 2 - Each group will have to find 3 Valore, Characteristics, attitudes, interests and competencies, without worrying if they are positive or negative, apneas describe what they understand as characteristics of human beings.</p> <p>Step 3 - At the end of 10 minutes each group presents its results and the characteristics, values etc. that were more evidenced by the participants, to start the final debate of the activity.</p> <p>Step 4 - Final explanation - the human being has a potential for tremendous destruction (Goleman, 2003) however he has at the same time the capabilities that make the human being compassionate: such as self-sensitization, reflation, imagination and reason and planning. - Attention should be drawn to these capabilities and characteristics and the participants should be confronted with their answers.</p>
LRN	<p>Compassionate care comes from human capacities to perceive the suffering of the other and try to make it over. That is, being compassionate allows human relationships and especially care for others to be with higher quality and more humanized. With this work fiche, it is intended that the participants realize that the human being can develop various types of behavior and that when they choose to compose empathy, care, respect and dignity of the other, they achieve better levels of personal and professional satisfaction.</p> <p>This activity will allow us to evaluate what considerations the participants, formal caregivers, have about human characteristics and their competencies for care and "good" in order to understand the extent to which issues of compassion, dignity, respect have already been worked on</p>

A2

Scenario

DSCR	<p>Through a scenario made available in writing or in the PPT presentation, participants will be able to assess how they would respond to a given situation.</p> <p>Duration: 15 min</p> <p>Methodology: This activity can be developed in person as described below, or it can be presented in quiz format with the situation mentioned and four options on the best behaviour to be adopted.</p> <p>Material: Presentation ppt</p>
OBJ	<ol style="list-style-type: none"> 1. Recognize challenging situations 2. Infer about stress-related behaviours 3. Recognize more appropriate responses to stress
APPLY	<p>Step 1 - The presenter the following situation:</p> <p>Imagine that you started your shift at 7:00 in the morning and that you knew at that moment that you had to help 10 people in the bath because your colleague is sick and had to stay home.</p> <p>In the first bath there is nothing to register, it occurs as every day and passes to another room, when it arrives it verifies that the client is not in much mood to bathe and that he is quite ill-disposed, tries to talk to him about what is going on and after some time realizes that he is just bored for no apparent reason and there he gets him to go to the bath.</p> <p>When she gets to the next room the client without even saying good morning says to her: So? Today I was seeing that did not appear!</p> <p>You're already upset because you still have seven more people to take care of and you say, Look, but you think I only have you to attend to? The client is very embarrassed and from there neither she nor you exchange any more words.</p> <ol style="list-style-type: none"> 1 - Do you think you did it correctly? 2 - If yes why? 3- If not why? 4 - And what would you do differently? <p>Step 2 Give each participant the opportunity to think about the situation and what response they would give.</p> <p>Step 3 - Promote the debate among participants and ask them to give examples of similar situations and how they would respond today.</p>
LRN	<p>It is intended with this activity that the participants have a moment of reflection that allows them to recognize stress as a challenge to compassionate care for which it should be diagnosed and worked.</p> <p>This activity does not evaluate the performance of participants only their analysis with regard to the recognition of stress as a limiting of compassion.</p>

A3 What is compassion 10 min	
DSCR	<p>Each trainee writes in a post-it what is compassion in care in their point of view.</p> <p>Methodology: it is an activity to be performed only in the room individually.</p> <p>Material: post - it</p>
OBJ	1. Infer about what is, in your opinion, compassion in care.
APPLY	<p>Step 1 - Distribute a post it to each participant</p> <p>Step 2 - Ask each participant to write what they understand to be compassionate care, a short description.</p> <p>Step 3 - Ask for the post-it and save until the end of the module.</p> <p>Step 4 - At the end of the module ask them to redo the exercise by writing what they understand to be compassionate care and make the comparison of the first post-it and it is verified if there was any change in relation to what they understood by compassionate care at the beginning of the module and at the end.</p>
LRN	<p>Realize that compassionate care is more than "being good" or "doing good."</p> <p>At the end of the course will be asked the same question and will answer in a post-it and will be analyzed the differences or similarities.</p>
A4 Organize your schedule 15 min	
DSCR	<p>This activity is about filling out a form that provides the working time of the participants and they must fill with the daily activities they have to develop, must fill the fiche with a critical sense, understanding if the time is scarce for so many tasks or if they could take advantage of some of the tasks to show compassion for the client.</p> <p>Duration: 15 min</p> <p>Methodology: This activity can be done in a room individually or in groups. Or it can be made available online with the seminal schedule and various activities that must be done in that time, for example, bathing, food, follow-up to the doctor's appointment, etc. and each participant must fill in their schedule and understand if it is too busy to take into account the issues of compassion, or if some of the activities can be extended to show compassion for customers.</p> <p>Materials: Weekly time sheet</p>

A4

Organize your schedule

OBJ	<ol style="list-style-type: none"> 1. Recognizing time as an obstacle or added value to compassion 2. Understand how time can be used compassionately
APPLY	<p>Classroom</p> <p>Step 1 – a weekly schedule is distributed by each participant that must complete with the tasks they have to carry out per shift (baths, hygiene, food, animation...) each participant must complete the study in 10 min.</p> <p>Step 2 – When you are finished filling in, some of the participants will discuss the tasks they have to do and how long they take to perform them.</p> <p>Step 3 – Question whether there are ways to do tasks including forms of autonomy, dignity, and compassion for the customer?</p> <p>Step 4 – give some examples of how one can, without wasting time, have some humanized care, such as: say good morning, good afternoon, or hello again, call people by name, and make sure they know your name, ask permission to undress the person and provide services to them, even if the customer has a less conscious speech do not treat him like a baby. Etc</p> <p>Online</p> <p>Step 1 – Make available a time chart that can be filled with tasks written by the participant or chosen by options or for selection next to the time.</p> <p>Step 2 – There are no right or wrong answers, allow each person to fill in their schedule and at the end of the activity present with images and descriptions the types of compartments that do not take up time but that can promote dignity, autonomy and compassion towards clients.</p> <p>Step 3 – Present the examples indicated in the face-to-face description, or create others taking into account the relationship of your country and what is observed in IO1.</p>
LRN	<p>At the end of the activity, participants should understand how they can take the time for the tasks they need but performing them in an increasingly humanized way.</p>

15 min

A5 Values of Compassion

DSCR	<p>Recognize the values of compassionate care.</p> <p>Duration: 15 min \ Materials: A5 cards</p> <p>Methodology: This activity should be carried out in a classroom environment.</p>
OBJ	<p>1. Recognize the values of compassionate care</p>
APPLY	<p>Step 1 - Create A5 cards for each compassion value: Good; Worried; Gentle, gentle, so, Empathic; Warm; Friendly; Loving; Tolerant; Affective; Patient; Caregiver; Supporter; Sensitive; Encouraging; Useful ; Don't judge</p> <p>Appreciative; Understanding; Friendly; Selfless; Comforter; Appeasing; Reassuring; Validator; Calm ; Respectful; Open; Aware</p> <p>Step 2 - Divide participants into two groups</p> <p>Step 3 - Distribute a set of cards with the values across both groups</p> <p>Step 4 - Give groups 5 minutes to place the values in the order of importance they have in their understanding.</p> <p>Step 5 - all values are important; this activity is only for each participant to become aware of the values underlying compassion.</p>
LRN	<p>At the end of the activity, participants should understand how they can take the time for the tasks they need but performing them in an increasingly humanized way.</p>

10 min

A6 Competences of the compassionate caregiver

DSCR	<p>Recognize the caregiver's skills.</p> <p>Duration: 10 min</p> <p>Methodology: This activity should be carried out online.</p> <p>It can be adapted to the face-to-face format by printing and delivering to each of the participants</p> <p>Materials - Worksheet for each participant</p>
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A6

Competences of the compassionate caregiver

OBJ

1. Recognizing the caregiver's skills

APPLY

Step 1 – Deliver the table below.

Step 2 – Instruct participants to order the skills by its importance when it comes to be compassionate.

Step 3 – Discuss the responses from the group and explore what participants feel it is more important and why.

Step 4 – The purpose of this exercise is to explore the necessary skills and relate to the experiences and feelings of the participants, but at the end, all the skills are important for compassionate care, it depends on the care recipient and the situation.

Compassionate caregiver Skills

- Show respect for the person, his family, and the people that who are important to him.
- Transmit information to you in a way that is understandable to you.
- Communicating the results physical, social, etc. in a timely and in a sensible way.
- Treat so as a person and not as sick, or incapacity
- Listen to him attentively
- Always involve him in the decisions about his care.
- Earn your trust
- Consider the effect of your disability or harm on yourself and your family and on the people, who are important to you.
- Discuss questions comfortably, emotionally, psychologically
- Express sensitivity, care, and compassion with your situation
- Spend a lot of time
- Effort to understand your emotional needs.
- Giving hope, even when the news is not the best
- To show understandings it's in their religious and cultural beliefs.

LRN

Understand what skills the people cared for expect from their caregivers.

10 min

A7

Well-spoken vs. misspoken words

DSCR	<p>Activity with pieces of sandpaper and pieces of cotton and participants have to say things to each other and each will have a cotton and a sandpaper and will show the other if the words they used are cotton or sandpaper.</p> <p>Methodology: a piece of cotton and a piece of sandpaper are distributed by each participant. The trainers prepare a series of "positive" and "negative" words about the care of older people distributed among the participants. The group of participants mixes and goes talking to others individually show the word they have the other will evaluate whether in their opinion is a word "good" or "bad", if it is good passes cotton in the hand of the participant with the word if it is bad passes sandpaper.</p> <p>Materials: Sandpaper, cotton and pieces of paper with the words</p>
OBJ	<ol style="list-style-type: none"> 1. Participants should realize that each person has a different sensitivity to what is said. 2. Infer about compassionate communication.
APPLY	<p>Step 1 - Distribute to participants a piece of cotton and a piece of sandpaper</p> <p>Step 2 - Then distribute a country to each participant (e.g. Pena; Love, love, love, love, solidarity; old)</p> <p>Step 3 - Inform participants that they should get up and walk around the room to show their word individually to other trainees.</p> <p>Step 4 - Each person in which the word is shown must pass the cotton or sandpaper in the hand of the person who presents the word.</p>
LRN	<p>Participants are expected to reflect on the words that are used when dealing with caring people and other team members. For some, very simple words can hurt.</p>

10 min

A8

Brainstorming

DSCR	<p>This activity is a discussion with the participants about the advantages and challenges of compassionate care. The discussion is moderated by the trainer through specific issues.</p> <p>Duration: 10 min</p> <p>Methodology: Brainstorming</p> <p>Materials: Presentation ppt with the questions</p>
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A8 Brainstorming 10 min	
OBJ	<ol style="list-style-type: none"> 1. Recognize the importance of compassionate care. 2. Recognize the challenges of implementing compassionate care and how to address them.
APPLY	<p>Step 1 - The trainer asks the participants the following questions:</p> <ul style="list-style-type: none"> • What hinders my self-confidence? • Is it understandable that my life experiences have developed concerns and fears for me? • Are the obstacles I see in compassionate care? • What can I do to provide more compassionate care is? • What can help me maintain compassionate care in practice? <p>Step 2 - The trainer summarizes the answers to each question, and what is intended is for the trainees to reflect on their daily behaviors.</p>
LRN	Recognize daily and autotomized behaviors that are not compassionate and ways to change them.
A9 Compassionate Behaviours 10 min	
DSCR	<p>Participants are divided into groups and a form such as the one attached is distributed to the group. For each situation defined in the form the group must find what would be its behaviour, the behaviour of the organization and what it expects to be the behaviour of the person cared for.</p> <p>Duration: 10 min</p> <p>Methodology: use the attached specific document</p> <p>Materials - Worksheet 1 per group</p>
OBJ	<ol style="list-style-type: none"> 1. Perceiving the channels of compassionate behaviour and the barriers involved.

A9 Compassionate Behaviours

- Step 1 - Divide participants into groups if there are participants from the same organization make sure they are not in the same group.
- Step 2 - Distribute a worksheet to each group.
- Step 3 - each group must fill in the same and share the results with the rest.

APPLY

EXPECTED RESULT	MY ACTION FOR THE RESULT:	THE ORGANIZATION'S ACTION FOR THE RESULT:	THE CUSTOMER ACTION FOR THE RESULT:
The customer is intended to provide information that will help employees understand it and act on their needs			
Take time to listen to information that may jeopardize the person's safety and privacy			
Customers can share their concerns about the information and services provided to them.			
The care needs of clients are recognized, but they also understand that others may have a more urgent need for care and therefore have to wait for the support of the caregiver.			
Customers are free to ask questions about services, to point out their needs and to make recommendations and complaints if they want.			

LRN

Participants are expected to reflect on the words that are used when dealing with caring people and other team members. For some, very simple words can hurt.

10 min

A10

What would I do?

DSCR	<p>Exercise, create various situations that have to be represented in pairs and the remaining participants have to assess whether there is compassion there and in case there is no way that one could change the situation to a more appropriate one.</p> <p>Methodology: Use of the creation of different scenarios.</p> <p>Materials: Scenarios in A4 sheets to deliver to participants who will represent the scenario. The scenarios can be created by the trainer or by the participants.</p>
OBJ	1. Understand what kind of behaviors are used in everyday life and that are not seen as lack of compassion.
APPLY	<p>Step 1 – Ask two participants (at a time) to interpret one of the scenarios listed in the annex (others can be created in order to the reality of each partner)</p> <p>Step 2 – The two participants represent the scenario and the remaining trainees are asked what they thought of that care provision in what way they think it was compassionate or not.</p> <p>Step 3 – the trainer asks some questions in case the trainees do not voluntarily start participating: What do you think about each situation? Would they do the same?; If not, how would they do it?</p>
LRN	Understand that small gestures can have a lot of weight and can create habits that are not compassionate.

10 min

A11

What I'd Like (letter)

DSCR	<p>Each participant will have time to write a letter to their future caregiver.</p> <p>Methodology: Individual work</p> <p>Materials: white sheets and pen.</p>
OBJ	1. Work the decentring of caregivers.
APPLY	<p>Step 1 – the trainer gives to each participant a white sheet</p> <p>Step 2 – Ask all the participants to write a letter to their future caregivers to tell them the way they want to be treated.</p> <p>Step 3 – At the end, each participant put their letter in an envelope with their address.</p> <p>Step 4 – In the follow-up activity (post-training) the trainer sends the letters to the trainees.</p>
LRN	Look at the kind of caregivers you are and think you should be.



M3. Compassionate Care - Module Evaluation

Activity (10 min):

Provide post-it to the participants, in 3 different colors: red, yellow and green

Each participant will write on 3 post its of different colors:

- on a green post-it: what worked well during the training, what he/she learnt, what he/she gained
- on a yellow post-it: what could be improved
- on a red post-it: what went wrong

All post-it are then collated to flipchart/blackboard and discussed with facilitator

Quiz (10 min):

1 Compassion in care is important because:

- a) Increased concern about the quality standards of care provided by hospitals
- b) Increased awareness of what affects the people cared for and their experiences;
- c) Attempt to cut back on the commodification of health services and social support
- d) **All the above.**

2 Read the following sentences, which ones are true, and which are false:

a) Compassion is not an essential value when dealing with person-centred care because it calls into question the respect and dignity of the client.

TRUE FALSE

b) The term, compassionate care, also derives from empathy

TRUE FALSE

c) One of the characteristics of compassionate care is respect for facilitating the participation of clients and families in care decisions.

TRUE FALSE

d) Motivation is not a necessary competence for compassionate care.

TRUE FALSE

e) Your organization must consider the character of the people you hire.

TRUE FALSE

3 Choose 3 capabilities for compassion that you find important:

- a) **Sensitivity**
- b) T-tail
- c) Dedication
- d) Judge
- e) **Family environment**
- f) Motivation
- g) **Tolerance**
- h) **Empathy**
- i) Intelligence

Correct answers are in bold letters


A close-up photograph of two hands shaking, symbolizing agreement or support. The hand on the left is older and wrinkled, while the hand on the right is younger and smoother. The entire image is overlaid with a semi-transparent green filter. A vertical white bar is positioned on the left side, containing the text 'M.4' and 'Dignity'.

M.4

Dignity

Dignity

The term “dignity” is derived from the Latin “dignus” meaning worthy (Mairis, 1994). Dignity in care means the kind of care, in any setting, which supports and promotes, and does not undermine, a person’s self- respect regardless of any difference. Since dignity is something that can be influenced by others and external factors, we assume that dignity can also be promoted through care practices⁴.

Module #4	Dignity 3h
Contents	<ul style="list-style-type: none"> • Learn what is dignity • Understand how you can protect it in care contexts • Explore how to promote dignity in everyday work
Learning Outcomes	<ul style="list-style-type: none"> • Understand the concept of dignity and how it can be implemented in practice in care settings.
	https://www.tender4life-project.org/b-learning-course.html

⁴ Kinnear, D., Williams, V., & Victor, C. (2014). The meaning of dignified care: an exploration of health and social care professionals' perspectives working with older people. *BMC research notes*, 7, 854. doi:10.1186/1756-0500-7-854 <https://tinyurl.com/nwus87ef> | Clark J. (2010) Defining the concept of dignity and developing a model to promote its use in practice. *Nursing Times*; 106: 20, <https://tinyurl.com/3ssvcjcp> | Nordenfelt L. The varieties of dignity. *Health Care Anal.* 2004;12(2):69–81. doi: 10.1023/ B:HCAN.0000041183.78435.4b | SCIE, Dignity in care, 2013 <https://www.scie.org.uk/dignity/care> | Skills for Care, Common Core Principles: Dignity <https://ccpdignity.co.uk/> | Van Gennip, I. E., W. Pasman, H. R., Oosterveld-Vlug, M. G., Willems, D. L., & Onwuteaka-Philipsen, B. D. (2014). How dementia affects personal dignity: A qualitative study on the perspective of individuals with mild to moderate dementia. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 71(3), 491–501. <https://tinyurl.com/wm7setrp> | Edlund M, Lindwall L, von Post I, Lindström UÅ. Concept determination of human dignity. *Nurs Ethics.* 2013 Dec;20(8):851–60. doi: 10.1177/0969733013487193. Epub 2013 Jun 27. PubMed PMID: 23812559. | Gallagher A. The respectful nurse. *Nurs Ethics* 2007; 14: 360–371. | Papastavrou E, Efsthathiou G, Andreou C. Nursing students' perceptions of patient dignity. *Nurs Ethics.* 2016 Feb;23(1):92–103. Doi 10.1177/0969733014557136. Epub 2014 Dec 10. PubMed PMID: 2550509



SESSION PLAN

Intro

Introduction of the trainer and of the participants >

25 min

Ice-breaking and energizing activity that allows participants to learn what they have in common why walking around and having fun. The aim is to create an opportunity for participants to get to know each other better

Materials: One sheet of paper and a pencil for each participant, Adhesive tape

Activity 1

What is dignity? >

30 min

Aim of the exercise is to help participants understanding what dignity means in practice starting from their own personal experience.

Materials: A copy of the scenario, Paper and pen or each participant,

Activity 2

Where I stand? >

30 min

The aim of this exercise is to start introducing the concept that we might have at some point in our life / work threatened someone else's dignity, even if in principle we agree that respecting dignity is important. At the same time, the exercise aims to create empathy by leading participants to think about situations in which their dignity was not respected.

Materials: List of statements (for the facilitator), Two signs—"Strongly agree" and "Strongly Disagree", Adhesive tape

Activity 3

Imaging dignity >

30 min

Aim of the exercise is to help participants identifying behaviours that they might experience in their daily working life which can threaten the dignity of the care-recipients, which the group analyzes and may change as needed.

Materials: None

Evaluation of the session > *Materials: Sheets of paper and pencils*

10 min

Learning Assessment > *Quiz*

10 min

25 min

Ice-breaker

DSCR	Ice-breaking and energizing activity that allows participants to learn what they have in common why walking around and having fun.
OBJ	Aim of this activity is to create an opportunity for participants to get to know each other better
APPLY	<p>the facilitator gives each participant a sheet of paper on which a circle divided into 4 slices is reproduced. Each slice represents a characteristic (my passion is - what I cannot stand - what other people say about me - one of my characteristics), participants have to fill it out.</p> <p>Participants will then be asked to go around the room with the sheet of paper hanging on their shirt and read the circles of the other participants. Ask participants to explain what they have in common.</p>
LRN	Participants note that they share a common experience of caring for someone.

30 min

A1 What is dignity?

DSCR	Aim of the exercise is to help participants understanding what dignity means in practice starting from their own personal experience.
OBJ	<ol style="list-style-type: none"> 1. Understanding what dignity means in practice 2. Getting to a common understanding of the meaning of dignity
APPLY	<p>Step 1 - provide participants the following scenario: "You mother / father, who is an older woman/man, has been admitted in a care facility because he/she has an onset of dementia and had surgery because he/she broke his/her thigh-bone. It's his/her first day and you visit him/her. You sit in the chair beside him/her, and watch what is going on around you. What do you see and what do you hear that makes you believe that your mother / father will be treated with dignity on this unit?"</p> <p>Step 2 - first, ask each participant to work individually, by writing down something he/she could observe or hear that would make him/her understand that his/her mother/father are being cared for with dignity. Allow 5 minutes to do this task.</p> <p>Step 3 - then ask participants to share and discuss with the what they wrote. The trainer should encourage discussion in order to identify some examples of dignity in practice which are understood by the group. It might be useful to write them down on a flipchart. Some examples could be:</p>

A1 What is dignity?

APPLY	<ul style="list-style-type: none"> • He/she is talked to (not talked at) • He / she is not patronized • He / she has privacy / a private space • She / he is asked how she/he would like to be called • ... <p>When giving feedback to this exercise, you can underline that these behaviors have in common the focus on recognizing the older person as an individual (i.e. a person with own specific identity.)</p> <p>If you have time, you can also take the opportunity to raise a discussion about how these behaviors can be put in place by each care worker, thus underlying that they have the power to adopt attitudes that can really make the difference in promoting dignity.</p> <p>Step 4 – Keep the outcomes of the discussion on the flipchart as you pass to the following exercises and refer back to them anytime needed.</p> <p>[Exercise adapted from: 'With Respect' - Dignity in Residential care training materials https://tinyurl.com/kh96y2ff</p>
LRN	<p>The aim of this exercise is to understand practical implications of the abstract concepts of dignity described in the training module. It is also a way to provide practical examples of behaviors to respect dignity coming directly from participants.</p>

A2 Where I stand?

DSCR	<p>Aim of the exercise is to help participants reflecting on their own personal experiences of dignity.</p>
OBJ	<ol style="list-style-type: none"> 1. Reflecting on what dignity means to you 2. Making the experience of dignity something “personal”
APPLY	<p>Step 1 – The trainer should post two signs—Strongly Agree and Strongly Disagree—on opposite sides of the room to create a continuum</p> <p>Step 2 – The trainer reads the statements about dignity listed below and ask participants to position themselves along the continuum. After participants are positioned, ask at least one student from 2-3 points along the continuum to share his/her reason for standing there.</p> <p>Note that the statements should be read in the order they are written, as they go from very general statements to more personal issues. The goal is that step by step participants can go from general statements, to personal experience of treating someone with (or without) dignity and then to empathy when they think about themselves as having being treated without dignity.</p>

A2 Where I stand?

APPLY	<p>Step 3 – Read the statements:</p> <ul style="list-style-type: none"> • I believe that all human beings deserve to be treated with dignity, regardless of their class, race, religion, behaviors, beliefs and age • I believe that “when we honor others’ dignity, we strengthen our own” • I believe that sometimes it is difficult to treat others with dignity • I have witnessed others being treated without dignity • I have always treated everyone with dignity • I believe that no one can take away my dignity • I have always been treated with dignity • I have personally experienced being treated without dignity <p>Step 4 – The trainer can debrief the exercise asking questions such as:</p> <ul style="list-style-type: none"> • Which questions were easy to answer and which were more difficult? Why? • What have you learned about dignity? About yourself? • Other thoughts, questions, or comments? <p>Trainer can give feedback to the exercise underlying that while in general we can all easily agree that dignity is for everyone, but then in practice it is not always easy to treat or to be treated with dignity: why? What are the factors that might hinder our capacity to treat someone with dignity?</p> <p>[Exercise adapted from: Teaching dignity - https://tinyurl.com/3k8w5772]</p>
LRN	<p>The aim of this exercise is to start introducing the concept that we might have at some point in our life / work threatened someone else’s dignity, even if in principle we agree that respecting dignity is important. At the same time, the exercise aims to create empathy by leading participants to think about situations in which their dignity was not respected.</p>

A2 Imaging dignity

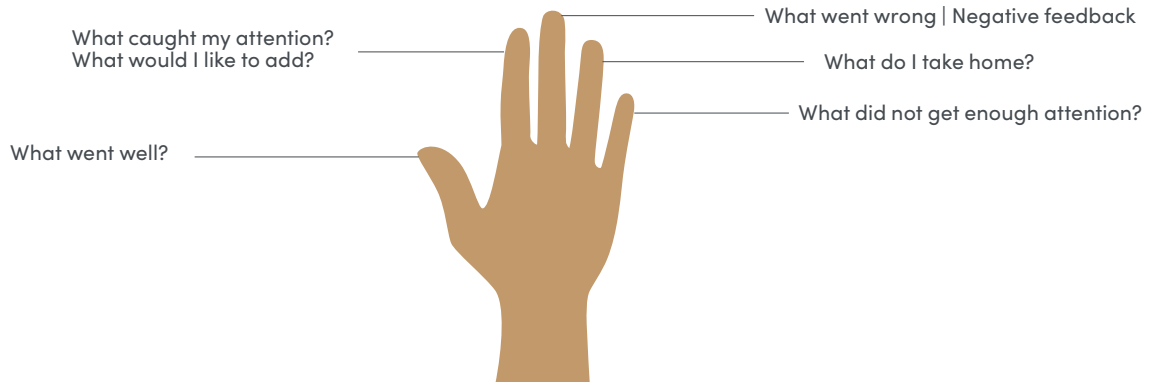
DSCR	<p>Aim of the exercise is to help participants identifying behaviours that they might experience in their daily working life which can threaten the dignity of the care-recipients, which the group analyzes and may change as needed.</p>
OBJ	<p>1. Understanding what kind of behaviours can be considered de-humanizing in a care-setting 2. Discuss and implement change.</p>
APPLY	<p>Step 1 – The trainer divides participants in pairs and ask them to think about a situation that might happen in care setting which they consider dehumanizing or threatening the dignity of the care recipient.</p> <p>Step 2 – The trainer counts 5 to 1 and then the couples, all together, are asked to use the body non-verbally to create a snapshot of the situation they had in mind. The images that they can create resemble living statues. They may sculpt emotions, thoughts, and opinions. They should do this quickly, without pre-thought.</p> <p>They are then invited, one by one, to step into the centre of the room and remake their image in front of their colleagues.</p> <p>Step 3 – The trainer invites the group to analyzes the image: what they see? Do they all see the same thing? Explore the possible different interpretation of body language. Which are the possible thoughts, feelings, and motivators of the action? How can the situation be changed to protect the dignity of the care recipient? The change should be visualized in a new scene.</p> <p>Step 3 can be repeated with more than a scene, according to time availability.</p> <p>[Exercise based on the Image Theatre technique from A. Boal]</p>
LRN	<p>The aim of this exercise is to identify practices potentially threatening dignity of care recipients, discuss them and find ways to change them to protect the dignity of the older person.</p>



M4. Dignity - Module Evaluation

Five finger evaluation (10 min):

Ask participants to draw the shape of their hand on a sheet of paper and fill it in according to the following instructions:



Quiz (10 min):

- 1 Dignity is a concept related with:
 - a. **Honor and respect**
 - b. Wealthiness
- 2 Human rights are
 - a. A concept with no practical implications
 - b. **Protected by binding legal instruments**
- 3 Maintaining confidentiality means that:
 - a. **The older persons should have private spaces for his/her belongings**
 - b. You can share information you get from your client as long as you only do it within his/her own family circle
- 4 Older persons have the same rights as everyone else
 - a. **True**
 - b. False
- 5 The concept of "modesty" is:
 - a. The same for everyone
 - b. **Very personal and culturally-related**
- 6 Psychological abuse is a form of elder abuse
 - a. **True**
 - b. False
- 7 The way professionals see their clients
 - a. Doesn't have an impact on the client's concept of self-worth
 - b. **Is very much connected with the positive or negative self-image of the client**

Correct answers are in bold letters


A large, leafless tree stands in a field under a teal sky. The tree is the central focus, with its intricate branches spreading out. The background is a soft, hazy landscape with other trees in the distance. The entire image has a teal color overlay.

M.5

Privacy

Module 5 - Privacy

Privacy is a fundamental human right in the Universal Declaration of Human Rights but there is no consensus on what constitutes privacy. Today, it is defined as the right to maintain control over personal information about oneself, including information about one's possessions, communications, conducts, and other affairs (Kayaalp 2018). Privacy also includes the right of being alone and keep personal matters and relations within one's self.

Module #5	Privacy 3h
Contents	<ul style="list-style-type: none">• Privacy setting• Dimensions of Privacy• Physical privacy• Physiological privacy• Social privacy• Information privacy
Learning Outcomes	<ul style="list-style-type: none">• Getting to know the concept of privacy• Understand the various dimensions of privacy in different people, and the tools and resources needed to understand the choices and needs of the people cared for• Know how to promote the privacy of the people cared for.
	https://www.tender4life-project.org/b-learning-course.html



SESSION PLAN

Intro	Introduction >	15 min
	Participants are encouraged to brainstorm and discuss about: <ul style="list-style-type: none">- What caregivers and people are told about privacy?- Why there is a need for respect and recognition in care ?	
Activity 1	Physical Privacy >	15 min
	This exercise enable the learner to associate two or more elements and to make logical connections in a visual way. <i>Materials: Printed images</i>	
Activity 2	Psychological privacy >	10 min
	This exercise enables the learner to reflect on psychological privacy and to distinguish it from other types of privacy. <i>Materials: Worksheet</i>	
Activity 3	Informational privacy >	30 min
	In this activity, participants are asked to write down a short essay about informational privacy.	
Activity 4	Case Annie >	15 min
	With this exercise, participants reflect on strategies for care while protecting sensitive data.	
Activity 5	Student reflection-topics >	15 min
	Student reflects on the meaning of privacy by own experience according their personal area. <i>Materials: Post-its of 2 colors</i>	
	Evaluation of the session >	<i>Materials: Sheets of paper and pencils</i> 10 min
	Assessment quiz >	Quiz 10 min

A1 Physical Privacy

DSCR

This exercise enable the learner to associate two or more elements and to make logical connections in a visual way.

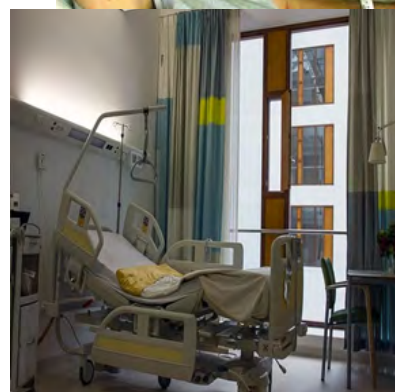
OBJ

With this exercise, learners will reflect on:

- 1.What means physical privacy?
- 2.How to recognize the physical privacy in daily activities?
- 3.How to change environments to solve physical privacy?

APPLY

- 1) Print the following images (or similar) and ask participants to look at them.
- 2) Ask the learners to look at the pictures and discuss with other learners in what pictures physical privacy is possible and in which it is NOT possible
- 3) Ask participants to describe why physical privacy is NOT possible and how you can solve this problem?



LRN

What means physical privacy and how to recognise it in daily activities. Describing of physical privacy. In what pictures physical privacy is NOT possible and why

A2 Psychological privacy

DSCR	This exercise enables the learner to reflect on psychological privacy and to distinguish it from other types of privacy.
OBJ	<p>The learner will understand:</p> <ol style="list-style-type: none"> 1. What is privacy? 2. What psychological privacy means?
APPLY	<ol style="list-style-type: none"> 1) Present to participants a sheet with the following uncomplete sentences <ol style="list-style-type: none"> 1. Psychological privacy is..... 2. Everyone has a right to regulate..... 3. Mental integrity may be offended..... 2) Ask them to complete the sentences by choosing among the following options: <ol style="list-style-type: none"> A. by staff question about the patient’s intimate problem B. a person’s mental integrity C. what they share with others 3) Discuss about these sentences.
LRN	Understanding what psychological privacy means and why this is important

A3 Informational privacy

DSCR	In this activity, participants are asked to write down a short essay about informational privacy.
OBJ	<p>Provide participants opportunity to reflect on informational privacy.</p> <ol style="list-style-type: none"> 1. What informational privacy means? 2. To recognize situations and explain these rules in everyday life.
APPLY	<p>Ask participants to write a short essay (minimum 100 characters) about informational privacy, recognising situation on real life where it is at risk and possibly link it with GDPR rules protecting this type of privacy.</p> <p>Afterwards essays can be read out loud and discussed in group.</p>
LRN	What informational privacy means and how to use the rules in everyday work.

15min

A4 Case Annie

DSCRIP	With this exercise, participants reflect on strategies for care while protecting sensitive data.
OBJ	<p>Aim of this exercise is to understand:</p> <ol style="list-style-type: none"> 1. What means sensitive data 2. Strategies for care while protecting sensitive data 3. Working with sensitive data in everyday life
APPLY	<p>Students are working in pairs: one of them is Annie and the other 'care worker'</p> <p>Read Annie's questions. Answer the questions and concerns that Annie has below:</p> <ol style="list-style-type: none"> 1) Do I have right to say who can observe me? 2) Do they (= other residents, staff) talk about me? 3) If they are talking, what are they talking about me? 4) What are they observing? 5) Can I turn off the devices if I want to? 6) Will I be reminded that the devices are on?
LRN	Strategies for care while protecting sensitive data

15min

A5 What privacy means

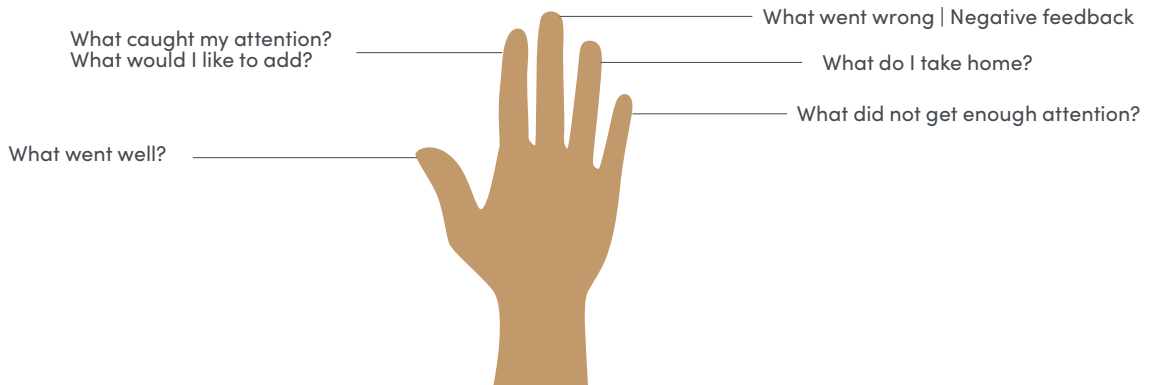
DSCRIP	Student reflects on the meaning of privacy by own experience according their personal area.
OBJ	<p>Reflection on:</p> <ol style="list-style-type: none"> 1. What is privacy? 2. What means personal area?
APPLY	<ol style="list-style-type: none"> 1) Provide participants with post-its of two different colors and ask each of them to write at least one post-it about: <ul style="list-style-type: none"> • Meaning of personal area (yellow post-it): Please describe in what kind of situations have you yourself felt that someone has crossed your personal area? • Green post-it: What kind of subjects you have in your life, in your home and in your lifestyle you would not like other people to see or get to know? 2) Repeat the rules of data protecting 3) Open a group discussion: How can you solve these situations? What kind of recommendations you would like give to care workers?
LRN	Understanding and internalize idea of privacy, rules of data protecting and how to work with personal data by self-reflection method.



M5. Privacy - Module Evaluation

Five finger evaluation (10 min):

Ask participants to draw the shape of their hand on a sheet of paper and fill it in according to the following instructions:



Quiz (10 min) - What is privacy?

1 Choose propositions which you think describe social privacy:

- A. Social privacy can be implemented so that the person can meet his or her significant relatives and/or friends without disturbing other people.
- B. Social privacy means that the person has right to informational secrecy.
- C. Social privacy can never be a cultural issue.

2 Which of the following words relates to informational privacy:

- A. Security
- B. Tracking technology
- C. Culture
- D. Hygiene care
- E. Self help
- F. **Confidentiality**
- G. **Medical records**
- H. Relatives

3 Find words which are associated with ethical principles for securing data:

- A. **Informed consent**
- B. **Right to confidentiality**
- C. Right to be a doctor
- D. Development of multicultural issues
- E. **Development of service plan**
- F. **Privacy protection**
- G. Nutrition protection
- H. Informed family members

4 Choose statements you think describe European regulations for digital safety:

- A. **Clients must be able to verify whether health data is accurate and to rectify any inaccurate or incomplete information.**
- B. Data quality is ensured when you gather data from the client as much as possible
- C. **Health data should only be processed by health professionals who are bound by the obligation of medical secrecy.**
- D. **GDPR means the general data protection regulation.**
- E. **Clients must be informed for what purposes their health-related information is processed.**
- F. Clear retention periods are not necessarily established what comes to health data

Correct answers are in bold letters




M.6

E-Health

Module 6 - E-Health

Digital competence is defined by the DIGCOMP PROJECT as “the confident, critical and creative use of ICT to achieve goals related to work employability, learning, leisure, inclusion and/or participation in society (Retrieved from: <https://tinyurl.com/2jtntz34>).

According to DigComp 2.0, we identify 5 key areas: information and data literacy, communication and collaboration, digital content creation, safety and problem solving. We can distinguish in these five key areas of DigComp 2.0 framework the concept of eHealth literacy. eHealth literacy has been defined by Norman and Skinner and includes 6 core literacies including Health literacy, traditional literacy and numeracy, Media literacy, Information literacy, Computer literacy and Science literacy.

Module #6	E-Health	3h
Contents	<ul style="list-style-type: none">• What is e-health• How to access information	
Learning Outcomes	<ul style="list-style-type: none">• Access, search and evaluate online resources (health information) in any search process• Protect personal data and privacy in digital environments.	
	https://www.tender4life-project.org/b-learning-course.html	



SESSION PLAN

Ice-breaker	Ice-breaker >	10 min
	The participants introduce themselves in the team, and the trainer asks each participant to openly comment on their digital skills, what they can and /or can't do and what are their expectations from this module. They are also prompted to debate whether the use of ICT could (or not) make a difference in their daily work with older people.	
Activity 1	Introduction >	30 min
	The participants are presented with a set of cards (related with elder care tasks based on e-health) and asked them to choose one card. The participants then apply the activity of the card on their mobile phone or tablet with the help of the trainer.	
Activity 2	Evaluating Information >	30 min
	The trainer asks participants to do a google search to find an information based on the following subject: "Prevent Falls and Injuries Among the Elderly". Try first to do a "simple search" and then use the advanced Google search in order to locate the exact phrasing and compare the number and the relativity of the results.	
Activity 3	Safety >	30 min
	The trainer asks participants to identify all the device communication mechanisms exposes a mobile device to a distinct possible set of threats	
	Then the trainer asks participants to set up a screen lock and/or PIN, pattern, to secure an Android phone or tablet and in addition to activate the "System Protection" – "Anti-Malware" for "Enhance your Privacy" for additional protection on a mobile device	
Activity 4	Closing with Q&A >	10 min
	With this exercise, participants reflect on strategies for care while protecting sensitive data.	
	Module evaluation >	<i>Materials: Sheets of paper and pencils</i> 10 min
	Assessment quiz >	<i>Quiz</i> 10 min

Materials: PPT presentation, cards, paper, markers, pens, hand-outs, smart phones, tablets, computers. Each participant can use his/her own devices.

A1 Introduction of e-health

DSCR	<p>This exercise has been conceived to be delivered face-to-face but can also be delivered online as a self-reflection exercise</p> <p>Aim of the exercise is to help participants understanding how to search, find, and apply online health information in their daily practice.</p> <p>Requirements: Good digital skills are required</p>
OBJ	<ol style="list-style-type: none"> 1. Understand how to search, find, download an application and apply specific information related with specific car tasks 2. Integration of ICT in their work
APPLY	<p>Step 1. The participants were presented with 9 cards (related with elder care tasks based on e-health) and asked them to choose one card.</p> <p>(CARD EXAMPLES)</p> <ol style="list-style-type: none"> 1) You need to find information how to treat bedsore wounds 2) The older person you care for, suffers from dementia and his/her wandering has exacerbated. The older person wishes to leave the house. You need to find information on how to intervene (non-pharmacologically) and alleviate this symptom. 3) You have recently read about cognitive training and how it could assist your patient. You decide to search on the internet for exercises for older people 4) You want to improve your communication skills with the family and your older patient. You decide to search the internet for some advice 5) You need to enhance your skills in relation with (please add according to your interest), you decide to search online for elearning courses. 6) The older person seems depressed, you have discussed with family, doctor and other health care professionals and now you decide to go online and search information how to handle this symptom. 7) You are interested to find the most recent research on (please add according to your interest) <p>Step 2. The participants search online for websites and applications after selecting one card. The trainer provides below instructions:</p> <ol style="list-style-type: none"> 1. Search on your smartphone, tablet or laptop for an application or website. <ol style="list-style-type: none"> a. download and install an app (iOS and Android) related to your work e.g apps4carers (android), Dianopia app (cognitive training), Zoom Cyprus, Medication Reminder, Cyprus Pharmacies (each partner country will add ehealth technologies accordingly), with the help of the trainer b. Open the browser and visit a website with the help of the trainer. The website of the new NHS: https://www.gesy.org.cy/launchpad.html , Disease-specific platforms and informational websites: e.g. https://informcare.eu. You may use keywords related to the topic written on the card.

30 min

A1 Introduction of e-health

APPLY	<p>Select the most appropriate sources to find information related to the selected card, for example if you have selected the card for assisting the older person with cognitive training exercises or to find information how to take care a bed sore wound, write down the websites you prefer and why.</p> <p>Step 3. Participants share difficulties with the group.</p> <p>Step 4. The trainer assists and encourages/supports participants and answers their questions</p> <p>Material needed: paper and pencil, smartphone or tablet, internet</p>
LRN	<p>The aim of this exercise is to understand practical what eHealth literacy means as described in the training module. It is also a way to apply in practice (on their mobile phone or tablet) examples related with elder care tasks based on e-health.</p>

30 min

A2 Evaluation of information

DSCRIP	<p>This exercise has been conceived to be delivered face-to-face but can also be delivered online as a self-reflection exercise</p> <p>Aim of the exercise is to help participants To help Care Workers to find and evaluate online resources in any search process. Estimated Duration: 30 min.</p> <p>Requirements: Good digital skills are required</p> <p>Material: paper and pencil, smartphone or tablet, internet</p>
OBJ	<ol style="list-style-type: none"> 1. Be able to identify trustworthy content and trustworthy resources. 2. To get a small number of relevant and specific and quality results and to be in a position to understand the currency and timeliness of the data.
APPLY	<p>Step 1. The participants were presented with 6 cards (related with Evaluation of info based on their everyday duties) and asked them to choose one card.</p> <p>CARD EXAMPLES)</p> <ol style="list-style-type: none"> 1) You are given 2 websites and you are asked to find out Who created and owns the websites and whether ownership of the websites is clearly indicated. 2) You are given a website and you are asked to identify What links to other websites does this site include 3) On the Internet, each website address or URL has a domain as part of the address that identifies the the type of the website. You are given a number of website addresses and you need to identify and discuss each part of the website address

A2 Evaluation of information

APPLY	<p>4) You are given a website address leading to a specific document. You are asked to locate the document and identify the author, and the date which the document was lastly updated.</p> <p>5) You are asked to name the various Browsers available and which out of the existing you might possibly have installed on your device</p> <p>6) The participants are asked to locate any "Search engines-machines" and to identify the most famous or well-known one</p> <p>7) The participants are asked to "visit" the sites : https://www.google.com/ and https://www.google.com/advanced_search and thus compare and discuss the various available fields</p> <p>Step 2. The participants are asked to Find information about: "Prevent Falls and Injuries Among the Elderly"</p> <p>2. The participants are asked to:</p> <p>c. "Visit" first the site : https://www.google.com/ and proceed to a simple search for the subject : "Prevent Falls and Injuries Among the Elderly"</p> <p>d. "Visit" the site: https://www.google.com/advanced_search and carry out the same search by filling the various available fields.</p> <p>e. Discuss the number and the relativeness of the results in both cases</p> <p>Step 3. Participants share difficulties with the group.</p> <p>Step 4. The trainer assists and encourages/supports participants and answers their questions</p>
LRN	<p>The aim of this exercise is to help the elder carers to find and evaluate online resources in any search process as described in the training module.</p>

A3 Safety of mobile Devices

DSCRIP	<p>This exercise has been conceived to be delivered face-to-face but can also be delivered online as a self-reflection exercise</p> <p>Aim of the exercise is to help participants To protect devices and digital content, and to understand risks and threats in digital environments.</p> <p>Requirements: Good digital skills are required</p> <p>Material: paper and pencil, smartphone or tablet, internet</p>
OBJ	<p>1. To protect devices and digital content of the carers, and to understand risks and threats in digital environments.</p> <p>2. To know about safety and security measures and to have due regard to reliability and privacy.</p>

A3 Safety of mobile Devices

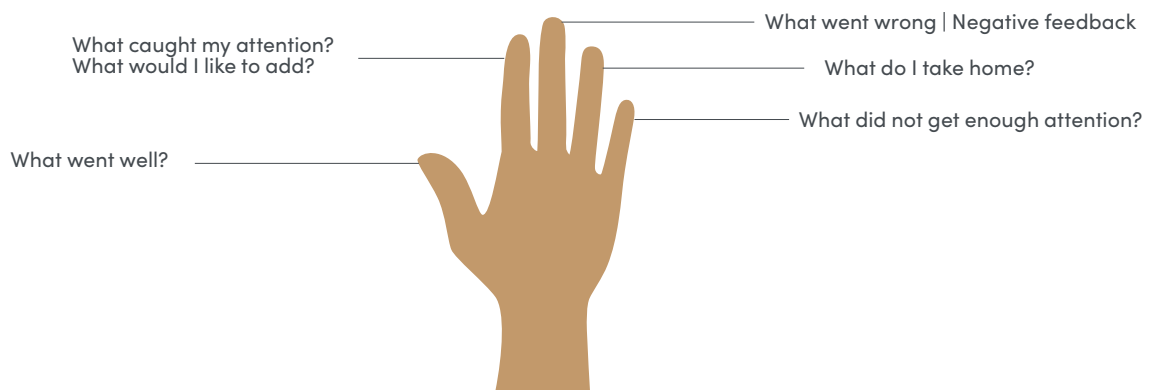
OBJ	<p>3. To protect personal data and privacy in digital environments. To understand how to use and share personally identifiable information while being able to protect oneself and others from damages.</p> <p>4. To understand that digital services use a “Privacy policy” to inform how personal data is used.</p>
APPLY	<p>Step 1. The participants were presented with 9 cards (related with Safety on Mobile Devices tasks based on Safety on Mobile Devices) and asked them to choose one card.</p> <p>(CARD EXAMPLES)</p> <ol style="list-style-type: none"> 1) You need to locate wireless and wired device communication mechanisms exposes on mobile device 2) You need to identify the possible threads related to each wireless and wired communication ports 3) You have recently installed a new application on your mobile device. Read about Safety on Mobile devices and learn how it could harm your device. 4) You want to improve safety measures on your mobile device against threads coming from the internet or from the installed applications threatening your device and your data. 5) You need to activate/de-activate all the possible settings on your device in relation with your privacy, 6) The participants are asked to change the default PIN (Personal Identification Number) and or password they have entered in their mobile device) <p>Step 2. The participants are asked to install an application on their device after selecting one card. The trainer provides below instructions:</p> <ol style="list-style-type: none"> 1. Search on your smartphone, tablet or laptop whether the application Medscape is installed on your mobile device. 2. If it is not installed, then You asked a) to Download and install this application on your mobile device (From Playstore https://play.google.com/) 3. Discuss first with your group what possible threads for your data and your device might arise out of the installation of this application. 4. Identify and discussed each permission the application requires on your device and identify which permission concerns the data and which the device and consequently your privacy. <p>Step 3. Participants share difficulties with the group.</p> <p>Step 4. The trainer assists and encourages/supports participants and answers their questions</p>
LRN	<p>The aim of this exercise is to help the elder carers to protect devices and digital content as described in the training module. It is also a way to apply in practice safety measures related with the privacy of the users and the safety of the mobile device as well.</p>



M6. E-Health - Module Evaluation

Five finger evaluation (10 min):

Ask participants to draw the shape of their hand on a sheet of paper and fill it in according to the following instructions:



Quiz (10 min)

- 1 E-Health is a promising field of business and industry aiming to enhance related technologies
 TRUE FALSE
- 2 Remote health monitoring is a dimension of telehealth
 TRUE FALSE
- 3 Telemedicine is also a dimension of telehealth
 TRUE FALSE
- 4 E-Health Literacy is a new field and consists of six core literacies according to Norman & Skinner (2006)
 TRUE FALSE
- 5 When searching a website it is only important to know the date of uploading
 TRUE FALSE
- 6 A URL is a unique address for a file that is accessible on the Internet-webpage, image, sound file, etc
 TRUE FALSE
- 7 Semi-protected articles in Wikipedia can be edited
 TRUE FALSE
- 8 Google advanced search is preferred for detailed search
 TRUE FALSE
- 9 It is not important to configure your device with a password
 TRUE FALSE
- 10 Posting your number online whenever is requested on public websites should be prevented
 TRUE FALSE
- 11 Using public Wi-Fi hot-spots it is recommended when outside
 TRUE FALSE
- 12 GPS, WIFI, Bluetooth, SIM, Cellular function, NFC, SD card and Power and synchronisation cable expose your device to certain threats and must be secured
 TRUE FALSE
- 13 It is not important to change permissions for apps on your mobile phone
 TRUE FALSE




M.7

Collaboration and Communication

Module 7 - Collaboration and Communication

Communication is described also as a method of sending and receiving messages by combining verbal and non-verbal communication competences (Arnold & Boggs, 1995 and Balzer-Riley,1996). Everyone has his/her unique way of communicating. People learn how to communicate through experiences and social relationships. According to Manning (1992) a persons' daily encounters and way of speaking can be influenced by environment and social rules under which he/she operates. Communication on the other hand can be affected by person's ability and disability thereby influencing the context of interaction. Diseases like aphasia and dementia can compromise person's ability to communicate. For good care to be given, professionals in social and healthcare must master good way of communicating.

Good communication encourages collaboration, fosters teamwork, and helps prevent errors.

Module #7	Collaboration and Communication 3h
Contents	<ul style="list-style-type: none"> • Effective communication • Teamwork • Social Interaction and Collaboration
Learning Outcomes	<ul style="list-style-type: none"> • Understand the importance of communication and collaboration within the care work settings and, develop and maintain an effective communication with the care recipient, their family, and other professionals.
	https://www.tender4life-project.org/b-learning-course.html



SESSION PLAN

Activity 1

Role-Play In Their Shoes >

20 min

The aim of this activity is to help the formal caregivers to understand the challenges of the people they work with.

Materials: Chairs, a blindfold, earphones

Activity 2

What would you do? >

20 min

This activity can be done face to face and its aim is to help the caregivers understand the communication types and choose the best way to answer a person in their care or to their family or other professionals.

Materials: 3 printed scenarios

Activity 3

Improving efficiency of teamwork >

20 min

This activity will help the participants understand why teamwork and strategy planning is important when working for a case in an interdisciplinary team.

Materials: One throwable object, such as a ball or a rubber toy

Activity 4

Improving the listening skills of caregivers >

20 min

This activity will help the participants to understand why listening is a key skill in working with older people, and that sometimes we have to let the other person speak and to pay active attention to their words (active listening), thus strengthening the listening skills.

Materials: Cards with different terms written on them. The terms should be related to the subject, such as: teamwork, older people, care services, dementia...

Activity 5

Creative communication >

20 min

This game is effective for finding new ways to communicate around barriers. It also helps build problem-solving skills and effective communication strategies.

Materials: Chairs, random objects from the training room

Module Evaluation >

Materials: Post-its

10 min

Learning Assessment >

Quiz

10 min

A1 Role-Play in their shoes

DSCR	<p>This is a face-to-face, role-play activity. Its aim is to help the formal caregivers to understand the challenges of the people they work with. In this activity, the participants will role-play the elder care recipient or the formal caregiver and try to get a message across in order to hone their communication skills.</p> <p>Duration: 20 minutes (depends on how quick the communication and understanding of the activity will be done)</p> <p>Materials: Chairs; A blindfold, Earphones</p>
OBJ	<ol style="list-style-type: none"> 1. Help formal carers empathise with their care recipients better 2. Make formal carers understand how important communication is within their job 3. Understanding the feelings of helplessness that an older person goes through
APPLY	<p>Step 1. There should be a minimum of 2 people role-playing as care recipient. The twist is, they will have an impairment which will make communication more difficult. If there are only 2 people roleplaying, one of them will wear earphones (without music) in order to simulate not hearing correctly, and the other one will have a white cloth/bandage over their eyes, in order to simulate impaired vision.</p> <p>Step 2. To each care recipient will be assigned a formal carer, a different participant. We will have 4 scenarios and each will have a timeframe of 5 minutes to make the other person understand the message.</p> <p>Step 3. Depending on the impairment of the care recipient, these are the scenarios:</p> <p><u>Hearing impaired:</u></p> <p>Scenario 1. You have to explain to the care recipient that his/her family is coming over for a visit and that they are planning to take him/her home. Use any kind of method to explain it to them, focus on non-verbal communication (but avoid plainly writing a message on a sheet of paper since it would be too simple).</p> <p>Scenario 2. You have to explain to the care recipient that you have to modify their pill-taking schedule. Instead of taking pills with every meal, they will now take them only for breakfast and lunch. Your care recipient is known for not getting up for breakfast every day. As a formal carer you have to get the message across, in spite of their hearing problems, that they need to attend breakfast and be sure to take the pills every day.</p> <p><u>Visually impaired:</u></p> <p>Scenario 1. The family of the care recipient has arrived and they are in a different part of the building. You have to convince the visually impaired elder patient to trust you to walk together to that different part since families are not allowed in the current room. However, there is a twist: the elder does not want to be touched, so you will have to instruct them about the path they should walk on. Walk very slowly so that no accidents happen. The destination in the game should be up to the role-playing caregiver; you don't have to really walk to another part of the building.</p>

A1 Role-Play in their shoes

APPLY	<p>Scenario 2. The older person wants to go out for a walk, but because of his/her, visual impairment needs to be all the time supervised. At the same time, you need to take care of another person who has to take lunch and you cannot join him/her for the walk. Try to explain to him/her the risks of going out without supervision and find a way not to upset him.</p> <p>Step 4. After the 5 minutes of the exercise are up, have a discussion with the people who role-played the older person and the carer, respectively. Ask them to sum up how they felt about having limited senses/how they felt about being so difficult to get their point across to a person with impaired senses. Discuss how such situations happened in their work life and how to solve them.</p>
LRN	<p>With this exercise, participants will learn to empathize with the persons in their care and to learn how to communicate better and in a clearer way. After the exercise, they will discuss about their feelings and give feedback to each other to help them with future similar situations.</p>

A2 What would you do?

DSCR	<p>This activity can be done face to face and its aim is to help the caregivers understand the communication types and choose the best way to answer a person in their care/their family/other professionals. In this activity, the participants will read aloud some scenarios and then propose at least two different solutions.</p> <p>Duration: 20 minutes. Materials: 3 printed scenarios</p>
OBJ	<ol style="list-style-type: none"> 1. Help formal carers interact with their patients/other social groups they come in contact with 2. Make formal carers understand how important communication is within their job 3. Understand the types of communication
APPLY	<p>Step 1. Divide the participants into 3 groups and share a scenario sheet to each group. They will need to propose at least two solutions taking into consideration the three types of communication: passive, aggressive and assertive (which is the recommended one).</p> <p>The scenario sheets are as follows:</p> <p>Scenario 1 – Older Patient</p> <p>One of your patients, Rose, has recently become more aggressive than usual. She has even thrown her pills on the ground and will refuse to eat, saying that the food tastes like 'prison food'. When her family is around she will act better but they cannot visit more than once every 2 weeks. How should you respond to Rose's behaviour?</p> <p>Solution: Even if you repeat yourself, calmly explain every time that it's important to eat the food and take the pills after every meal. Spend time with her during meals and make sure she gets access to the pills only when taking them. (assertive)</p>

A2 What would you do?

APPLY	<p>Scenario 2 – Older Patient’s family</p> <p>The Smith family comes at your centre to visit their dementia-stricken uncle, Rob. He was always sociable and a jokester but now he has become very calm, lazy and unlike himself. The Smith family finds you after their visit and accuse you of giving too many pills and sedating Rob. How should you respond to the Smith’s family accusations?</p> <p>Solution: Explain to them how dementia has different manifestations and how it can affect people differently. Give comprehensive information about Rob’s pill plan and explain how his change of behaviour has nothing to do with being ‘sedated’, but with changes from dementia. (assertive)</p> <p>Scenario 3 – Meeting with physiotherapist</p> <p>During a lunch break, you meet with your physiotherapist colleague, Andrew. He tells you that he has some problems with one of the patients; Andrew thinks that his patient is doing worse because he hasn’t been treated right by another professional in your centre. Andrew starts gossiping about that certain professional’s lack of work dedication and talent in the field. How do you reply?</p> <p>Solution: I propose we both talk to the colleague, present these facts to him and talk about our common treatment plan more seriously. (assertive)</p> <p>These scenarios are meant to help the participants put elder care into a realistic perspective and understand why they should communicate assertively.</p>
LRN	<p>With this exercise, participants will learn the types of communication focusing mainly on how to answer in an assertive way. They can also share common experiences when they, or other professionals responded in a different style, and what happened afterwards.</p>
<h2>A3 Interdisciplinary team</h2>	
DSCR	<p>This activity will help the participants understand why teamwork and strategy planning is important when working for a case in an interdisciplinary team.</p> <p>Material: 1 throwable object, such as a ball or a rubber toy Duration: 20 min</p>
OBJ	<ol style="list-style-type: none"> 1. Help formal carers interact with other members of the interdisciplinary team 2. Make formal carers understand how important non-verbal communication is within their job 3. Understand the importance of strategy planning and efficiency in teamwork

A3 Interdisciplinary team

APPLY	<p>Step 1. Ask the group to stand in a circle and throw the throwable object back and forth from person to person so that everyone in the group gets it at least once, and it ends up back at the first person. Explain that this exercise symbolises a case (the throwable object) passing through the hands of every member of the multidisciplinary team, who has to do some work for this case. Without telling the group, time the activity.</p> <p>Step 2. Once the activity is complete, tell the group the time in which they completed it. Then explain to them that the next task is to throw the object again in the same order that it has been thrown for the first time, only this time, they have to do it faster than the first. You can set the timer 5 seconds shorter for this second round. However, they are allowed to stand closer together, or roll the object on the ground instead of in the air, or directly give it to each other without throwing. The only rules are that they should give it to each other in the same order, and as fast as possible.</p> <p>Step 3. Repeat this exercise for more rounds, subtracting 5 seconds from each round. At a certain point the timeframe might become too uncomfortable and impossible to respect and you can stop the exercise.</p>
LRN	<p>The aim of this exercise is to teach the participants that an interdisciplinary team can handle a case more efficiently if they learn how to restructure their work and change the approach. No additional resources or staff have been added – just a change of strategy and approach. The throwable object is passed in a certain timeframe if the participants are relaxed, but afterwards they can speed up the process and heighten the efficiency depending on their strategy.</p> <p>Reflect on how this method can be used in real-life patient care. You can have a brainstorming session with the participants regarding interdisciplinary team communication strategies. Think about how non-verbal communication was also important in understanding the next move of the other participants, and how it would be important in real life teamwork.</p>
<h3>A4 Just Listen</h3>	
DSCRIP	<p>This exercise has been conceived for the face-to-face sessions.</p> <p>This activity will help the participants to understand why listening is a key skill when working with older adults, and that sometimes we have to let the other person speak and to pay active attention to their words (active listening), thus strengthening the listening skills. Listening is an incredibly important part of good communication, and it's a skill that people often overlook in teamwork and direct elder care.</p> <p>Duration: 20 minutes.</p> <p>Material: Cards with different terms written on them. The terms should be related to the subject, such as: teamwork, older people, care services, dementia...</p>
OBJ	<ol style="list-style-type: none"> 1. Help formal carers understand the importance of active listening 2. Make formal carers understand how important communication and listening are within their job 3. Understand the importance of being able to hold a neutral standpoint

A4 Just Listen

APPLY	<p>It is preferable to have 2 even-numbered teams. Have your team members sit down in pairs.</p> <ol style="list-style-type: none"> 1. Give each pair eight cards. One partner will blindly choose a card and then speak for three minutes on how they feel about the topic. The subject can be either past experiences or their general opinion on the certain topic. 2. The catch is for the other person to just listen and nothing more for the time being. After the time is up the other person has one minute to recap on what his partner has said. He cannot debate, agree or disagree – only summarize. 3. Next, the roles switch, and the process starts again.
LRN	<p>Talk with your team members about how they felt about this exercise. Discuss these questions: How did speakers feel about their partners' ability to listen with an open mind? Did their partners' body language communicate how they felt about what was being said? How did listeners feel about not being able to speak about their own views on the topic? How well were they able to keep an open mind? How well did they listen? How well did the listening partners summarize the speakers' opinions? Did they get better as the exercise progressed? How can they use the lessons from this exercise at work?</p>

A5 Creative Communication

DSCRIP	<p>This game helps drive creative communication and it can be done during the face to face sessions. There will be teams of 2 people. This game is effective for finding new ways to communicate around barriers. It also helps build problem-solving skills and effective communication strategies. This exercise focuses on communication and its importance. It is crucial to understand that, what you think you are saying may not be what others perceive. Through verbal description alone, the participants should be able to see things from the other's point of view.</p> <p>Duration: 20 minutes. Material: Chairs, random objects</p>
OBJ	<ol style="list-style-type: none"> 1. Helps the formal carers understand the importance of creative communication 2. Make formal carers understand how important communication is within their interdisciplinary team 3. Understand the importance of being able to use creativity to get your idea across to others
APPLY	<p>The activity will be done in pairs. Person A has an object and must describe it (without explicitly saying what the object is) to person B. Person B must then draw it based on person A's description; Person B have no idea what the object is and must rely solely on how Person A describes it. Person A must use words that are descriptive as to shape, size and texture but not specific enough (the name of the object, or where it can be used). Then, the rest of the participants will have to guess what was the object.</p>
LRN	<p>Talk with your team members about how they felt about this exercise. Discuss these questions: What could the describer have done to make the description easier for the artist to visualize? What words or types of descriptors would be most useful? How important was previous experience with the object in communicating the information between the partners?</p>



M7. Collaboration and Communication - Module Evaluation

Activity (10 min):

Provide post-it to the participants, in 3 different colors: red, yellow and green

Each participant will write on 3 post its of different colors:

- on a green post-it: what worked well during the training, what he/she learnt, what he/she gained
- on a yellow post-it: what could be improved
- on a red post-it: what went wrong

All post-it are then collated to flipchart/blackboard and discussed with facilitator

Quiz (10 min):

- 1 Why is it important to have good communication skills within formal elder care?
 - a. It helps maintain the reputation of the caregiver and the centre they work in
 - b. It helps the family of the care recipient to give them more help from outside
 - c. It helps the caregiver assess an older patient's concerns, show understanding, empathy, support and provide comfort**
- 2 What are the elements that can impact the communication with older people?
 - a. The physical setting and environment of the older person
 - b. Sensory impairments, intellectual ability and level of emotional wellbeing and distress**
 - c. The existence of a friendly relationship between the older patient and the caregiver
- 3 How can you make a patient feel that you are interested in them?
 - a. By sitting face-to-face and making eye contact**
 - b. By saying hello to them every time you see them
 - c. By contacting their family frequently
- 4 How can you make yourself understood when communicating with a difficult older care recipient?
 - a. Talk as loudly as possible to get the message across
 - b. Explain your message slowly, calmly and clearly**
 - c. Ask a more qualified professional to get your message across to them
- 5 Is teamwork with the patient's family useful?
 - a. Yes, but they should be consulted as little as possible since they are not professionals
 - b. Yes, studies have shown that families prefer to be actively involved in care and that their engagement can have many positive impacts**
 - c. No, they should stay out of it especially if they lack the knowledge regarding the subject

- 6 What is very important not to forget when communicating with the patient's family?
- a. Nothing, since the patient's family don't have to be consulted very often
 - b. The exact care plan should be communicated to the patient's family
 - c. The carer should be careful not to share information they are legally not able to give**
- 7 How should a caregiver encourage communication?
- a. Make weekly meetings with the families and the other professionals to establish the steps that will be taken in the care process
 - b. Encouraging professional, open, respectful, empathetic communication, both at the beginning of the relationship as well as throughout the process of care**
 - c. The caregiver should let the communication happen organically and shouldn't get involved too much

Correct answers are in bold letters

Project Partners

