Integrated Care for Older People

A manual for nurses

Facilitator's Guide

World Health Organization
Regional Office for South-East Asia
Contents

Foreword v

Background and objectives of the training programme vii

Part I: Planning and preparing 1

Section I: Introduction to the training programme 3

Section II: Designing the structure and content of the training programme workshop 9

Section III: Training methodologies 13

Section IV: Assessment of trainees 21

Section V: Inviting participants and other contributors 25

Section VI: Planning for the training programme workshop 27

Section VII: Evaluation methods for the training programme workshop 29

Part II: Guideline for conducting individual modules/training programme 31

Session: Introduction to nursing care of older people 37

Session: Communication with older people 38

Session: Common health problems of older people 39

Session: Intrinsic capacity, functional assessment of older people and ICOPE care path 40

Session: Health promotion and disease prevention in old age 43

Session: Health promotion and disease prevention in old age (case study) 44

Session: Geriatric syndrome 45
Session: Care of hospitalized older people
Session: Care of the bed-bound older person and transfer
Session: Care of the older person with mental health issues
Session: Palliative and end-of-life care
Session: Abuse of the older person
Session: Long-term care nursing
Session: Caring for the caregiver
Session: Caring for a person with caregiver stress

Annexure I: Sample questionnaire for pre-and post-training knowledge assessment
Annexure: II: PowerPoint presentation slides
Background and Objectives of the Training Programme

Foreword

Populations across the WHO South-East Asia Region are ageing. Whereas in 2010 older people accounted for 8% of the Region’s population, by 2017 they accounted for 9.8%. This number will continue to rise, with older people expected to make up 13.7% of the population by 2030 – or 289 million people – and a significant 20.3% by 2050. Though the proportion of older people in the Region is projected to remain below global levels, the speed of the Region’s demographic transition is faster.

Nurses are crucial to ensuring all older people can access integrated person-centred health care. Nurses are not only care providers and care coordinators, they are often the first point of contact in managing the health problems of older people and the family members they live with. It is of the utmost importance that nurses are adequately trained in geriatric-specific physical and social care. Although geriatric nursing is included in the pre-service nursing curriculum of many countries, gaps in training remain, particularly with regard to the provision of integrated care. While strengthening geriatric nursing programme in pre-service education, health leaders must also improve and expand in-service training for nurses in care of older people.

This manual is designed to help nurses in the Region provide the integrated care older people need. The manual has 11 modules and is aligned with the ICOPE (Integrated Care for Older People) approach to old age care, which proposes evidence-based recommendations for health care professionals to prevent, slow or reverse declines in the physical and mental capacities of older people.

By adopting and implementing the manual, policymakers and administrators will help ensure nurses in the Region can meet the challenges of today and prepare for the challenges of tomorrow. WHO stands committed to supporting Member States in the Region as together we strive to achieve health for all at all ages.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
Background and objectives of the training programme

This manual is an instruction guide for facilitators to provide competence-based training to nurses for the integrated care of older people. The training is intended to help nurses learn and improve their skills in assessing and managing various physical, psychological and social aspects of old age care.

Facilitators are required to consult both the facilitator’s guide and the trainee’s manual when training participants through interactive presentations, group discussions, role plays etc. The facilitator’s guide contains detailed training methodologies, structure of the individual training sessions and guidelines for the assessment of trainees. The trainee’s handbook contains different modules to assist trainees with step-by-step learning of the various aspects of old age care. Training resources are based on “Integrated Care for Older People: A manual for nurses”, which will be the primary reference book for trainees. Henceforth, the book will be referred to as the WHO guidance book in this document. Facilitators should be conversant with the contents of the WHO guidance book, since all modules in the trainee’s handbook are linked to corresponding chapters and the practice sheets in the practice guidelines of the book.”

Overall aim

The overall aim is to orient nurses towards the special characteristics of older people, and to appropriate approaches to address the latter’s health needs and problems. This will enable nurses to respond to older people more effectively and with greater sensitivity. It is expected that the training programme will contribute towards building national and regional capacity on the health and development of older people significantly.

Training objectives

The training module has been designed in a comprehensive manner to provide a holistic approach to short-term human resource development with a focus on in-service nurses, who provide care to older people at different levels of health care facilities. The information on old age care contained in these modules, is meant to be incorporated into the everyday clinical practice of nurses. The training package will be useful for knowledge, as well as for the skill enhancement of nurses. The training is expected to improve the approach to issues of old age and act as a stimulant for holistic care, which will ultimately improve the quality of life for older
people. The objectives include both knowledge enhancement as well as skills development. After completion of the training, trainees will be able to:

» Perform screening, assessment as well as management of age-related declines in an intrinsic capacity.

» Provide holistic nursing care to older people in the community, at hospitals and in a long-term care (LTC) setup, based on available resources.

» Provide support to caregivers.

### Knowledge-based objectives

By the end of the training, trainees will be able to:

» Describe important concepts in geriatric nursing.

» Explain the need to screen, assess and refer older people to the right specialist, where needed.

» Describe age-related physiological, as well as psychosocial alterations in bodily systems as well as the environment with ageing, their clinical implications and necessary nursing interventions.

» Explain nursing management of common morbidities of old age.

» Demonstrate knowledge of how to manage age-specific health problems in hospital and LTC set up.

### Skill-based objectives

By the end of the training, trainees will be able to:

» Communicate effectively with older people.

» Perform screening assessment of intrinsic capacity and functional status and refer, as and when needed.

» Provide preventive, promotive as well as rehabilitative services to older people.

» Provide nursing care for common morbidities of old age with available resources in hospital and long term care.

» Provide support to caregivers, as well as manage the caregiver burden syndrome.

» Provide comprehensive and palliative end-of-life care.

### Intended beneficiaries

This manual is intended for licensed nurses [i.e., those who have completed the intermediate or bachelor level of nursing education] or auxiliary nursing midwives (ANM), who provide preventive and curative health services to older people. The training module has been designed in a comprehensive manner to provide a holistic approach to short-term human resource
Background and Objectives of the Training Programme

development with the focus on in-service nurses, who provide care to older people at different
tlevels of health care facilities. The information on old age care contained in these modules, is
meant to be incorporated into the everyday clinical practice of nurses. The training package
will be useful for knowledge as well as skill enhancement of nurses. The training is expected to
improve the approach to issues of old age, and act as a stimulant for the holistic care of older
people which will ultimately improve the quality of their lives.

Expected outcomes

It is expected that nurses who participate in the training programme will:

» become more knowledgeable about the characteristics of older people, and of different
aspects of older people’s health and health-related issues;

» become more sensitive to the needs of older people;

» be better equipped with facts and figures to argue for increased investment in older people’s
health and development;

» be better able to provide health services that respond to the needs of older people, and are
sensitive to their preferences;

» have prepared a personal plan indicating the changes they will make in their work.

However, the training programme is not intended to equip nurses with specific clinical or
counselling skills in older people’s health care. In practical terms, the training programme will
provide ideas to participants and impart practical tips to two key questions:

» What do I, as a health-care provider, need to know and do differently, if an older person walks
into the clinic or hospital?

» How could I help other influential people in my community, to understand and respond better
to the needs and problems of older people?

Components of the facilitator guide

The training programme is designed to be implemented mainly in a workshop context. It is
intended to be a dynamic and interactive programme in which facilitators actively engage the
participants in the teaching/learning process. A range of teaching and learning methods has
been carefully selected to enable this to happen in an effective manner. This Facilitator’s guide
provides essential information to organizers and facilitators, to plan and implement the training
programme.

Aims of the facilitator’s guide

» To provide information on planning and preparing for the programme

» To provide an overview of the teaching and learning methods to be used in the programme

» To give detailed instructions for conducting individual modules.
The guide consists of two parts:
» Part I. Planning and preparing
» Part II. Guidelines for conducting individual modules

Part I: Planning and preparing
This part has seven sections as follows:

Section I
» Introduction to the training programme; overview of the contents of the programme

Section II
» Designing the structure and content of the training programme

Section III
» Training methodologies

Section IV
» Assessment of trainees

Section V
» Inviting participants and other contributors
» Provides suggestions on inviting the participants and other contributors to the training programme with specific suggestions on:
  ◆ Drawing on the expertise of specialists;
  ◆ Planning a formal opening ceremony;
  ◆ Involving older people.

Section VI
» Planning of the training programme

Section VII
Evaluation methods for a training programme:
» To measure the participants’ reactions
» To measure changes in the participants’ knowledge
» To measure changes in the participants’ practice
» Follow-up questionnaire.
Part II: Guideline for conducting the individual module/training programme

It includes the module schedule and “step-by-step instructions” for conducting each session. It also includes all support materials needed to run the module, such as slides with accompanying talking points, flip charts and their contents, and case-study material with notes on issues that participants raise. Finally, it includes tips to help facilitators respond to questions that may be raised by participants, identifies matters that may be sensitive, and offers suggestions on how to deal with them.

Section I

» Core modules

Module 1 : Communication with older people
Module 2 : Common health problems of older people
Module 3 : Intrinsic capacity, functional assessment of older people and ICOPE care path
Module 4 : Health promotion and disease prevention in old age
Module 5 : Geriatric syndrome
Module 6 : Care of hospitalized older people
Module 7 : Care of older people with mental health issues
Module 8 : Palliative care and end-of-life care
Module 9 : Abuse of older persons
Module 10 : Long-term nursing care
Module 11 : Caring of caregivers
Part I:
Planning and preparing
Integrated Care for Older People: A manual for nurses (Facilitator’s Guide)
Introduction to the training programme
Content of the training programme

This training programme consists of core modules which have been developed in keeping with needs. It is necessary for all participants in the training programme to go through the core modules, as they cover the topics essential for equipping them with the knowledge and understanding they need, to achieve the overall aims of the programme.

Facilitator’s profile

Facilitators should have adequate knowledge and skills in the concerned subjects. They should undergo trainers’ training to be conversant with objectives, methodologies, session plans and the training materials. Facilitators should preferably have prior training of trainers (ToT). They should be conversant with the management of nursing issues of older people in their respective countries/regions. The facilitator should preferably be a geriatric nurse with a master’s degree in geriatric nursing, or a general nurse with some training in geriatric nursing, or a physician for the elderly (geriatrician) with experience in ToT.

Course coordinator

One facilitator will be designated the course coordinator and his/her responsibilities will be as follows:

» Check the audio-visual system for proper functioning.
» Check availability of all training aids.
» Ensure that sessions are conducted as per schedule.
» Introduce the course.
» Oversee administrative aspects, including record maintenance.
» Check for general facilities like running water, washrooms, power back-up, refreshments etc.
» Check the functioning of all equipment.
» Check the availability of an adequate number of instruments and consumables, including those required for simulation sessions.

Batch size of trainees and number of facilitators

The total number of trainees should be 25–30 per batch. The number of facilitators per batch should be at least four.

Key learning principles in training

» Learning is an active process.
» Understanding the impact of past knowledge and experiences is of utmost importance.
» Learning does not mean bombarding trainees with a lot of information at once.
Learners always think they know more than they actually do.

Feedback is extremely important.

Retention of what has been learned is important.

Encouraging a learning environment.

Focus on practical learning.

Allow socializing.

Training materials

The following training materials will be provided:


Checklist of equipment and supplies required for the training

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Items</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Folders for trainees containing:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Trainee’s handbook containing the modules for different training sessions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Trainee’s log sheets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Flash drives containing PowerPoint presentations, audio-visuals and WHO-ICOPE handbook</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Pen, pencil, eraser, sharpener</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Writing pad</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Agenda for the training programme</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>» Name tags of trainees and facilitators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Attendance sheet for trainees and facilitators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Pens, pencils, A4 size paper, note pads, staplers, punching machine, cello tape, measuring tape</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Laptop, LCD projector, extension cords, projection screen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Microphone, podium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Flip charts and stand, marking pens – various colors, large clips to hold flip chart paper</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Whiteboard, duster, chart papers, tapes for posting papers on boards</td>
<td></td>
</tr>
</tbody>
</table>
Support materials used to run the training programme

Each module consists of support materials. You will need to read carefully and understand them, to help you run the module effectively. The table below provides a list of the different support materials, with a brief description of each.

<table>
<thead>
<tr>
<th>Support materials</th>
<th>Brief description and purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handout for modules</td>
<td>This document provides facilitators and participants technical information on the specific areas covered in each module.</td>
</tr>
<tr>
<td>Spot check</td>
<td>These are sets of 5–6 questions on each module (except for the introduction module). The purpose of this spot check is to help participants assess their gain in knowledge by participating in the module.</td>
</tr>
<tr>
<td>Folders for trainee containing personal diary</td>
<td>Participants will be asked to put down three actions that they plan to take, in their work for/with older people.</td>
</tr>
<tr>
<td>Session support materials:</td>
<td>Letters, scenarios and case studies are materials developed for use in the different modules. The activity sheet for the concluding module provides a framework for each participant to develop a personal plan to improve his/her work for / with older people.</td>
</tr>
<tr>
<td>» Letters</td>
<td></td>
</tr>
<tr>
<td>» Scenarios</td>
<td></td>
</tr>
<tr>
<td>» Case studies</td>
<td></td>
</tr>
<tr>
<td>» Activity sheet</td>
<td></td>
</tr>
</tbody>
</table>
## Training infrastructure

The training should be held in a well-equipped hall. The readiness of a proposed training site should be assessed by a competent person, using the checklist provided below.

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Items</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Infrastructure for classroom teaching:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Hall with minimum seating capacity of 35 (to accommodate 25–30 trainees, 4-5 facilitators and 1-2 observers), seating arrangement preferably U-shaped</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Classroom should be well-lit and ventilated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Lights and fans or air-conditioner in working condition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Audio-visual facilities in classroom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Electricity (sockets and extension cords)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Electrical power backup</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Toilet facilities and drinking water supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Training aids</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audio-visual aids with accessories</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» LCD projector</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» TV monitor or projection screen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Microphone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other teaching aids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Staplers, highlighters, stapler pins, punching machine, scissors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» A4 size plain paper</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Colored sticky labels, cello tape</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Whiteboard, marker pens and duster</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Standee with A0 size ICOPE care pathways</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Computer facilities</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Internet facility accessible to trainees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Printer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>» Photocopier</td>
<td></td>
</tr>
</tbody>
</table>

## Duration of training

The total duration of the training will be 2 days. Details of the training schedule and session plans are given in later sections.
Dos and don’ts for facilitators

**DO**

- Be conversant with the session plan and the training materials prior to start of training
- Ensure that the training site is ready prior to onset of training
- Maintain a friendly and supportive environment
- Call trainees by their name as much as possible
- Speak clearly and loudly
- Spend enough time with trainees so that all their queries can be answered
- Give simple and clear instructions to trainees
- Ensure clear visibility of the presentations/demonstrations by all trainees
- Encourage trainees to interact and be involved in all the sessions
- Strictly adhere to the session plan and the session contents

**DON’T**

- Make adverse/negative comments on any trainee
- Be shy, nervous or worried
- Use one-way teaching without any interaction
- Ignore trainee’s queries
- Make presentations without facing the trainees or avoiding eye contact with them
- Use teaching aids or materials other than the prescribed ones
- Rush through any of the sessions
Designing the structure and content of the training programme workshop
Training infrastructure

This section contains the information you will need for developing the content and structure of the workshop. There is flexibility in the structure and duration of the programme, together with a choice of health issues/topics (optional modules) to include. Given this modular structure, it is possible to adapt the programme to any context.

Developing the structure and content of a 2-day workshop

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30–9:00</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>9:00–9:30</td>
<td>Opening session</td>
<td></td>
</tr>
<tr>
<td>9:30–10:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:00–10:30</td>
<td>Pre-training assessment of the trainees</td>
<td>20 questions</td>
</tr>
<tr>
<td>10:30–11:00</td>
<td>Introduction to nursing care of older people (ice-breaking session)</td>
<td>PPT presentation (20 min) Interaction (10 min)</td>
</tr>
<tr>
<td>11:00–11:30</td>
<td>Communication with older people</td>
<td>PPT presentation (15 min) Role play with older people (10 min), Interaction (5 min)</td>
</tr>
<tr>
<td>11:30–12:00</td>
<td>Common health problems of older people</td>
<td>PPT presentation (20 min) Interaction (10 min)</td>
</tr>
<tr>
<td>12:00–13:00</td>
<td>Intrinsic capacity and functional assessment of older people ICOPE based screening of intrinsic capacities and functional ability</td>
<td>PPT presentation (15 min) Audio-visual (5 min) Interaction (10 min) Role play (20 min) Interaction (10 min)</td>
</tr>
<tr>
<td>13:00–14:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>14:00–14:30</td>
<td>Health promotion and disease prevention in old age</td>
<td>PPT presentation (15 min) Audio-visual (7 min) Interaction (8 min)</td>
</tr>
<tr>
<td>14:30–15:00</td>
<td>Health promotion and disease prevention in old age: case study</td>
<td>Group discussion (20 min) Interaction (10 min)</td>
</tr>
<tr>
<td>15:00–15:50</td>
<td>Geriatric syndrome</td>
<td>PPT presentation (20 min) Role play (20 min) Interaction (10 min)</td>
</tr>
<tr>
<td>15:50–16:20</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>16:20–17:00</td>
<td>Care of hospitalized older people</td>
<td>PPT presentation (15 min) Audio-visual (15 min) Interaction (10 min)</td>
</tr>
<tr>
<td>17:00–17:30</td>
<td>Wrap-up of day 1</td>
<td>Course coordinator</td>
</tr>
</tbody>
</table>
## Session II: Designing the structure and content of the training programme workshop

### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00–9:30</td>
<td>Welcome, check-in</td>
<td>Course coordinator</td>
</tr>
<tr>
<td></td>
<td>Recap of day 1 and overview of day 2</td>
<td></td>
</tr>
<tr>
<td>9:30–10:20</td>
<td>Care of bed-bound older persons and transfer</td>
<td>PPT presentation (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Role play (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>10:20–11:10</td>
<td>Care of older people with mental health issues</td>
<td>PPT presentation (15 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case study (15 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>11:10–11:40</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:40–12:40</td>
<td>Palliative care and end-of-life care</td>
<td>PPT presentation (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case study (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>12:40–13:30</td>
<td>Abuse of the older person</td>
<td>PPT presentation (15 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (5 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case study (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>13:30–14:30</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>14:30–15:00</td>
<td>Long term care nursing</td>
<td>PPT presentation (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>15:00–15:40</td>
<td>Caring of the caregiver</td>
<td>PPT presentation (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audio-visual (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>15:40–16:10</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>16:10–16:40</td>
<td>Caring of a person with caregiver stress syndrome - case study</td>
<td>Case study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Role play (20 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interaction (10 min)</td>
</tr>
<tr>
<td>16:40–17:10</td>
<td>Post-training assessment of trainees</td>
<td></td>
</tr>
<tr>
<td>17:10–17:30</td>
<td>Closure session</td>
<td></td>
</tr>
</tbody>
</table>
Training methodologies
Introduction

The training on ‘Integrated care for older people (ICOPE)’ involves knowledge development through interactive presentations, and skill enhancement through facilitated group learning activities and clinical sessions. Training sessions should be conducted as per a predetermined schedule, and adherence to this schedule is important for timely and efficient conduct of the sessions. Facilitators should meet daily after all the sessions are over, to review the day’s activities and plan for the next day’s training, and to ensure availability of all training materials and teaching aids. All facilitators should agree about each other’s roles and responsibilities, prior to the start of the training.

Role of facilitators

Learn in an active way, with a relationship of equals between participants and those who run the workshop. When working with other facilitators, it is important that everyone is in agreement about the facilitator’s roles and responsibilities and who is responsible for which sessions, before the workshop commences. It is a good idea for facilitators to interchange their roles, so that participants can experience a change of style and voice. It would be useful to stress to the participants that they must decide what is useful and important to them and their work. The programme requires a range of methods and approaches, like mini-lectures to conduct role plays and stimulating problem-solving exercises in small groups.

Ground rules for participatory learning

- Treating everyone with respect at all times, irrespective of cultural, age or sex differences
- Ensuring and respecting confidentiality
- Drawing on the expertise of others, both co-facilitators and participants, in difficult situations
Section III: Training methodologies

Criteria for selecting training programme facilitators
Having two or three facilitators for a training programme exposes participants to different styles. The facilitators can also change roles between being the main facilitator and co-facilitator.

Content areas of the modules on older people’s health issues
Each module (independently with a number of formal sessions) has four main components: introductory; input; participatory and concluding.

Introductory component: module introduction
This opening session sets the stage for the module. It allows you to share with the participants the overall aim and objectives of the module and any special remarks about it. Participants will also have an opportunity to complete spot checks for that module.

Input component: mini-lecture(s) and module handouts
A mini-lecture provides an opportunity for efficiently providing participants the basic information that they need. Some of the following resources are available for each mini-lecture:
» Slides on global aspects of health issues related to older people. (You will need to make your own slides on region and country-specific information);

» Handouts (reading material containing information to complement what is provided during the module);

» Additional references are usually listed at the end of the handout of each module.

The effectiveness of the mini-lectures can be increased by ensuring the following

- Clear presentation and structure
- Good visual aids
- Clear and comprehensible language
- Relevant and interesting content
- Relevant examples
- Room for comments from participants
The session will be more effective if the presentation (PPT) is brief and addresses the key points of health issues, with particular reference to the local situation. It would be a good idea to allow adequate time for questions and discussion in the plenary. Ask participants to review the handout and questions in small groups, and then discuss their findings in the plenary. Distribute the handout at the start of the session. Allow adequate time for this, and for the plenary discussion of the questions in the handout, or for specific issues raised by the participants.

**Participatory component: Various participatory methods to explore the topic in more depth**

This training programme includes a balanced mix of methods, in order to maximize participants’ interaction and benefits for them.

- Facilitators should write the salient points raised by participants on a flip chart.
- Working in small groups ensures that every participant has an opportunity to contribute to the discussion, and to work through the thought processes for him/herself. Each facilitator is thus able to troubleshoot problems, refocus the discussion, and respond to questions.

**Visualization in participatory programmes (VIPP)**

Use of cards of different sizes, colours and shapes to show linkages between ideas and areas of consensus and disagreement. Rules for VIPP card-writing:

- Write down only one idea on each card.
- Write a maximum of three lines on each card.
- Use key words.
- Write large letters in both the upper and lower case.
- Write legibly.
- Use different sizes, shapes and colours of cards, to creatively structure the results of discussions.
- The question asked should be clear and unambiguous.
- Give all participants the opportunity to express themselves.

VIPP methods are also used to evaluate how participants feel the programme is progressing; more information is provided in the section on evaluation methods.

**Brainstorming/buzz groups**

Brainstorming helps to quickly generate ideas, which can be used as a basis for later discussion. This technique is often used at the beginning of a session. Responses are usually written down on a flip chart or on VIPP cards, which, at a later stage, can be organized into the themes that emerged from the exercise. Once this has been done, the ideas can be examined and discussed.
It is important to decide in advance why you want participants to brainstorm, and what you will go on to do with the results of that exercise. Your initial brainstorming question should be clear and unambiguous. Give 10 to 15 minutes for responses, and make sure that everyone can contribute.

**Role play**

It provides an opportunity for the expression of emotions which cannot be achieved through discussion alone. Given the limited time available for each role play (only 3–5 minutes), they can illustrate both problems, as well as ways to deal with them.

» Facilitators and/or participants can use role play to demonstrate “how to communicate with older people with hearing impairments”. This is a problem identification tool, in which everyone in the role play is familiar. This would normally occur in a plenary, although small groups could also use it as a means to develop their problem identification skills.

» A means to practise clinical or counselling skills, or problem-solving role play for skills practice best undertaken in groups of three; working in groups of three enables each person, in turn, to practise health worker skills.

» Initially, participants are asked to write down a “difficult moment” in a real-life scenario on a card, and the cards are then displayed on the wall or read aloud by the facilitator, maintaining anonymity.

» Facilitators should begin by asking the group to think about what they, as nurses, would find most difficult when dealing with an older person with cognitive impairment. Ask them to focus on the interaction with an older person, or with his/her family.

» Let the group select one or two such difficulties to illustrate typical problems faced when dealing with older people, and ways to overcome such difficulties. Ask for volunteers to play the roles in the chosen situation. Explain exactly what the nurse’s task is and ask them to illustrate bad and good practice.

» Ask the volunteers to choose a name, age and sex. Start the first role play with the arrival of the older person, to see how he or she is greeted by the nurse. Let the role play run for 3–5 minutes. The facilitator should especially observe what the nurse does or says that makes a difference in the way the elderly reacts, what kind of “body language” is used by the nurse and the elderly, what attitude the health-care provider displays towards the older person and his/her family members, and any difficulties the nurse experiences.

» Be sure to thank and praise the role players, and then ask them to come out of their roles, i.e. say who they really are.

» Next, ask that comments be focused on what happened in the role play, not on general issues that can be taken up later.
Begin by asking each of the role players how they felt in the role and what they were thinking. When they have finished, ask the group for their reactions. If necessary, refer to any behaviour that was significant, and ask people to comment on it.

Demonstrate that you expect people to help by providing both positive and negative feedback. When the group has finished commenting, go back to the role players to give them the “last word”.

Intervention if a role play becomes difficult
Occasionally, it may happen that someone involved in a role play becomes deeply emotional. Please do all you can to reassure participants that they must go no further than their comfort levels, and that they are free to stop and come out of the role at any time. The facilitator requires tact, empathy and acute observation.

Case studies
Each case study should have a set of questions. You should allow the participants sufficient time to read and answer the questions which are either posed directly, or provided to them in a “task sheet”.
Devise a list of “good” and “bad” health-care practices, based on the case studies.
Ask each group to write their agreed points on a flip chart and report their findings in the plenary; ask each group, in turn, for one point of feedback and note it down on a flip chart. Repeat the process until no one has anything more to add.

Guided discussion

Training programme personal diary
Following the group work, most participants are likely to have a range of ideas for change when they return to their work situation.

Initially ask them to work alone, or in pairs or small groups, or even (if there is little time) in the plenary. After working alone or in pairs, participants should move on to a bigger group, to compile ideas before finally sharing them in the plenary.

Allocating separate tasks for each pair or small group, also provides an opportunity for each group to challenge, alter or affirm the solutions suggested by others.

The facilitator’s role is to facilitate proper discussion by the whole group. This requires careful balance between intervention and “taking a back seat”. Facilitators must note down main points as they occur on a flip chart, ask open-ended questions and direct the discussion.
Facilitators must draw out contributions from shy, more silent participants. The latter must be able to outline their views, experiences and worries honestly and without fear of disapproval. The main points raised can be summarized either by the group, or the facilitator.

**Concluding component: module review**

At the end of each module, it is important to summarize the key points brought out in the plenary discussion and group work. It is also necessary to go back to the module’s objectives, and ask participants whether or not these have been fully met.
Assessment of trainees
Introduction

Assessment of trainees is an essential component of training that helps in assessing whether trainees have achieved the desired levels of knowledge and skills. The purpose of this assessment is to analyse gaps in both the training and learning processes.

It is recommended that the assessment of trainees be carried out in two phases:

a) Pre-training assessment and
b) Post-training assessment.

The purpose of the pre-training assessment is to understand the focused training needs of trainees and determine the areas that require improvement. This will help monitor the achievement of training objectives more effectively and efficiently.

A final assessment will help assess how effective training efforts have been in enhancing the knowledge and related skills of trainees, and to what extent the objectives of the training have been met. It also helps determine how competently trainees would be able to provide integrated care to older people, when they return to their own places of work.

The process of assessment includes:

Knowledge assessment, which is to be conducted in the classroom using assessment questionnaires containing multiple-choice questions.

Guidelines for conducting knowledge assessment

Preparation

Keep the following ready for knowledge assessment in the classroom:

» Copies of the assessment questionnaire. (You may use the sample questionnaire in this manual, or develop your own set of MCQs based on the sample MCQs provided at the end of each module)

» Printouts of the knowledge assessment matrix (Box 4.1)

» Flip charts stand and marker pens.

How to conduct knowledge assessment?

» Inform trainees about the purpose of the assessment (before or after it, as appropriate).

» Brief them on the components of the knowledge assessment process, and the order in which each component will be reviewed.

» Distribute the assessment questionnaire comprising 20 questions to all trainees and explain how to tick the correct responses.
One mark should be allotted for each correct response, and there should be no negative marking.

Allow 20 minutes to answer the questions.

Collect all completed questionnaires after the specified time.

Evaluation of submitted assessment questionnaires can be done immediately after the assessment, or later at a more convenient time.

Trainees can evaluate each other’s responses.

Identify knowledge gaps from the assessment matrix sheets, and write them down on the flip chart.

Thank trainees after the knowledge assessment.

**Box 4.1: Knowledge assessment matrix**

Note: Mark an ‘X’ in the row against the name of each trainee who has a correct response.
<table>
<thead>
<tr>
<th>Trainee</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Inviting participants and other contributors
Selection of participants

It would be useful to invite nurses from different specialities. This would enhance the opportunity for information-sharing and networking during the workshop, and for post-workshop collaboration. As part of preparation for the training programme, the facilitator should spend some time thinking through the questions given below and make notes and bring them to the programme.

» For which kind of health issues do older people come, or are brought to you?
» What challenges have you faced, if any, when dealing with the elderly and their families?
» What difficulties do you think the elderly might face in using health services?
» What else would you like to know about health issues of the elderly?

Its purpose is to prepare participants for the training programme, by asking them to reflect on their current work with older people. Potential candidates should be invited one to two weeks in advance of the workshop. A useful way to deal with this in the context of the training programme is to invite a small group of older people to participate in the entire workshop. We strongly suggest inviting an appropriate group of older people, perhaps from a local community, to participate in the programme. It is important to have both male and female older people represented. Once they are selected, the facilitator need to meet with them before the workshop, and to introduce them to their roles during the workshop. Some suggestions are given below.

Before the workshop

» Explain the themes and purpose of the training programme, and how they could contribute;
» Reinforce their important contribution as equal participants in the workshop, regardless of their age, sex or background.

During the workshop

You and your colleagues should encourage the older people participating in the workshop, to take part in small group discussions and activities, and provide perspectives of the elderly on key issues.

Drawing on the expertise of specialists

Once the workshop structure has been decided and health issues and problems selected, the facilitation team (a maximum of 2–3 individuals) should decide which resource individuals, if any, they would like to invite. We advise that you spend some time reading the rest of these preparatory notes and the selected health issue modules, so that you can be clear about the role that these specialists could play. For example, when discussing issues of mental health, you may want a psychologist or a psychiatrist to be present, or, for the module on nutrition, you may require the services of a nutritionist.
Planning for the training programme workshop
Training programme organizers and facilitators will need to address the items proposed in training programme preparation and planning, ahead of the workshop. It is recommended that a small group of 2–3 individuals form a planning group, review the proposed list below, and distribute responsibilities 4-6 weeks before the programme.

**Four-six weeks before the training programme:**

- Training programme structure and agenda
- Selection of participants
- Accommodation, meals and coffee breaks
- Infrastructure for the training programme
- Photocopying, computers and other equipment and tools
- Participants’ tools
- Notify participants of the course objectives, dates and venue
- Start gathering local data on health and development issues of the elderly that are relevant to the selected sessions.

**Two weeks before the training programme:**

- Make photocopies of workshop agenda, local data, support materials.
- Make transparencies of the slides, or just have them ready for PPT.
- Prepare VIPP cards or alternatives.
- Check that the required equipment is available.

**One week before the training programme:**

- Confirm that those invited to the formal opening ceremony can attend.
- Confirm that all participants can attend.
- Confirm venue and accommodation arrangements.
- Confirm catering arrangements.
- Check the workshop meeting room/facility.
- Greet participants who have arrived early.

**Planning a formal opening ceremony**

In a formal opening, the speakers should provide factual information on health issues of the elderly, the resources available and ways of strengthening health-service delivery. The organizers should have backup speakers, modalities for time management and arrange for a coffee break immediately after the opening.
Evaluation methods for the training programme workshop
Evaluation methods have to be quick and easy to use, to obtain immediate feedback. The main purpose of evaluating a training programme is to learn whether it has achieved, partially achieved or failed its objectives. It also helps to understand:

» Where the workshop has been less effective, in order to address the reasons for the same in the future;

» Participants’ reactions to the workshop, any changes in their attitudes and knowledge as well as changes in their practice.

**Evaluation methods to measure participants’ reactions to the training programme**

We have included two ways of keeping in touch with how participants experience the programme on a daily basis as it goes on. By getting their early reactions you will be able to make changes immediately, rather than receiving complaints at the end of the workshop when it is too late to respond to them.

1. The mood meter

As its name suggests, the mood meter allows you to get a sense of the group’s mood as it changes, during the workshop. Put the mood meter in an accessible location but not in a busy place, like a corridor. Use the mood meter to track the group’s feelings about how the workshop is proceeding, and as a starting point for discussion.

2. Discussion groups

A facilitator can hold a discussion with a small group of interested persons. Ask about five participants, if they are willing to talk about the session, and respond to a few questions.

» How do you feel about this module?

» Which sessions worked best?

» Which sessions did not work well?

» What could we have done differently?

» What did you get out of the module?

Please remember that the point of such a discussion is for you to hear the participants’ opinions. Try not to talk much yourself; listen to criticism without becoming defensive. There is no need to respond directly to any criticism.
Part II: Guideline for conducting individual modules/training programme
**Introduction**

The training comprises sessions of classroom-based training (lectures and a demonstration of skills). A standard session plan has been included in the document. The timing of the classroom sessions may be re-arranged at times convenient for the facility where the training has been organized.

**Classroom training**

Classroom training has been structured in the form of 11 modules. Each module starts with an overview that refers to the chapter and sections of the WHO guidance book, on which that particular module is based. The module contains a discussion of key points and the list of relevant group learning activities. Checklists for clinical skills training are also included in the module, where appropriate. The topics in each module are arranged in a logical sequence; it is recommended that facilitators follow it during teaching.

**Training assessment**

The pre-training assessment is to be conducted on Day 1 before classroom teaching starts, and the final assessment on Day 2, after the completion of the modules. The assessment process includes an assessment of the knowledge of participants.

**Distribution of sessions and flow of events**

**Day 1**

**Opening session**

Session length: 60 minutes

» Welcome trainees.

» Display a slide showing the overall objectives of the training. Explain the objectives.

» Self-introduction of facilitators and trainees:

  - Explain to the trainees that a few minutes will be spent on the introduction of facilitators and trainees.

  - For the introduction of facilitators and trainees, write the following points on a flip chart:
    - Name
    - Place where you currently work
    - A few words about the organization you work for
    - Nature of your work.
Part II: Guideline for conducting individual modules/training programme

- Introduction of facilitators based on the points listed on the flip chart.
- Introduction of each trainee briefly, based on the same points.

» Inform trainees about the ground rules (show as a slide and explain)

**Ground rules for trainees**

- Adhere to the training schedule according to session plans
- Maintain an attendance record for certification by the facilitator
- Go through the subjects discussed during various sessions in the WHO ICOPE nursing manual at the end of the day, for better understanding and discussion with the facilitator
- Attend all clinical sessions according to the schedule
- Participate in group activities according to the session plan
- Complete the specified number of worksheets during each clinical session, and get them certified by the facilitator
- Ensure and respect the privacy and rights of clients in the examination rooms
» Inform trainees about the available facilities (lunchroom, toilets, computers, internet facility, etc.).

» Inform them about the reimbursement of expenses, and give them the names of the support staff providing secretarial assistance.

» Display a slide showing the contents of the folder given to the trainees, and ask them to verify.

» Explain the parts of the training package.

» Divide trainees into smaller groups as per the instructions given in Box 1, for group learning activities.

» Discuss the overall session plan: Show the agenda of the training on a slide (modify session time according to local needs).

» Discuss how to use the ICOPE nursing manual (trainee’s handbook):
   Ask trainees to take out the trainee’s handbook from the folder.
   Ask them to open the page for module 1, so they can see the structure of a module.
   Display the structure of a module on a slide.
   Trainees are required to be well-versed with the contents of the module, before they attend clinical sessions.

» List trainee’s expectations:
   Put up a flip chart with the heading, “Expectations”.
   Ask each participant to mention at least one expectation.
   Note it down on the flip chart.
   At the end, discuss how expectations will be addressed during the training.
Display the slide listing Dos and Don’ts for trainees and discuss them.

**DO**

- Reach the training venue at least 15 minutes before the session starts each day
- Put your mobile phones in the silent mode
- Be familiar with training sessions and training materials provided
- Interact with facilitators as and when required, and get doubts cleared
- Get to know your group members and stay with your allocated group, during group activities
- Listen carefully to the instructions given by facilitators for the clinical sessions
- Be respectful of each other and considerate to fellow colleagues

**DON’T**

- Cross-talk among yourselves during teaching sessions
- Use mobile phones, or do anything to distract your colleagues during training sessions
- Hesitate to ask questions
- Make racist or gender-biased comments
- Eat in the classrooms
How to conduct pre-training knowledge assessment?

» Prepare a set of 20 multiple choice questions (MCQs) from the sample MCQs listed in the appendix of the facilitator’s manual, before commencement of the training

» Distribute question sheets to trainees, and explain how to tick correct responses

» Allow 20 minutes for trainees to answer questions

» Evaluate responses immediately after the pre-test, using the knowledge assessment matrix, or at another convenient time on Day 1. Ask your fellow facilitators for help, if necessary

» Identify knowledge gaps from the assessment matrix and share them with other facilitators

» This need not be shared with trainees at this point of time

» Participants have to give three suggestions about the training, and list five take-home messages, after every session.
Session: Introduction to nursing care of older people

**Method:** PowerPoint presentation

**Session length:** 30 minutes

» PPT presentation: 20 minutes

» Question/Answer session: 10 minutes

- Welcome trainees to the session.
- Distribute handout of the details of the presentation to trainees.
- Display the slide with learning objectives of the module, as given below.
- Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
  - Enumerate the concept of geriatric nursing.
  - Enumerate the important aspects of geriatric care.
  - Describe the role of geriatric nurses.

» Project the presentation on Chapter with pictures in not more than 10 slides.

**Introduction: nursing care of older people**

» Discuss the contents of the slides.

» Ask trainees if they have any questions or doubts. List these on the flip chart.

» Respond to questions and doubts.

» The facilitator will prepare a quiz with five questions, and explain how to give responses to them.

» Participants have to give five suggestions for the training, and five take-home messages after every session.

» Thank the group at the end of the session.

**Key points for discussion**

» Objectives of geriatric nursing

» Characteristics of geriatric nurses

» Competencies of geriatric nurses

» Role of a geriatric nurse

» Age-friendly environment (discuss this with pictures and videos).
**Session: Communication with older people**

**Method:** PowerPoint presentation

**Session length:** 30 minutes

- PPT presentation (10 slides): 15 minutes
- Role play with older people: 10 minutes
- Question/Answer session: 5 minutes
  - Welcome trainees to the session.
  - Distribute handouts of presentation details to trainees.
  - Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
    - Enumerate the special consideration of communication with older clients.
    - Enumerate the barriers to effective communication, and ways to address them.
- Discuss the contents of the slides.

**Key points for discussion**

- Special considerations for communication with older people
- Barriers to effective communication
- Person-centred communication strategies
- Tips for effective communication with older people.

- Ask trainees if they have any questions or doubts. List these on the flip chart.
- Respond to questions and doubts.
- Thank the group at the end of the session.
Session: Common health problems of older people

Method: PowerPoint presentation

Session length: 30 minutes

» PPT presentation: 20 minutes
» Question/Answer session: 10 minutes
  • Welcome trainees to the session
  • Display the slide with the learning objectives of the module, as given below
  • Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
    ▪ Describe the concept of age-related changes, and health problems during old age.
    ▪ Enumerate the clinical implications of, and nursing interventions for age-related changes.
    ▪ Enumerate the differences between geriatric care and general care.
    ▪ Enumerate the concept of an age-friendly environment and health services.

» Discuss the contents of the slides.
» Ask trainees if they have any questions or doubts.
» List these on the flip chart.

Key points for discussion

» Common, age-related physiological and psychosocial changes
» Clinical implications of age-related changes
» Possible nursing interventions for age-related changes.

» Respond to questions and doubts.
Session: Intrinsic capacity, functional assessment of older people and ICOPE care path

**Method:** PowerPoint presentation, audio-visual and role play

**Session length:** 60 minutes
- PPT presentation: 15 minutes
- Audio-visual demonstration: 5 minutes
- Question/Answer: 10 minutes
- Role play: 20 minutes
- Question/Answer: 10 minutes

- Welcome trainees to the session
- Objectives of the session
- Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
  - Describe ICOPE assessment strategies.
  - Describe the methods of functional status assessment.
- Explain the need to screen, assess and refer to the right specialist, if required.
- Display the slide with learning objectives of the module, as given below.
- Explain the learning objectives to trainees.
- PowerPoint in 10 Slides: need of IC assessment.
- Audio-visual demonstration: how to assess intrinsic capacity and functional status.
- Role play:
  - To demonstrate IC assessment and interpret the observation
  - To perform the methods of functional assessment in older persons and interpret it

**Question/Answer session**
- Ask trainees if they have any questions or doubts.
- List these on the flip chart.
- Respond to questions and doubts.
- Participants have to give five suggestions for the training, and list five take-home messages.
Role play details

- Divide the trainees into proportionate groups (a maximum of 10 in each).
- The facilitator assigns the role of an older person to one of the trainees (if an older person is not available to act).
- The facilitator assigns the role of assessor to a trainee.
- The other trainees are the observers.
- The facilitator reveals the scene only to the trainee acting as an older person.
- All observers and facilitators watch the role play.

The assessor

» Welcomes the older person to his/her clinic and makes him/her sit on a chair comfortably.
» Enquires about the chief complaint.
» Enquires about the history of geriatric syndromes, past history, family history, socioeconomic history, history of addiction, history of treatment, history of immunization in later life.
» Conducts a general physical examination.
» Takes the vitals.
» Carries out preliminary screening with the WHO-ICOPE screening tool. This will take 7–10 min.
» Shares the conclusion of the initial screening with the observers, and tells them that a detailed assessment of the domain of deficit is required.
» Does a functional status assessment using a Modified Barthel Index, and shares the conclusion with the observers.
  - The facilitator asks the other trainees for their comments on the role play.
  - The facilitator gives his/her feedback.
  - The facilitator responds to the questions and doubts of the trainees.
  - The facilitator thanks the actors, as well as the other trainees.

Example

Place: OPD/Ward/LTC
The facilitator to appoint a trainee to act as an older person, who has been coming to the OPD for periodic follow-ups for diabetes mellitus for the last one year. The older person has difficulty in walking, because of some balance issues. He/she also needs the support of his/her family members, while bathing.

The assessor will make the following enquiries:

a) Chief complaints
b) History related to diabetes management and control

c) History of balance problems and related complications

d) History related to ADLs

e) Past history (history of stroke, TIA, syncope, acute coronary syndrome, diabetes mellitus)

f) Socioeconomic history (occupation/primary caregiver/living condition)

g) History of addiction (smoking/alcohol/chewing tobacco)

h) History of treatment/drugs

i) History of vaccination

  - The assessor will conduct a general physical examination, including vitals.
  - The assessor will carry out screening of intrinsic capacities, based on the WHO intrinsic capacity screening questionnaire.
  - The assessor will inform trainees about positive screening in the locomotor domain.
  - The assessor will inform trainees that a detailed assessment of the locomotor ability will be required, based on ICOPE strategies.
  - The assessor will now demonstrate the screening for functionality (ADL) in the client using the Katz ADL index, and calculate the total score.

---

**Key points for discussion**

» Introduction to intrinsic capacity

» WHO Intrinsic capacity screening tool

» ICOPE generic care pathways

» Introduction to functional status and its clinical implications

» Scales commonly used for functional status assessment.
Session: Health promotion and disease prevention in old age

Method: PowerPoint presentation, audio-visual

Session length: 30 minutes

» PPT presentation: 15 minutes
» Audio-visual: 7 minutes
» Question/Answer session: 8 minutes

• Welcome trainees to the session.
• Display the slide with learning objectives of the module as given below.
• Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
  • Assess the status of older people in terms of health promotion.
  • Enumerate strategies for health promotion in older people.
  • Enumerate strategies for disease prevention in older people.

» Discuss the contents of the slides.
» Audio-visual on motivational interviews on health, diet and exercise.
» Ask trainees if they have any questions or doubts.
» List these on the flip chart.

Key points for discussion

» Health promotion:
  Nutrition: assessment, interpretation, intervention
  Exercise: importance, and recommendations through motivational interview
  Social support and social interactions

» Disease prevention strategies:
  Stoppage of smoking and tobacco-chewing and alcohol
  Screening for disease prevention
  Vaccination
  Advocacy for the prevention of polypharmacy

» Respond to questions and doubts.
Session: Health promotion and disease prevention in old age (case study)

Method: Case study

Session length: 30 minutes

» Group discussion: 20 minutes
» Question/Answer: 10 minutes

- Distribute handouts of the case study to the small group.
- Include images where appropriate and show them along with the case study.
- Allow trainees to go through the problem/situation; discuss the diagnosis of the case, its management and the rationale for the recommendations with them.
- Assign time for group work (approximately 20 minutes).
- Ask group rapporteurs to present their group’s point of view regarding the case, along with a further course of action and its rationale, if appropriate.
- Facilitate the necessary corrections with explanations and ask one member of the group to record the key points on a flip chart.
- Ask one trainee to make a final summary of the case and the course of management.
- Encourage all trainees to ask questions and give feedback.

Example

A 70-year-old male is brought to the ICOPE clinic by his son for a routine follow-up for diabetes mellitus, which has been present for the last 10 years. He was on tablet Metformin 500 mg twice daily with tablet Glimepiride 1 mg twice daily, for the control of his blood sugars. He has been a smoker and alcoholic for the last 40 years, never exercises and is not following the dietician's diet chart. He often takes sleeping pills, antacids, multi-vitamins and over-the-counter drugs. His blood pressure is 120/70 mm of Hg, in the supine position.

On laboratory evaluation, his HbA1c is 10.2%.

1. What are the possible age and diabetes-related changes do you expect in the sensory system (eye and vision-related, hearing-related, skin-related) in this person?
2. What are the possible interventions to help him with polypharmacy?
3. Are there any health promotion/disease prevention strategies you can suggest to him?
4. How can you promote de-addiction from alcohol/smoking?
Session: Geriatric Syndrome

Method: PowerPoint presentation and role play

Session length: 50 minutes

» PPT presentation: 20 minutes
» Role play: 20 minutes
» Question/Answer (in a group): 10 minutes
  • Welcome trainees to the session.
  • Display the slide with learning objectives of the module as given below.
  • Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
    ▪ Enumerate the risk factors related to falls and syncope.
    ▪ Enumerate strategies for the prevention of falls in different settings.
    ▪ Enumerate the use of UI assessment scales.
» Project the presentation on Module 5: fall and its prevention.
» Discuss the contents of the slides.
» Ask trainees if they have any questions or doubts.
» List these on the flip chart.
» Role play details:
  • Divide the trainees into proportionate groups (a maximum of 10 in each).
  • Assign the role of an older person to one of the trainees (if an older people is not available to act).
  • Assign the role of accessor to another trainee.
  • The remaining trainees are the observers.
  • The facilitator shares details of the scene only with the trainee acting as the older person.
  • All the observers and facilitators watch the role play.

The assessor

» Welcomes the older person to his/her clinic and makes him/her sit on a chair comfortably.
» Enquires about the chief complaint.
» Asks for a detailed history of the fall, of medication, morbidity profile etc.
» Conducts a general physical examination.
» Takes the vitals.
» Carries out preliminary screening with Short Physical Performance Battery (SPPB).
» Shares the conclusion of the initial screening with the observers, and tell them that a detailed assessment of the domain of deficit is required.
  • The facilitator asks the other trainees for their comments on the role play.
  • The facilitator gives his/her feedback.
  • The facilitator responds to the questions and doubts of the trainees.
  • The facilitator thanks the actors, as well as the other trainees.

Example
An 82-year-old female is brought to the clinic by her daughter-in-law, with a history of falls in the kitchen. There is no history of loss of consciousness, or fracture. But she has low-grade fever for the last one week and has not been able to control her urination intermittently.

1. What are the geriatric syndromes present in this person?
2. What are the possible reasons for falls in this person?
3. What could you do to prevent falls in this person?
4. What are the measures that can be taken to give her relief from urinary incontinence?

Key points for discussion
» Basic understanding of geriatric syndrome and its relevance
» Fall assessment and prevention strategy
» How to differentiate between fall and syncope
» To understand the types of urinary incontinence and the role of a nurse.
Session: Care of hospitalized older people

Method: PowerPoint presentation and audio-visual

Session length: 40 minutes

» PPT presentation: 15 minutes
» Audio-visual presentation: 15 minutes
» Question/Answer session: 10 minutes

• Welcome trainees to the session.
• Display the slide with learning objectives of the module as given below.
• Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
  ▪ Enumerate and perform the components of care of hospitalized older people.
  ▪ Enumerate the complications of prolonged hospital stays.
  ▪ Enumerate the proper techniques of shifting bed-bound older persons.
  ▪ Recognise delirium in hospitalized patients.
  ▪ Apply all components in the nursing care plan.

» Discuss the contents of the slides.

» Run an audio-visual to explain:
  a. Oral care, perineal care, back care, care of the nasogastric tube and pressure ulcer dressings
  b. The administration of an NG tube
  c. How to recognize and screen delirium.

» Ask trainees if they have any questions or doubts.

» List these on the flip chart.

» Respond to questions and doubts.
Key points for discussion

» Care components in a hospitalized/bed-bound older person
» Complications of immobilization and prolonged bed-bound status
» Pressure ulcers: risk factors, common sites, prevention, grading, management
» Delirium: aetiology, diagnosis, nursing management
» Transferring techniques for bed-bound older people
» Assistive devices.
Day-2

Session: Care of the bed-bound older person and transfer

Method: Mini-presentation and role play

Session length: 50 minutes

- PPT presentation: 20 minutes
- Role play: 20 minutes
- Question/Answer session: 10 minutes

Material required

- Hospital bed
- Wheelchair
- Transfer belt
- DVT stockings
  - Divide the trainee into proportionate groups (a maximum of 10 in each).
  - The facilitator assigns the role of an older person to one of the trainees.
  - The facilitator assigns the role of assessor to another trainee.
  - The remaining trainees are the observers.
  - The facilitator shares details of the scene only with the trainee acting as the older person. All the observers and facilitators watch the role play.
- The assessor demonstrates
  - Positioning of the patient in the bed
  - Efficient positioning of the patient from side to side
  - Checking for pressure sores
  - Passive exercises
  - Chest physiotherapy
  - Application of DVT stockings
  - Transfer of the patient to the wheelchair using the transfer belt, and vice-versa.
» The facilitator asks the other trainees for their comments on the role play.
» The facilitator gives his/her feedback.
» The facilitator responds to the questions and doubts of the trainees.
» The facilitator thanks the actors as well as the other trainees.
**Session: Care of the older person with mental health issues**

**Method:** PowerPoint presentation and case study

**Session length:** 40 minutes

- PPT presentation: 15 minutes
- Case study: 15 scenarios
- Question/Answer: 10 minutes
  - Welcome trainees to the session.
  - Display the slide with learning objectives of the module as given below.
  - Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
    - Enumerate/understand various aspects of care of older people with depression and dementia.
  - Discuss the contents of the slides.
  - Ask trainees if they have any questions or doubts.
  - List these on the flip chart.
  - Respond to questions and doubts.

**Key points for discussion**

- Early signs and symptoms of mental illness in older people
- Depression in older people and nursing management
- Dementia and its differentiation from age-related memory changes
- Dementia: aetiology, signs and symptoms and severity
- Non-pharmacological management of dementia
- Other mental health disorders in older people:
  - anxiety disorders
  - somatoform and hypochondriasis disorders
  - sleep disorders and sleep hygiene for older people
  - delusional disorders.
Method: Case study

Session length: 30 minutes

» Group discussion: 20 minutes

» Question/Answer: 10 minutes

• Distribute handouts of the case study to the small group.

• Allow trainees to go through the problem/situation; discuss the diagnosis of the case, its management and the rationale for the recommendations with them.

• Assign time for group work (approximately 20 minutes).

• Ask group rapporteurs to present their group’s point of view regarding the case along with a further course of action and its rationale, if appropriate.

• Facilitate the necessary corrections with explanations, and ask one member of the group to record the key points on a flip chart.

• Ask one trainee to make a final summary of the case and the course of management.

• Encourage all trainees to ask questions and give feedback.

Example

A 75-year-old woman comes to the hospital for a routine health check-up. Her son informs you that his mother often forgets things he told her and asks about them again and again. Sometimes, she even forgets that she has had dinner, and asks for it again. In the last 2–3 months, she has often lost her way home after her walk in a nearby park and gone to other, unusual places instead. This had been happening for one year and was noticed by the son immediately after the death of his father. She is a known diabetic but the disease is under control. She has problems with her sleep and is not interested in taking sleeping pills.

Q. Is this a normal, age-related change in memory, or a symptom of cognitive impairment?

Q. What are the differences between dementia and age-related cognitive impairment?

Q. What are the possible causes for memory loss in this person?

She was never evaluated for that. The son thought it was normal for her age.

Q. Based on ICOPE strategy, how would you screen for cognition in this older person?

Q. What is a sleep hygiene cycle?
**Session: Palliative and end-of-life care**

**Method:** PowerPoint presentation and case study

**Session length:** 60 minutes

- PPT presentation: 15 minutes
- Q/A session: 10 minutes
- Case study: 20 minutes
- Question/Answer: 10 minutes

- Welcome trainees to the session.
- Display the slide with learning objectives of the module as given below.
- Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
  - Enumerate the assessment of common symptoms related to the terminal stage.
  - Enumerate the management of common symptoms related to terminal stage.
  - Enumerate the concept of good death.
- Discuss the contents of the slides.
- Ask trainees if they have any questions or doubts.
- List these on the flip chart.
- Respond to questions and doubts.

**Key points for discussion**

- Principle of palliative care
- Common physical symptoms at the end of life
- Role of nurse in palliative care
- Integrated model for palliative care
- Management of pain: WHO analgesic ladder
- Nutritional support in palliative care
- Managing patients in the last 48 hours of life
- Concept of good death
- Support of family members of a dying person.
Example
Mrs de Silva is a 75-year-old retired teacher. She was diagnosed with breast cancer three years ago, and underwent a course of chemo- and radiotherapy. Six months ago, Mrs de Silva developed severe cough and breathlessness. Her oncologist advised a CT scan, and found she had metastases in her ribs and lungs. She was then shifted to a palliative care centre. Mrs de Silva has been experiencing more pain this week and has spent most of her time on the couch. She cannot get around without assistance and is very fatigued. She has been refusing food and interaction with people. Her son is very anxious about the condition of his mother, and apprehensive about giving her comfort care.

Q. What are the major issues we should address in palliative care?
Q. How will you manage her pain, as per the WHO analgesia ladder?
Q. How to take care of her nutrition?
Q. How will you counsel Mrs de Silva’s son about her condition and end-of-life care?
Session: Abuse of the older person

**Method:** PowerPoint presentation and case study

**Session length:** 50 minutes

- PPT presentation: 15 minutes
- Q/A session: 5 minutes
- Case study: 20 minutes
- Question/Answer session: 10 minutes
  - Welcome trainees to the session.
  - Display the slide with learning objectives of the module as given below.
  - Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
    - Enumerate the concept and the health consequences of abuse of the older person.
    - Enumerate the measures to prevent abuse of the older person.
- Discuss the contents of the slides.
- Ask trainees if they have any questions or doubts.
- List these on the flip chart.
- Respond to questions and doubts.

**Example**

Mr Thapa, a 68-year-old man, was admitted into an orthopaedic ward with multiple fractures. He was accompanied by his daughter and son-in-law. They said that Mr Thapa had slipped and fallen in the bathroom. On examination, the nurse noticed multiple bruises on his body, and he was found to be cachectic. On further probing, his daughter revealed that her husband often beat Mr Thapa and tried to force him to transfer all his properties in their names, which Mr Thapa refused to do. She also said that her husband often forced Mr Thapa to sign blank cheques, and abused him if he refused.

Q. What are the signs of abuse in this case?

Q. How will you address the issue of abuse by son in law?
Example

Mr Chen is a 75-year-old engineer, who superannuated from government service about ten years ago. During his morning walk today, he met his friend, Mr Wang, a lawyer, after a long time. They both had a conversation over a cup of tea at a nearby restaurant. Mr Wang was shocked to learn about Mrs Chen’s sudden death, four years earlier. After the demise of his wife, Mr Chen’s son, daughter-in-law and grandson, moved in with him. At present, he is staying with his son’s family, in a house owned by him. Mr Chen is an early riser and prefers to go to bed early. He told Mr Wang that he has been experiencing some issues in his day-to-day routine, since his wife’s death. For example, he has to compromise on his sleep pattern, as meals are served very late. Further, the meals that he gets are neither home-made, nor suitable for his age. His son and daughter-in-law keep him away from all important discussions in the family, and never ask for his suggestions. Mr Chen’s grandson often forces him to sign blank cheques and withdraws money from his bank account. Mr Chen even suggested to his son and his family to look for separate accommodation, but they did not pay heed.

Mr Wang conveyed to Mr Chen that he is being subjected to neglect and abuse by his family members. Mr Wang advised Mr Chen to speak up about his concerns, and lodge a complaint with the civic bodies.

Q. What are the types of abuse he has suffered?

Q. How can a nurse deal with this problem?

Key points for discussion

» Introduction to elders’ abuse/abuse of the older person
» Types and examples of abuse
» Risk factors for abuse
» Signs and symptoms of abuse
» Management and prevention of abuse of older persons.
Session: Long-term care nursing

**Method:** PowerPoint presentation

**Session length:** 30 minutes

- PPT presentation: 20 minutes
- Question/Answer: 10 minute
  - Welcome trainees to the session.
  - Display the slide with learning objectives of the module as given below.
  - Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
    - Enumerate the concept of long-term care.
    - Enumerate the role of the nurse in long-term care of older people.
  - Discuss the contents of the slides.
  - Ask trainees if they have any questions or doubts.
  - List these on the flip chart.
  - Respond to questions and doubts.

**Key points for discussion**

- Introduction to long-term care
- Indications for long-term care
- Role of nurses in the long-term care of older people.
Session: Caring for the caregiver

Method: PowerPoint presentation, audio-visual

Session length: 40 minutes

» PPT presentation: 20 minutes
» Audio-visual: 10 minutes
» Question/Answer session: 10 minutes

• Welcome trainees to the session.
• Display the slide with learning objectives of the module as given below.
• Explain the learning objectives to trainees and by the end of this module, trainees will be able to:
  ▪ Enumerate the concept of caregiving and the caregiver.
  ▪ Describe and assess caregiver syndrome and caregiver stress.
  ▪ Identify and apply methods of caregiver support in a real situation.

» Discuss the contents of the slides.
» Audio-visual on support for the caregiver.
» Ask trainees if they have any questions or doubts.
» List these on the flip chart.
» Respond to questions and doubts.

Key points for discussion

» Introduction caregiving and caregiver
» Types of caregivers
» Caregiver syndrome
» Forms of stress in caregivers
» Assessment of caregiver burden
» Methods of caregiver support.
Session: Caring for a person with caregiver stress

Method: Case-study

Session length: 30 minutes

- Role play: 20 minutes
- Question/Answer: 10 minutes

- Divide the trainees into proportionate groups (a maximum 10 in each).
- The facilitator assigns the role of a caregiver to one of the trainees.
- The facilitator assigns the role of an assessor to another trainee.
- The remaining trainees are the observers.
- The facilitator shares details of the scene only with the trainee acting as the older person.
- All the observers and facilitators watch the role play.
- The facilitator asks the other trainees for their comments on the role play.
- The facilitator gives his/her feedback.

Example

Mrs Sari is a homemaker supported by her two children and her husband. She has been taking care of her mother-in-law, who has been bed-bound for last three years due to a haemorrhagic stroke (CVA).

One day, you visited their home to change a Foley's catheter. You noticed that Mrs Sari was irritable and cried, while explaining the difficulties behind caring for her mother-in-law. She also complained that she has not been able to meet her own relatives for the last three years. You observed a grade-2 pressure sore in the buttock area of the patient, which was not managed adequately and cared for.

Q. Does Mrs Sari have caregiver stress?
Q. How have the symptoms in Mrs Sari affected the care of her mother-in-law?
Q. What are the possible reasons for these symptoms in Mrs Sari?
Q. How will you assess the caregiver burden in Mrs Sari?
Q. What are the possible ways you can support Mrs Sari?
Integrated Care for Older People: A manual for nurses (Facilitator’s Guide)
Annexure I: Sample questionnaire for pre- and post-training knowledge assessment
Multiple choice question for pre and post training assessment of nurses

1. Therapeutic communication involves the following personal interaction by the nurse:
   a. Active listening
   b. Affectionate touch
   c. Loud instruction
   d. a & b

2. One of the common barriers that affects communication in older people are:
   a. Vision and hearing problem
   b. Financial problems
   c. Mobility issues
   d. Polypharmacy

3. Which of the following interventions is required for communication patients with hearing impairment?
   a. Build breaks into conversation
   b. Identify and assess hearing difficulties
   c. Check for impacted cerumen
   d. a, b & c

4. Changes in the oropharyngeal and gastro-intestinal functioning can lead to:
   a. Osteoporosis
   b. Hypertension
   c. Pneumonia
   d. Urinary incontinence

5. Semi-Flower’s position can be tried in bed-bound patients with:
   a. Cardiovascular changes
   b. Respiratory changes
   c. Endocrine changes
   d. Changes in oro-pharyngeal and gastro-intestinal functioning
6. In older person with cardiovascular changes, salt intake must be restricted to:
   a.  <10 gm/day
   b.  <5 gm/day
   c.  <5 mg/day
   d.  <20 mg/day

7. Respiratory changes in old age can lead to:
   a.  Hypertension
   b.  Frailty
   c.  COPD
   d.  Anorexia

8. Undernutrition in older persons leads to:
   a.  Sarcopenia
   b.  Frailty
   c.  Physical dependence
   d.  a, b & c

9. The energy requirement declines with age due to:
   a.  Reduction in body mass
   b.  Reduction in body metabolism
   c.  Reduction in Physical activity
   d.  a, b & c

10. Mini Nutritional Assessment (MNA) score between 8 and 11 indicates is:
    a.  Normal Nutritional status
    b.  At the risk of malnutrition
    c.  Malnourished
    d.  Protein deficiency
11. The MNA score which indicates malnutrition is:
   a. 12–14
   b. 8–11
   c. 0–7
   d. 11–12

12. Daily protein requirement for a healthy older person is:
   a. 1.5 g/kg
   b. 2.1 g/kg
   c. 2.5 g/kg
   d. 1 – 1.2 g/kg

13. Older patients with pressure sore need to be provided with:
   a. Very low protein diet
   b. Diet rich in carbohydrate
   c. Very high protein diet
   d. Very low carbohydrate diet

14. Constipation can be prevented by:
   a. Low protein food
   b. Rich in carbohydrate food
   c. High protein foods
   d. High fibre foods

15. Which of the following is/are the determinants of functional disability in old age?
   a. Smoking
   b. Obesity
   c. Lack of physical activity
   d. a, b & c
16. Which is the final pathway for most clinical problems in older patients?
   a. Cognitive impairment
   b. Heart failure
   c. Functional loss
   d. Pneumonia

17. Glomerular filtration rate declines in each decade after the age of 30 years by:
   a. 5%
   b. 10%
   c. 15%
   d. 13%

18. The third most expensive disorder after cancer and heart diseases in older persons is:
   a. Depression
   b. Pressure ulcer
   c. Diabetes
   d. Pneumonia

19. The earliest warning sign of skin damage is:
   a. Induration
   b. Pain
   c. Edema
   d. Redness

20. Risk factor/s for the development of delirium include:
   a. Frailty
   b. Dementia
   c. Sensory impairment
   d. a, b & c
21. Transfer-board can be used for:
   a. To transfer the patient from ICU to ward
   b. To carry medicines
   c. To move the patient out of wheelchair to a bed
   d. All of the above

22. A score of 15+ in Waterlow Ulcer Risk Assessment Scale indicates:
   a. At risk
   b. High risk
   c. Very high risk
   d. No risk

23. The timed –up-and-go (TUG) test is an indicator of:
   a. Mental ability
   b. Psychological preparedness
   c. Functional status
   d. Quality of life assessment

24. People (above 80+) should not be encouraged to do their own activity.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree

25. Socialization is critical to reduce loneliness and depression among older people.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
26. Which one is not under the intrinsic capacity domains given by WHO?
   a. Locomotor capacity
   b. Cognitive capacity
   c. **Physiological capacity**
   d. Vitality

27. Chair rise test is use to assess which domain of intrinsic capacity?
   a. Locomotor capacity
   b. Cognitive capacity
   c. Vitality
   d. Psychological capacity

28. What is ADL’s defined as?
   a. Basic needs that an individual has
   b. Basic rights of an individual
   c. **Basic task that must be done every day for an individual to survive**
   d. Responsibilities of an individual

29. Which of the following is not the part of the BADL assessment?
   a. Bathing
   b. Toileting
   c. Transfer
   d. **Playing**

30. Which of the following is not the part of the IADL assessment?
   a. Ability to manage finances
   b. Planning, preparing and serving meals of adequate nutrition
   c. Ability to communicate with the telephone
   d. **Taking bath**
31. Functional impairment defined as:
   a. **Difficulty in performing one or more of the ADLs**
   b. Difficulty in speaking
   c. Difficulty in performing high energy activity
   d. Decline in physiological function

32. Modified Barthel ADL's scale use to assess:
   a. Advanced activity of daily living
   b. Instrumental activity of daily living
   c. **Basic activity of daily living**
   d. Functional impairment

33. Do Geriatric Syndromes fit into specific disease categories?
   a. Yes
   b. May be
   c. **No**
   d. Don’t know

34. Clinical implications of Geriatric Syndromes in older people are:
   a. Functionality in late life
   b. Quality of life
   c. Life satisfaction
   d. **All of above**

35. Which condition does not fall under classical Geriatric Syndromes?
   a. Fall and functional decline
   b. Delirium
   c. Urinary incontinence
   d. **Osteoarthritis and Rheumatoid arthritis**
36. More than 90% of hip fracture occur because of:
   a. Falls
   b. Urinary incontinence
   c. Osteoarthritis
   d. Dementia

37. Short physical performance battery is use to assess:
   a. Dementia
   b. Delirium
   c. Urinary incontinence
   d. **Gait strength and balance**

38. Which is not a cause of syncope in older people?
   a. Cardiac syncope
   b. Reflex syncope
   c. Neurally mediated syncope
   d. **Dementia**

39. Prevalence of urinary incontinence in old age is higher among:
   a. Men
   b. **Women**
   c. Same in both genders
   d. None of above

40. Which one is not a cause of stress incontinence in old age?
   a. Coughing
   b. Laughing
   c. Sneeze
   d. **Walking and running**
41. Kegel exercise is prescribed to prevent:
   a. To maintain perineal health
   b. To prevent urinary incontinence
   c. To manage stress incontinence in older women
   d. To maintain physical mobility

42. What a nurse should not do in a suspected case of urinary incontinence?
   a. Take proper history
   b. Measure post voided residual volume
   c. Urinalysis
   d. Rectal examination

43. Which of the following is correct?
   a. Palliative care is for the patient only, not the family
   b. Palliative care is best used for simple problems like colds and flu
   c. Palliative care is designed to cure diseases
   d. Palliative care is designed to improve a very sick person’s quality of life

44. Why are palliative care services so important now?
   a. Lack of communication between multiple health care providers and family.
   b. Patients and families want a realistic prognosis. How long do I have?
   c. Patients and families desire to be educated about the progression of their condition.
   d. Palliative care services deal with quality of life of a very sick person.

45. Principle of palliative care do not include:
   a. Symptom management
   b. Psychological and spiritual care
   c. Multidisciplinary team approach
   d. Caretaker management
Annexure I: Sample questionnaire for pre- and post-training knowledge assessment

46. Pick the disorder that is LEAST likely to need palliative care:
   a. Dementia
   b. Heart failure
   c. **Flu**
   d. Stroke

47. Integrated model of palliative care does not include:
   a. Disease modifying therapy
   b. Palliative care
   c. Bereavement
   d. **Financial support**

48. Common physical symptoms that cause distress at the end of life are:
   a. Breathlessness and fatigue
   b. Pain and delirium
   c. Anxiety and restlessness
   d. **All of above**

49. Which one is not a part of WHO for pain management strategy in palliative care?
   a. Principle 1: By the mouth
   b. Principle 2: By the clock
   c. Principle 3: By the ladder
   d. **By the symptoms**

50. Nurses should consider the following when administering morphine to their patients:
   a. Adverse drug reactions
   b. Monitor closely for respiratory depression during initiation or dose escalation
   c. May cause problematic constipation in patients with myocardial infarction
   d. **All of above**
51. Managing a patient in last 48 hours of life not includes:
   a. Pain management
   b. Oral care
   c. Terminal restlessness management
   **d. Disagreeing with recommendation to give a medication by unusual route**

52. Regarding nutritional support in late life, which of the following statement is not true:
   a. The objective should be about quality of life and enjoyment of food.
   b. Patient must receive adequate nutrition and hydration.
   c. Nutrition support contributes to pain relief and lessen the suffering
   **d. Nutritional support is important because it cure the disease**

53. The symptoms of mental illness in older people includes:
   a. Social withdrawal
   b. Loss of sleep and appetite
   **c. a & b**
   d. Joint pains

54. Common mental health issues in older people are:
   a. Dementia
   b. Personality disorders
   c. Childhood psychosis
   d. None of the above

55. Some of the management techniques of depression by nurses are:
   a. Communicative caring
   b. Awareness building
   **c. a & b**
   d. None of the above
56. Signs of dementia include:
   a. **Forgetting important information**
   b. Visual changes
   c. Assistance in walking
   d. assistance in eating

57. Reversible causes of dementia include:
   a. Metabolic abnormalities
   b. Nutritional deficiencies
   c. Dementia syndrome by depression
   d. **All of the above**

58. Assessment of dementia care needs by nurses include:
   a. Physical assessment
   b. Environmental assessment
   c. Psycho-social assessment
   d. **All of the above**

59. Non verbal techniques of communication in dementia are:
   a. **Reducing distraction and listening**
   b. asking too many questions
   c. Standing over the patient in dominance
   d. arguing or correcting

60. Home environment for dementia patients should have:
   a. Slippery flooring
   b. Excessive noise
   c. **Labelling and signs**
   d. irregular check ups
61. Non-Pharmacological therapy for dementia includes:
   a. Music and art therapy
   b. Reminiscing therapy
   c. Substance dependence
   d. a & b

62. Sleep hygiene for older people includes:
   a. Avoiding caffeine and stimulants
   b. Reduced physical movement
   c. Exposure to natural light
   d. a & c

63. Types of older abuse are:
   a. Physical
   b. Psychological
   c. Environmental
   d. a & b

64. Signs of elder abuse:
   a. Forgetting immediate tasks
   b. Sudden social withdrawal
   c. Bruises and scars
   d. All of the above

65. Assessment of elder abuse includes:
   a. Psychiatric assessment
   b. IQ assessment
   c. Assessment of physical and mental capacity
   d. Assessment of geriatric syndrome
66. Indicators of permanent long term care are:
   a. Rehabilitation post-surgery
   b. Recovery from injury
   c. End of life medical services
   d. **Permanent disabilities**

67. Long term care of older people should include:
   a. Impulsive financial planning
   b. Encouraging isolation
   c. Criticizing irrational behaviours
   d. **Effective communication**

68. Supportive role for nurses for older people includes:
   a. **Psychosocial support**
   b. Discouraging healthy lifestyle
   c. One directional communication
   d. Reducing social activity

69. Educative role for nurses for older people should include:
   a. Negligence in personal hygiene
   b. **Awareness of the medical condition**
   c. Fostering emotional exhaustion
   d. Lack of communication

70. Symptoms of caregiver stress inclides:
   a. **Substance abuse**
   b. Forgetting directions
   c. Personality alterations
   d. Negligence of finances
71. Causes of stress in caregivers can be:
   a. Lack of social support
   b. Lack of financial support
   c. Lack of personal hygiene
   d. All of the above

72. Assessment of caregiver burden includes:
   a. Resources available
   b. Comorbidities in caregiver
   c. Lack of rejuvenation
   d. Lack of social interactions

73. Methods of caregiver support can be:
   a. Reduced sleep and appetite
   b. Home based nursing services
   c. Development of abusive behaviour
   d. Enforcement of responsibilities

74. The support necessary for caregivers are to:
   a. Promote institutionalization
   b. Promote psychosomatic symptoms
   c. Promote QOL for entire family
   d. Reduce caregiver competence

75. Measures for maintaining caregiver’s health are:
   a. Balance diet and physical activity
   b. Indulgence in over eating
   c. Indulgence in substance use
   d. Negligence of self-care and hygiene

76. Measures to reduce caregivers stress can be:
   a. Lack of physical activity
   b. Staying connected with social support
   c. Seeking and accepting help
   d. b & c
Annexure II: PowerPoint presentation slides
Talking points

Module 1: Communication with older people

Slide 1:
The essence of communication is our ability to contact with another person. In nursing profession, you are required to communicate with your clients all the time. Communicating or talking to each patient is different. Your way of talking to a child is different from the way you talk to an adult. Similarly talking to an older patient requires different way of communication.

Slide 2:
In this session we will discuss about communication with older people. The learning objectives are:
1. How to communicate effectively;
2. Enumerate the different barriers to effective communication; and
3. Learn about strategies for personalized or person-centered conversation.

Slide 3:
Effective communication with the client or patient is essential for developing a relationship of trust and dependence. This relationship is essential for providing and receiving treatment. The communication should make the older person feel important and empowered.
Slide 4:
For therapeutic communication you must focus on the patient with eye contact and a body language which is reassuring with possibly an affectionate touch. As communication is both ways, you must also listen to the older person carefully who may have difficulty in speech. The conduct must be empathetic and respectful.

Slide 5:
There are several barriers to effective communication. These include: noise, inadequate lighting when the faces are not visible to the speaker as well as the listener; poor hygiene and lack of privacy. Other important barriers are a smaller number of staffs in the organization creating pressure on time and ageist attitude of the health professional who may not be respectful and empathetic to an older patient.

Slide 6:
How to make effective communication? This requires a strategy. Knowing the older person’s name and other details; identifying the barriers and trying to remove them, applying appropriate technics such as sign language etc. This slide provides the list. Talk on each point.
Slide 7:
Talking to a person with requires special skills. In this slide these are mentioned. Talk on each point with adequate stress.

Communication with hearing impaired patient

- Speak slowly, clearly and loudly
- Short, simple words
- Don’t shout
- Allow extra time
- Use charts and pictures.

Slide 8:
Another challenge in communication is talking to a confused person. This slide provides the strategy. Talk on each point with adequate time and emphasis.

Communicate with a confused patient

- Direct connection
- Gain the attention
- Help to orient
- Use simple term
- Written instruction
Talking points

Module 2: Common health problems of older people

Slide 1:
Older people harbor a large number of diseases and disability. They use health services more often than any other age group. In this session we will discuss about common health problems in old age.

Slide 2:
After this session; you should be able to enumerate the age-related changes in the body and health problems in old age. You will also be able to list the clinical and nursing implications of these changes and health problems.

Slide 3:
List the changes in the body. These changes do not have any symptoms due to these changes though the ability to cope with stress declines. Ageing affects different organs at different rates and all organs are not damaged to similar degree.
Slide 4:
Read from these slides slowly and with emphasis on common diseases occurring from each organ with additional examples.

Slide 5:
Read from each line slowly with additional examples.
Talking points

Module 3: Assessment of Intrinsic capacity and functional status of older people

Slide 1:
In this session we will deal with two concepts on health in old age: intrinsic capacity and functional ability.

Slide 2:
After this session you will be able to understand the concept of intrinsic capacity and enumerate the intrinsic capacity and ICOPE assessment strategies. You will also be able to perform functional assessment.

Slide 3:
In this slide you will discuss different domains of intrinsic capacity. This is a new concept. Take some time to explain.

Slide 4:
In this slide discuss about ICOPE approach; its advantages, and scope.
Slide 5:
In this slide you will discuss the complete Geriatric Care pathway through ICOPE approach.

Slide 6:
Discuss in detail about cognitive status assessment.

Slide 7:
Discuss in detail about mobility assessment.

Slide 8:
Discuss in detail about nutrition status assessment for malnutrition.
Slide 9:
Discuss in detail about vision assessment for visual impairment.

Slide 10:
Discuss in detail about hearing assessment for hearing loss.

Slide 11:
Discuss in detail about assessment of depressive symptom.

Slide 12:
This is the comprehensive ICOPE screening tool. Discuss in detail.
Slide 13:
Discuss on step 2 after screening.

Slide 14:
In this slide provide concept for activities of daily living. Discuss in detail about their implication.

Slide 15:
In this slide discuss the names of different functional assessment tools.

Functional status
- ADLs - Basic ADLs include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet.
- IADL - Activities that allow an individual to live independently in a community.
- AADL - Intentional conducts involving the physical, mental, and social functioning that allow the individual to develop multiple social roles and maintain good mental health and quality of life.

Assessment of functional status – scales
- Modified Barthel ADL Index-BADLs
- Instrumental activities of daily living (IADLs)-Lawton IADL scale
- Advanced activities of daily living (AADLs)
Talking points

Module 4: Health promotion and disease prevention in old age

Slide 1:
Prevention is always better than cure. In this session we will discuss health promotion and disease prevention for old age. It is important to remember that preventive and promotive strategies for better health should be started early in life. But even in very advanced age these strategies also help.

Slide 2:
After this module the trainees will be able to enumerate strategies for health promotion and disease prevention in old age.

Slide 3:
Emphasize on three key health promotion strategies: nutrition, exercise and social engagement.

Slide 4:
Discuss about balanced diet of carbohydrate, protein, fat, water, vitamins and trace elements in diet. Enumerate impact of ageing on nutrition requirements. Discuss about common deficiencies and their implications.
Slide 5:
Discuss role of nurses in nutrition management: screening as well as detailed assessment.

Role of nurses in nutritional management

- Screen for vitality/malnutrition using ICOPE screening questionnaire
  a. Have you unintentionally lost more than 3 kg over the last 3 months? Yes/ No
  b. Have you experienced loss of appetite? Yes/No
- Detailed Assessment of the nutritional status using one of the following tools: Mini-nutritional assessment (MNA)

Slide 6:
Discuss Mini Nutritional Assessment as provided in the slide.

MNA score and its interpretation

<table>
<thead>
<tr>
<th>MNA score</th>
<th>Interpretation</th>
<th>Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12–14</td>
<td>Normal nutritional status</td>
<td>Reinforce generic health and lifestyle advice or usual care</td>
</tr>
<tr>
<td>8–11</td>
<td>At the risk of malnutrition</td>
<td>Offer dietary advice: plenty of fruit and vegetables, plenty of starchy foods such as bread, rice etc. Consider oral supplemental nutrition (OSN) if unable to improve food intake Monitor weight closely Consider multimodal exercise</td>
</tr>
<tr>
<td>0–7</td>
<td>Malnourished</td>
<td>Refer to a doctor/nutritionist, if available Nutritional intervention necessary Give OSN with increased protein intake Offer dietary advice Monitor weight closely</td>
</tr>
</tbody>
</table>

Slide 7:
Discuss dietary advice for older people as provided in the slide.

Dietary advice for older people

- Meals should be small and frequent
- Nutritious and easily digestible diet should be advised
- Physical activity should be advised
- Salt intake should be limited
- Energy requirement reduces with sedentary life style

<table>
<thead>
<tr>
<th>Gender</th>
<th>Sedentary</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1883 Kcal</td>
<td>2216 Kcal</td>
</tr>
<tr>
<td>Female</td>
<td>1706 kcal</td>
<td>2007 kcal</td>
</tr>
</tbody>
</table>

Slide 8:
Discuss exercise requirements and recommendations for older people.

Exercise recommendations for older people

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Type of Exercises</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 minutes of moderate intensity aerobic exercise</td>
<td>Strength/resistive: squats, lunges, sit-to-stand exercises</td>
</tr>
<tr>
<td>75 minutes of vigorous intensity aerobic physical activity per week</td>
<td>Aerobic/cardiovascular: fast walking, cycling</td>
</tr>
<tr>
<td></td>
<td>Balance training: standing on one leg at a time, walking heel to toe in straight line</td>
</tr>
<tr>
<td></td>
<td>Flexibility training: stretching exercise, yoga</td>
</tr>
</tbody>
</table>
Slide 9:
Discuss various ways and means of remaining connected with younger generation.

Slide 10:
Disease prevention can be for a single disease or for multiple diseases. For example, a vaccine prevents a specific disease while smoking cessation prevents multiple diseases. Discuss various disease prevention strategies as provided in the slide.

Slide 11:
Discuss in detail on tobacco prevention as provided on the slide as well any other method that you know.

Slide 12:
Discuss about bad effects of alcohol on human life; especially in old age. Discuss about diseases related to alcoholism.
Slide 13:
Discuss about screening for early detection of common diseases with examples and methods used.

Screening for disease prevention

- Early detection and treatment is an important step in the secondary prevention of disease and disability.
- Screening for hypertension, diabetes and hypercholesterolemia should be carried out at least once a year.
Talking points

Module 5: Geriatric Syndrome

Slide 1:
Older people carry the baggage of multiple diseases and disabilities. As a result, the clinical picture is unusual compared to younger patients. Their disease manifestation is often called geriatric syndrome; which means a clinical scenario which can be ascribed to multiple disease conditions. In this session we will discuss about geriatric syndromes and the role of nurses in managing them.

Slide 2:
After this module the trainees will be able to identify geriatric syndromes and plan their management strategies.

Slide 3:
This slide provides a definition of geriatric syndrome and various geriatric syndromes; common as well as new ones.
Slide 4:
In this slide discuss about clinical implications of geriatric syndromes.

Slide 5:
In this slide, causes of falls in old age are discussed. Read each line and give examples.

Slide 6:
Discuss the role of nurses in fall prevention. There are 8 domains in this slide. Discuss in detail with examples.

Slide 7:
Syncope or transient loss of consciousness, is a common emergency for older patients. In this slide various causes of syncope are provided. Discuss with examples.
Annexure I: Powerpoint presentation slides

**Slide 8:**
In this slide definition and risk factors for urinary incontinence are provided. Discuss with examples.

**Urinary incontinence**

**Definition:** involuntary loss of urine in sufficient amounts or frequency to be a social and/or health problem.

**Risk Factors:**
- Advanced age
- Drugs
- Urinary tract infection, atrophic vaginitis, urethritis
- Metabolic: hyperglycaemia, hypercalcaemia
- Delirium
- Excess fluid intake
- Constipation
- Post-prostatectomy

**Role of nurse in managing of urinary incontinence**

- History taking
- Physical examination
- Direct observation of leakage
- Urinalysis
- Measurement of residual volume
- Bladder chart/ intake-and-output chart
- Timed voiding/ scheduled toileting
- Bladder training
- Pelvic floor muscle exercise
- Intermittent urinary catheterization

**Slide 9:**
Urinary incontinence requires detailed assessment and behavioral intervention. In this slide role of the nurse in management is provided. Discuss in detail with examples.

**Delirium**

Delirium or acute confusional state is a common occurrence in a variety of acute illness. In this slide risk factors of delirium are to be discussed with examples.

**Precipitating factors for the development of delirium**

<table>
<thead>
<tr>
<th>Geriatric conditions</th>
<th>Polypharmacy, urinary retention, fecal impaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs and toxins</td>
<td>Prescription medications, alcohol intoxication and withdrawal, medication with anti cholinergic potential</td>
</tr>
<tr>
<td>Infection</td>
<td>Sepsis, UTI, pneumonia, fever</td>
</tr>
<tr>
<td>Metabolic derangements</td>
<td>Electrolyte disturbance, hyperglycaemia, hypoglycaemia, hypercarboxa, hypoxia</td>
</tr>
<tr>
<td>Brain disorders</td>
<td>Stroke, CNS infections</td>
</tr>
<tr>
<td>Systemic organ failure</td>
<td>Cardiac failure, liver failure, kidney failure</td>
</tr>
</tbody>
</table>

Reversible causes of delirium:
- D = Drugs
- E = Eyes and ears
- L = Low oxygen levels
- I = Infection
- R = Retention of urine or stool, Restraints
- I = Intracranial (falls, seizures)
- U = Under-nutrition/under-hydration
- M = Metabolic

**Slide 10:**
In this table precipitating factors for delirium are provided. Discuss each line with examples.
Slide 12:
Management of delirium involves a great deal of nursing intervention. Discuss with examples.

Nursing management of delirium

- Providing a therapeutic environment
- Orienting the patient frequently
- Anticipating the patient’s needs
- Ensuring that hearing aids & for the users
- Observing the patient’s response to medications
- Checking laboratory tests
- Informing family about the patient’s status and comforting them
Talking points

Module 6: Care of hospitalized older people

Slide 1:
Nursing professionals are usually very comfortable with hospital practice. In this session we will discuss some special issues to be considered for nursing care of an older patient receiving treatment in a hospital.

Slide 2:
After this module, the trainees will be able to enumerate components of care in hospital, complications of prolonged hospital stay and techniques of care.

Slide 3:
In this slide you will discuss types of older patients who may be bed bound for a longer period and require additional care. Discuss about each type of patient listed in the slide.

Slide 4:
In this slide you will discuss important hygienic components of prolonged stay on bed and their management.

Learning objectives

• Components of care for hospitalized older people, such as oral care, perineal care, back care etc.
• Complications arising from prolonged hospital stays
• Techniques of proper shifting of bed-bound older people and administering NG tube feeding.

Conditions may lead a patient to a bed-bound status

• Advanced dementia
• Advanced Parkinson’s diseases
• Stroke
• Head injury
• Coma for various reasons (metabolic, infections, tumours).

Components for a hospitalized/bed-bound patient

• Maintaining personal hygiene:
  Bed bath helps to improve blood circulation and keep them clean by removing dead skin, sweat, excess oils.
Slide 5:
In this slide you will discuss about skin care of prolonged stay on bed and interventions for bed sore prevention.

Slide 6:
In this slide you will discuss about management of nutrition needs of patient on a prolonged bed rest.

Slide 7:
In this slide you will discuss about respiratory care of patients who have lung disease or neuromuscular disease.

Slide 8:
In this slide you will discuss about providing oral care to patient who may not be able carryout oral care on his/her own.
Slide 9:
In this slide you will discuss about back care of prolonged stay on bed and interventions for bed sore prevention.

Providing back care
- Cleaning and massaging the back of the patient
- Lather soap with a sponge towel
- Apply the lotion or the oil and massage for at least 3-5 minutes

Slide 10:
In this slide you will discuss about perineal, bladder and bowel care after prolonged stay on bed.

Providing perineal care
Assessment and care of the perineal area requires professional clinical judgement

Bowel and bladder care/preventing urinary retention
- Palpate for a full bladder frequently
- Insert an indwelling catheter if needed
- Prevent constipation

Slide 11:
In these slides you will discuss about pain, positioning, good body alignment, sleep, communication, psychological care and rehabilitation of patients on prolonged bed rest.

Managing pain: As per the protocol and discussion with the team
- Positioning: Change in position every two hours
- Good body alignment so as to prevent contractures
- Head and neck are aligned with the spine

Slide 12:
In these slides you will discuss about pain, positioning, good body alignment, sleep, communication, psychological care and rehabilitation of patients on prolonged bed rest.

Promoting sleep in older patients
- Enough undisturbed sleep hours voiding should be assisted before scheduled sleep hours

Appropriate physical therapy and rehabilitation
- Involve physical and occupational therapists for enhancing mobility and providing appropriate physical therapy to patients
Slide 13:
In these slides you will discuss about pain, positioning, good body alignment, sleep, communication psychological care and rehabilitation of patients on prolonged bed rest.

Communicating
Provide emotional support to older patients. Listen actively to what is said and be alert for non-verbal cues

Psychological care
Respect the older patient’s wishes, beliefs and religious sentiments provide maximum time to vent feelings handle gently with love

Slide 14:
In this slide you will discuss about bowel care.

Bowel habit and incontinence care
• Record and evaluate the patient’s fecal elimination pattern/stool type
• Establish a consistent time to toilet, based on pattern
• Instruct the patient to bear down and attempt to defecate
• Perform manual evacuation for impacted hard stool, if needed

Slide 15:
In this slide you will discuss about complications of prolonged immobilization with examples.

Complications of immobilization & prolonged bed-bound status
<table>
<thead>
<tr>
<th>Physical complication</th>
<th>Psychological complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthostatic hypotension</td>
<td>Depression</td>
</tr>
<tr>
<td>Skeletal muscle atrophy and weakness</td>
<td>Delirium</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
</tr>
<tr>
<td>Joint contractures</td>
<td></td>
</tr>
<tr>
<td>Thromboembolic disease</td>
<td></td>
</tr>
<tr>
<td>Insulin resistance</td>
<td></td>
</tr>
<tr>
<td>Microvascular dysfunction</td>
<td></td>
</tr>
<tr>
<td>Systemic inflammation</td>
<td></td>
</tr>
<tr>
<td>Aspiration</td>
<td></td>
</tr>
<tr>
<td>Atelectasis</td>
<td></td>
</tr>
<tr>
<td>Pressure ulcers</td>
<td></td>
</tr>
</tbody>
</table>

Pressure ulcers
• Third most expensive disorder after cancer and cardiovascular diseases.
• Risk factors for pressure ulcers

<table>
<thead>
<tr>
<th>Intrinsic factors</th>
<th>Extrinsic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral neuropathy</td>
<td>Friction</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>Abnormal posture</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Impaired mobility</td>
</tr>
<tr>
<td>Age-related skin changes</td>
<td>Bed of the patient</td>
</tr>
<tr>
<td></td>
<td>Prolonged hospital stays</td>
</tr>
</tbody>
</table>
Slide 17:
In this slide you will discuss about assessment of pressure ulcer or bed sore.

Slide 18:
In this slide you will discuss about common sites of pressure ulcer and their implications.

Slide 19:
In this slide you will discuss about grading of pressure ulcers.

Slide 20:
In this slide you will discuss about prevention of pressure damage with “dos and don’ts” with examples. Discuss on each point.
Slide 21:
In this slide you will discuss transferring of bed bound older patient. Involve the trainees in live demonstration.

Slide 22:
In this slide you will discuss transferring from wheel chair to bed of bed bound older patient. Involve the trainees in live demonstration. You will also discuss about assistive devices for transferring.
Talking points

Module 7: Care of older people with mental health issues

Slide 1:
Mental health is an important component of overall health status of an individual irrespective of age. However, while organ-centric health care is very popular among patients and their family members, seeking and receiving care for mental illness remains a low priority among older persons. In this session, the importance of care of mental health will be dealt with as an essential part of achieving healthy ageing.

Slide 2:
After this session, the trainees will be able to enumerate common mental health issues in old age and strategies for nursing management of depression and dementia.

Slide 3:
Discuss common mental health problems in old age. Define each of these conditions and emphasize the burden of mental illness in community.
Slide 4:
Discuss in detail the nursing management of depression. Read out each of the interventions and their value in management.

- **Communicate**
  - Help older people if you realize they are unusually sad
  - Provide information about depression
  - Modify the physical and social environment

- **Try to understand the situation**
  - Help to identify the things that they feel sad about
  - Remind older people about their life experiences and strength
  - Increases sensory input, sense of being loved, accepted and needed, bright light and affectionate touch

---

Slide 5:
Discuss definition and signs of dementia in detail with examples.

**Dementia**
This is a chronic mental health issue with progressive nature with deterioration in cognitive functions and the ability to perform everyday activities.

**Potential signs of dementia**
- Forgetting important information
- Personality change
- Impaired: language, communication, concentration and reasoning

---

Slide 6:
Discuss causes or risk factors of dementia with examples.

**Causes of Dementia**

---

Slide 7:
In this slide discuss assessment of care needs in a dementia patient with examples.

**Assessment of dementia care needs**
Slide 8:
In this slide you will introduce non-pharmacological management that is management without drugs. You will introduce the concept of sensory stimulation therapy. In the second part introduce behavior management and various strategies under this.

Slide 9:
In this slide all the behavior problems of dementia have to be enumerated and explained.

Slide 10:
In this slide various behavior therapy have been enumerated along with need for home and environmental modification.

Slide 11:
In this slide communication techniques have been tabulated. Explain with examples and discuss.
Slide 12:
In this slide of “dos and don’ts”; explain and discuss each point. This is an important component of nursing care of dementia.

<table>
<thead>
<tr>
<th>Dos</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk in short, simple sentences of seven words or less.</td>
<td>Do not ask too many questions. Keep it to minimal choices: “Would you like coffee or juice?”</td>
</tr>
<tr>
<td>Smile, but not in a mocking way. Facial expression is important</td>
<td>Calmly wait for a response. Do not talk and let the patient think.</td>
</tr>
<tr>
<td>Offer food, drinks and activities according to the patient's liking.</td>
<td>Do not invade the patient’s space, but also do not be afraid to touch. A light hand over the patient’s hand is reassuring.</td>
</tr>
<tr>
<td>Reminisce with a patient.</td>
<td>Do not disagree, argue or correct.</td>
</tr>
</tbody>
</table>

Slide 13:
Explain the importance of each component of dementia friendly home with examples.

Dementia-friendly home

- Better lighting
- Reduction of excess noise
- Safer flooring
- Labels and signs
- Outside space/Bathroom modification
- Additional arrangements: Use reminder devices

Slide 14:
In this slide various mental health problems that can be seen in older persons are enumerated. Explain each of the terms.

Other mental health disorders in older people

- Schizophrenia
- Delusional disorders
- Anxiety disorders
- Somatoform disorders
- Hypochondriasis
- Sleep disorders

Slide 15:
Sleeplessness is a common problem in old age. Discuss good sleep hygiene practice with examples.

Sleep hygiene for older people

Sleep hygiene practices

- Limiting daytime naps to 30 minutes
- Avoiding stimulants such as coffee/tea close to bedtime
- Exercising to promote good quality sleep
- Ensuring adequate exposure to natural light
- Establishing a regular relaxing bedtime routine
- Making sure the sleep environment is pleasant
Talking points

Module 8: Palliative care and end of life care

Slide 1:
At some point of time, the course of most killer and chronic diseases, enters into a phase of incurability, where palliation of symptoms and preparation for a painless death can be offered only. Care of this state of health is an important component of old age care. This module provides essential elements of palliative and end of life care.

Slide 2:
After end of this session, trainees will be able to manage common symptoms requiring palliation, and enumerate the role of nursing nutrition management in palliative care. They also will be able enumerate the concept of good death to family members of a patient requiring end of life care.

Slide 3:
In this slide palliative care has been defined. Read it word by word and emphasize meaning of each phrase.
Slide 4:
Discuss principles of palliative care with examples.

Principles of palliative care
- Symptom management
- Psychological and spiritual care
- Multidisciplinary team approach
- Patient and family care decision

Slide 5:
Discuss importance of palliative care with examples on each point.

Importance of palliative care
- Relief from pain and other distressing symptoms
- Integrates the psychological, spiritual and social aspects of patient care
- Enhances quality of life, and may also positively influence the course of illness

Slide 6:
Discuss role of nursing care as a component of palliative care with examples.

Role of a nurse in palliative care
- Ensure the quality of care to the patient
- Management of breathlessness
- Management of pain
- Fatigue and its management

Slide 7:
In this slide discuss common symptoms encountered in patient receiving palliative care with meaning of each of them.

Common distressing symptoms at the end of life
- Breathlessness
- Nausea and vomiting
- Pain
- Fatigue
- Anxiety and restlessness
- Delirium.
**Slide 8:**
Discuss pain management in detail.

**Management of pain**
- Pain persisting or increasing
  - Weak opioid (e.g., codeine) ± non-opioid ± adjuvant
  - Strong opioid (e.g., morphine ± non-opioid ± adjuvant)

**Slide 9:**
Discuss management of breathlessness in detail.

**Management of breathlessness**
- Ensure optimal positioning
- Ensuring the availability of fresh air
- For hypoxic patient (SpO2 <92%), administer oxygen through appropriate delivery devices

**Slide 10:**
Discuss fatigue and its management in detail.

**Fatigue and its management**
- Should be screened with a question such as ‘Do you feel unusually tired or weak?’ If the answer is “yes”, further assessment should be undertaken by use of:
  - Fatigue Severity Scale: Using Visual Analogue Scale (0–7)

**Slide 11:**
Discuss various aspects of nutrition management in detail.

**Nutritional support in palliative care**
Aggressive feeding may not be appropriate, especially if eating and drinking cause discomfort or anxiety to the patient.

Meaningful interactions between the patient, caregivers, and the medical team are important to fulfil each patient’s specific needs and thus improve the QOL.
Slide 12:
Discuss nutritional support and management of various barriers to eating in detail. These interventions need to be emphasized as a part of nursing intervention.

<table>
<thead>
<tr>
<th>Causes</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty chewing/swallowing</td>
<td>Adapt consistency of food</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>Clear liquids</td>
</tr>
<tr>
<td>Anorexia/early satiety/overwhelmed by portion size</td>
<td>Food preferences, small frequent meals, high calorie food supplements</td>
</tr>
<tr>
<td>Xerostomia</td>
<td>Candy, ice chips, stews, sauces</td>
</tr>
<tr>
<td>Taste and smell changes</td>
<td>Lukewarm bland foods</td>
</tr>
</tbody>
</table>

Slide 13:
Discuss strategies for fluid management to keep the patient well hydrated.

- Signs of dehydration checked everyday and help should be given to keep the patient’s mouth and lips moist
- Artificial hydration may be suggested (fluids through a drip or tube).

Slide 14:
In this slide explain various methods of oral supplementation and discuss their importance.

<table>
<thead>
<tr>
<th>Increase energy intake by</th>
<th>Decrease thirst by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased protein intake</td>
<td>Keeping the mouth wet</td>
</tr>
<tr>
<td>Frequent bolus</td>
<td>Keeping lips lubricated</td>
</tr>
<tr>
<td>Reduced volume</td>
<td>Good oral care</td>
</tr>
<tr>
<td>Easy ingestion</td>
<td>Small sips of liquids</td>
</tr>
<tr>
<td></td>
<td>Sucking iced water or fruits</td>
</tr>
</tbody>
</table>

Slide 15:
In this slide talk about death; and good death.

Good Death
Death that is: free from avoidable distress and suffering for patients, families, and caregivers; in general accord with patients’ and families’ wishes; and reasonably consistent with clinical, cultural, and ethical standards.
Slide 16:
In this slide discuss about the role of the nurse in supporting the family of the dying person. This is a very important part of palliative care and needs enormous amount of empathy and communication skill.

Supporting the family members of a dying person
Nurses should consider the following aspects:
• Understand the family, the relationships within it.
• The family members might have misconceptions regarding the illness and the quality of care the deceased received.
• Always ensure clear and open communication between families, patients and health-care professionals.
Talking points

Module 9: Abuse of older people

Slide 1:
Abuse of older persons is a major health issue though its genesis lies in socio-economic challenges of the family. Elder abuse is a global phenomenon. Its detection and management are often difficult as the abuse occurs within the four walls of the home which is considered as a place of safety. In this session the trainee will have an insight into elder abuse as the nurses have a major role in suspecting and detecting abuse and neglect.

Slide 2:
After this module the trainee will be able to detect elder abuse and its health consequences; and advise measures to prevent it.

Slide 3:
Discuss the case history. Ask a trainee to read it loud and discuss various social and health issues pointing towards elder abuse.

Mr Kapoor, a 68-year-old gentleman, was admitted in the orthopedics ward of a hospital with multiple fractures. He was accompanied by his daughter and son-in-law. They told hospital staff that Mr Kapoor had slipped and fallen in the bathroom. However, upon examination, the nurse observed multiple bruises on his body, and he was found to be cachectic. On further probing, his daughter revealed that her husband often beats Mr Kapoor, forcing him to transfer all his properties in their names, which Mr Kapoor refuses to do.
Annexure I: Powerpoint presentation slides

Slide 4:
Read this slide and discuss various types of abuse. Refer back to the previous case history and identify various types of abuses.

---

**Types of abuse of older people**

<table>
<thead>
<tr>
<th>Types of abuse</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>Verbal assaults, insults, threats, intimidation, humiliation</td>
</tr>
<tr>
<td>Neglect</td>
<td>Failure to provide an older person with their essential needs</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Desertion of an older person at a hospital and other public location</td>
</tr>
<tr>
<td>Physical</td>
<td>The wilful infliction of physical pain, injury or impairment</td>
</tr>
<tr>
<td>Sexual</td>
<td>Non-consensual sexual contact of any kind with an older person</td>
</tr>
<tr>
<td>Financial</td>
<td>Illegal or improper use of an older person's finances, property or assets</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Misleads and maltreats another person in the name of God</td>
</tr>
</tbody>
</table>

---

Slide 5:
Ask a trainee to show the signs of abuse.

---

**Signs of abuse**

- Multiple bone fracture
- Social withdrawal
- Bruises
- Changes in behavior

---

Slide 6:
Discuss the management plan in detail. Ask the trainees to participate with the case study discussed earlier.

---

**Management and prevention of abuse**

- Screening
- Is there an immediate danger?
- If yes
- Assessment: Health and performance status: Safety, Social and financial resources, Frequency and severity, Cognitive status, Emotional status
- Reasons to believe the abuse or neglect occurred. Plan intervention.

---

Slide 7:
Discuss various steps in management in detail.

---

**Steps involved**

- Assessment of the older person's physical and mental capacity
- Counselling of the perpetrator
- Documentation, liaison and interaction with other professionals
- Involvement of other family members
Talking points

Module 10: Long-term care nursing

Slide 1:
In this session, the trainees will be provided skills and knowledge about long term care of an older person.

Slide 2:
After completing this module the trainee will be able to enumerate the concept of long-term care and the role of nurses in long term care of older persons.

Slide 3:
This slide provides the indications for long term care. Read and explain each line with examples.

Slide 4:
The various roles of a nurse in long term care of the older person is explained in a tabular manner. Read each line with examples.
Considerations in long-term care of older people

• Consider the individuality of older patients
• Handle them gently and maintain privacy while providing care
• Communicate effectively
• Make sure they can hear you
• Encourage independence as far as possible.
• Assist in achieving emotional stability.
• Give them time to express their feelings

Skills required by long-term care providers

• Ability to initiate or take part in conversations about death/dying
• Ability to assess patient needs
• Ability to ensure that all the care and treatment needs and wishes of the patient who is dying are shared with the family members
• Competency to provide compassionate & sensitive end-of-life care

Slide 5:
In this slide the skills required for nurse to carry out long term care is explained. Read each line with examples.

Slide 6:
In this slide the skills required for nurse to carry out long term care is explained. Read each line with examples.
Talking points

Module 11: Caring for the caregiver

Slide 1:
In this session we will discuss about issues related to care giving on the part of caregiver on a long-term basis.

Slide 2:
After this module the trainee will be able to enumerate the concept of caregiving and caregiver. The learner will be able to assess care giver stress and will be to support the care giver in real life situation.

Slide 3:
Caring for an older person on a daily basis for long periods of time is stressful. This type of stress is highly prevalent. Prolonged stress also affects the wellbeing of the older person as well as the living condition. The nurse has to address the issues related to care giving stress by providing real life solutions.
Slide 4:
In this slide types of caregivers are defined. Read each line and provide examples.

<table>
<thead>
<tr>
<th>Types of caregivers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family caregivers</td>
<td>Services on daily basis by the family members and friends</td>
</tr>
<tr>
<td>Long-distance caregivers</td>
<td>Children living in other cities</td>
</tr>
<tr>
<td>Professional caregivers</td>
<td>Paid workers who provide home based basic medical care</td>
</tr>
</tbody>
</table>

Slide 5:
In this slide symptoms of caregiving stress are listed. Read each line and explain.

- Anxiety, depression, irritability
- Feeling tired and run down
- Neglecting responsibilities
- Difficulty in sleeping
- Trouble in concentrating
- Overreacting to minor nuisances

Slide 6:
In this slide causes of caregiver stress are explained. Read each line with examples.

<table>
<thead>
<tr>
<th>Causes of stress in caregivers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical morbidity</td>
<td>Caregivers are at an increased risk of various health problems</td>
</tr>
<tr>
<td>Social isolation</td>
<td>Due to the lack of social contacts</td>
</tr>
<tr>
<td>Financial</td>
<td>When the family caregiver has to bear the cost of treatment</td>
</tr>
<tr>
<td>Emotional</td>
<td>Long-term caregiving often leads to frustration and boredom</td>
</tr>
</tbody>
</table>

Slide 7:
In this slide the nursing professional is provided techniques of assessing caregiver burden in a quantitative manner. Read each line with explanation and example.

- Capability of the older person for self-care
- Type of care required by the older person
- Extra time the caregiver needs to spend in caring for the older person
- Arrangements for rest and relaxation for the caregiver
- Resources and support systems available for the caregiver
- Quantification of caregiver burden using the appropriate scale
Slide 8:
In this slide the nurse will be trained to provide support to the caregiver. Explain and give examples.

Slide 9:
In this slide the role of the nurse in addressing caregiver stress is explained. Read each line with examples.

Slide 10:
In this slide the role of nurse for managing caregiver stress is explained. Read each line with explanation and examples.

Slide 11:
This slide provides methods of reducing caregiver stress. Explain each point.