TRACK PROJECT
TRAINING AND RECOGNITION OF INFORMAL CARERS SKILLS

TRAINING KIT
O2 TRAINING PROGRAMS FOR CARERS
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SUMMARY

This training kit has been designed as part of the O2 deliverable - the project TRACK training program for professional carers with the aim of:

- Spreading and conveying the same message to harmonize training course delivery using TRACK resources,
- Providing various learning materials which can be used by numerous and different instructors.

This consists in developing the knowledge and skills of caregivers who care for a loved one affected by Alzheimer’s disease. The approach is multidimensional and aims to promote homecare and maintain the person’s independence as long as possible.

The training course is meant to be delivered by an instructor supported by home care professionals and health professional experts (geriatrists, neurologists, kinesiotherapists, etc.).

- This training course is delivered over a period of six weeks and focuses on understanding the disease and its consequences in daily life
- Establishing an effective relationship with your loved one and know how to interact with a network of peers
- Maintaining the independence of the person at home

The presentation is composed of a set of tools created for each of the training weeks:

- Programme
- Schedule
- Questionnaires
- Fact sheets
- Slide shows
- Simulation games.

The sets of tools presented in the kit can be downloaded individually to facilitate their use.
1. **THE TRACK TRAINING COURSE**

**TRAINING PROGRAM**

**MODULE CONTENT**
TRAINING PROGRAM

BACKGROUND:

The TRACK project takes place in a context of aging populations in Europe, with the number of people affected by dementia estimated at 5.5 million (OCDE, 2012), and an increasingly urgent need to professionalise the care of aging people at home.

In 2050, the average public spending on long-term healthcare in the OECD countries (Organization for economic cooperation and development) may reach 10-13% of the gross domestic product (European commission, 2007). In this context, the project will help to:

- Meet an increasing need of care professionals, making professional training more relevant on the labour market,
- Meet the needs for qualified professionals to promote independent living for people with dementia,
- Provide informal caregivers with the possibility of becoming recognised and certified workers in care, thus reducing the mismatch between skills and the shortage of workers in the care sector.

Besides, it is necessary to take into account the specific situation of informal caregivers. In fact, becoming a carer for a loved one diagnosed with Alzheimer’s is a demanding commitment, which increases health risks. It is a long-term commitment which evolves with time and receives very little “formal” support. The vulnerability of informal caregivers is higher in terms of health but also especially in terms of mental health.

Today supporting measures are widely provided but very often too late and with little effect on the caregivers’ mental health and quality of life. Real actions to promote health are therefore necessary as soon as the diagnosis has been made (a pivotal moment in the informal caregivers’ change of role). Without her or him being aware of it nor understanding it, the diagnosis may mean for the carer the official and irreversible beginning of a long phase of support, and help and care for her/his loved one affected by the disease.

TARGET AUDIENCE

The TRACK training program specifically targets informal caregivers providing homecare for people in the mild stage of Alzheimer’s disease (who still have memory and communication abilities).

A general definition of a carer is (source: COFACE1): “a non-professional person who provides primary assistance with activities in daily life, either in part or in whole, towards a dependent person in his/her immediate circle. This regular care may be provided on a permanent or non-permanent basis and may assume various forms, in particular: nursing, care, assistance in education and social life, administrative

1 COFACE : Confédération des organisations familiales de l’Union européenne (Confederation of Family Organisations in the European Community).
formalities, co-ordination, permanent vigilance, psychological support, communication, domestic activities, etc.”

Additional information related to the TRACK project: carers who receive the APA benefit (personalized independence allowance) are also eligible.

**LEARNING OBJECTIVES:**

**Acquire skills related to Alzheimer’s disease for the provision of homecare:**
- Be informed about Alzheimer’s disease, early signs and progression over time
- Understand daily life with a person with Alzheimer’s disease
- Adapt your care to the level of dependence of your loved one

**Acquire skills to maintain social ties with your loved one affected by Alzheimer’s:**
- Adapt your behaviour and attitudes to your loved one’s disorders
- Maintain your communication with your loved one using different ways to communicate (verbal, nonverbal communication)
- Propose activities at home and outside to maintain social ties

**Acquire skills to promote your loved one’s independent living at home:**
- Identify your loved one’s abilities and stimulate them daily
- Propose relevant activities to maintain your loved one’s independence at home.

**Learn to take care of yourself:**
- Acquire the know-how and life skills necessary to understand your own needs
- Assess the time you need to do things and adapt your activities accordingly to protect yourself
- Listen to yourself and others to identify difficulties
- Identify the tipping point when you need outside help

**Be able to explain your caregiving practices and share your skills and daily reality:**
- Acquire communication techniques facilitating interactions with your peers and with healthcare professionals (be able to share -sometimes difficult- experiences within a group of peers, analyse practical cases, etc.)

**GENERAL ORGANISATION OF THE TRAINING PROGRAMME**

The training course is facilitated by an instructor who knows the care sector in general but also more specifically the caregivers’ trajectory when working with people affected by Alzheimer’s disease. The instructor is in charge of:
- Providing theoretical knowledge tailored to the participants’ expectations and comprehension,
- Contacting experts who will make valuable contributions
- Assisting professional caregiver tutors who will help informal caregiver participants come up with adequate practices.
The trainer provides in each classroom session learning content to supplement the e-learning modules available to the participants, as well as a professional expert’s lecture on a specific topic. To this effect, IPERIA L’Institut provides the trainers with course outline proposals adaptable to each session.

**THE TRACK TRAINING PROGRAM INCLUDES DIGITAL ACTIVITIES PERFORMED REMOTELY**

The proposed training program design is based upon skills identified and divided into three concurrent and adapted learning pathways.

There is specific learning content for each learning pathway divided into activities. These activities will first be introduced through e-learning and will then be reinforced in group during classroom instruction, and individually during e-tutoring time.

TRACK will implement the three following pathways:

1. **Understanding the disease and its consequences on daily life**: the objective of this pathway is to teach carers basic knowledge which will help them understand the path they’re committing to and the deterioration process that they will deal with. This pathway includes all the information necessary for the carer to better understand her/his role and to anticipate the different changes which will happen to her/his loved one and herself/himself.
   - Activity 1.1: Alzheimer’s disease and its progression.
   - Activity 1.2: Identification of emotional and behavioural disorders linked to the disease.
   - Activity 1.3: Overview of support systems and their objectives.

2. **Establishing an effective relationship with your loved one and being able to interact in a peer network**: this pathway aims to help the carer maintain the relationship and quality of life with her/his loved one as well as for herself/himself, and despite the progression of the disease and cognitive decline.
   - Activity 2.1: Communication adapted according to your loved one’s disorders.
   - Activity 2.2: Taking stock of your caregiving situation.
   - Activity 2.3: Managing difficult and stressful situations.

3. **Maintaining independent living**: the objective of this pathway is to develop the carers’ specific skills in order to help them provide safe homecare to their loved ones.
   - Activity 3.1: Maintaining daily routines.
   - Activity 3.2: Helping with everyday tasks.
   - Activity 3.3: Simulation games/Role-plays.
TRACK is a 20-hour, six-week training programme and comprises:

- A **2-hour** introductory session
- **3-hour** classroom sessions (9 hours total) with the trainer, informal caregivers, and professional caregiver tutors
- E-learning material: 45'-1 hour e-learning x 6 weeks; i.e. about **6 hours**
- A final **2-hour** session

E-tutoring sessions are added to complement interim sessions. Informal caregivers will be able to ask for the support and advice of the professional caregiver “tutors” via a phone appointment or Skype (conditions to be determined).

**PEDAGOGY**

The TRACK training programme focuses on a participative and active pedagogical approach. Practical workshops and feedback are there to promote the sharing of ideas. They are enhanced by digital activities (accessible on a learning platform), interactions and acquisition of knowledge, know-how, and life skills shared between informal caregivers and professional caregivers.

Specific principles guiding the professional caregiver tutors’ support actions:

- Encourage the expression of both limiting and facilitating beliefs related to the disease and caregiving role
- Focus on the development of self-efficient practices through: control of situations, observation, verbal persuasion (praise), realistic perception of physical and emotional health condition
- Help carers identify their sources of stress and their social network

**DURATION**

9-hour training programme divided into 3 three-hour sessions, plus a 6-hour e-training cycle on your own.

**CHARACTERISTIC**

The TRACK training program is free of charge for informal caregivers.
MODULE CONTENTS

TOPIC 1:
UNDERSTANDING THE DISEASE AND ITS CONSEQUENCES ON DAILY LIFE:

Module 1.1. Alzheimer’s disease progression
Module 1.2. Identification of emotional and behavioural disorders
Module 1.3. Overview of support systems and their objectives

TOPIC 2:
ESTABLISHING AN EFFECTIVE RELATIONSHIP WITH YOUR LOVED ONE AND BEING ABLE TO INTERACT WITH A NETWORK OF PEERS

Module 2.1. Communication adapted to your loved one’s disorders.
Module 2.2. Taking stock of your caregiving situation.
Module 2.3. Managing difficult and stressful situations.

TOPIC 3:
MAINTAINING INDEPENDENT LIVING

Module 3.1. Maintaining daily routines.
Module 3.2. Helping with everyday tasks.
Module 3.3. Simulation games.
# S1 Programme

<table>
<thead>
<tr>
<th>Topic</th>
<th>UNDERSTANDING THE DISEASE AND ITS CONSEQUENCES ON DAILY LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>1.1. Alzheimer’s progression</td>
</tr>
<tr>
<td>Method</td>
<td>DISTANCE LEARNING</td>
</tr>
<tr>
<td>Duration</td>
<td>00:40</td>
</tr>
<tr>
<td>E-tutoring</td>
<td>00:30 per participant</td>
</tr>
<tr>
<td>Objective</td>
<td>Being able to define Alzheimer’s disease and name the different stages</td>
</tr>
<tr>
<td>Content</td>
<td>Definition and history of the disease</td>
</tr>
<tr>
<td></td>
<td>Early signs of the disease</td>
</tr>
<tr>
<td></td>
<td>The 4 A: Amnesia, Aphasia, Agnosia, Apraxia</td>
</tr>
<tr>
<td></td>
<td>The 3 stages of the disease</td>
</tr>
<tr>
<td>Resources available on the platform</td>
<td>E-learning module: “how does Alzheimer’s disease progress?</td>
</tr>
<tr>
<td></td>
<td>Fact sheets:</td>
</tr>
<tr>
<td></td>
<td>- What is Alzheimer’s disease?</td>
</tr>
<tr>
<td></td>
<td>- The discovery of Alzheimer’s disease</td>
</tr>
<tr>
<td></td>
<td>- 10 early signs</td>
</tr>
<tr>
<td></td>
<td>- The symptoms: the 4 A</td>
</tr>
<tr>
<td></td>
<td>- The three stages of the disease</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>By the end of the session, the participants will have acquired a skillset which will enable them to understand the disease and its symptoms better.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Skill assessment quiz 1</td>
</tr>
<tr>
<td>Prerequisite</td>
<td>Having attended the group information meeting</td>
</tr>
<tr>
<td></td>
<td>Having received the login information for the e-learning platform</td>
</tr>
<tr>
<td>What to do after?</td>
<td>Activity 1.2. Identifying the psychological and behavioural disorders of the disease</td>
</tr>
</tbody>
</table>
# S2 Programme

<table>
<thead>
<tr>
<th>Topic</th>
<th>UNDERSTANDING THE DISEASE AND ITS CONSEQUENCES ON DAILY LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>1.2. Identification of affective, emotional, and behavioural disorders</td>
</tr>
<tr>
<td>Method</td>
<td>DISTANCE LEARNING</td>
</tr>
<tr>
<td>Duration</td>
<td>00:45</td>
</tr>
<tr>
<td>E-tutoring</td>
<td>00:30 per participant</td>
</tr>
<tr>
<td>Objective</td>
<td>Being able to identify solutions to cope with daily issues</td>
</tr>
<tr>
<td>Content</td>
<td><strong>Definition of affective and emotional disorders</strong>&lt;br&gt;<strong>Coping with affective and emotional disorders</strong>&lt;br&gt;<strong>Definition of behavioural disorders</strong>&lt;br&gt;<strong>Coping with behavioural disorders</strong>&lt;br&gt;The carer’s responses to disorders</td>
</tr>
<tr>
<td>Resources available on the platform</td>
<td>E-learning module “what are the main disorders?”&lt;br&gt;Fact sheets:&lt;br&gt;- Affective and emotional disorders&lt;br&gt;- Behavioural disorders&lt;br&gt;- Daily life (1/2)&lt;br&gt;- Daily life (2/2)</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>By the end of the session, the participants will have acquired a skillset which will enable them to identify possible solutions to handle the various disorders of Alzheimer’s disease</td>
</tr>
<tr>
<td>Evaluation</td>
<td><em>Skill assessment quiz 2 and 3</em></td>
</tr>
<tr>
<td>Prerequisite</td>
<td>Having attended activity 1.1.</td>
</tr>
<tr>
<td>What to do after?</td>
<td>Activity 1.3. Overview of support systems and their objectives&lt;br&gt;Activity 2.1 Communication adapted to your loved one’s disorders</td>
</tr>
</tbody>
</table>
## PROGRAMME S2

<table>
<thead>
<tr>
<th>Topic</th>
<th>UNDERSTANDING THE DISEASE AND ITS CONSEQUENCES ON DAILY LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>1.3. Overview of support measures and their objectives</td>
</tr>
<tr>
<td>Method</td>
<td>CLASSROOM INSTRUCTION</td>
</tr>
<tr>
<td>Duration</td>
<td>03:00</td>
</tr>
<tr>
<td>Objective</td>
<td>Being able to name the existing measures (Financial, material, human, structural) for the different needs</td>
</tr>
<tr>
<td>Content</td>
<td>National and local support measures, their mission and their role</td>
</tr>
<tr>
<td></td>
<td>The different health professionals, their mission and their role</td>
</tr>
<tr>
<td></td>
<td>The different care options</td>
</tr>
<tr>
<td>Resources available on the platform</td>
<td>Fact sheets:</td>
</tr>
<tr>
<td></td>
<td>- Accommodation and housing allowances</td>
</tr>
<tr>
<td></td>
<td>- Where can I get information?</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>By the end of the session, the participants will have acquired a skillset which will enable them to identify the resources and professionals to cater for their loved ones’ needs</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Performed with a big group, based on individual situations that participants will share for free</td>
</tr>
<tr>
<td>Prerequisite</td>
<td>Having attended activities 1.1. et 1.2.</td>
</tr>
<tr>
<td>What to do after?</td>
<td>Activity 2.1 Communication adapted to your love one’s disorders</td>
</tr>
</tbody>
</table>
# PROGRAMME S3

<table>
<thead>
<tr>
<th>Topic</th>
<th>ESTABLISHING AN EFFECTIVE RELATIONSHIP WITH YOUR LOVED ONE AND BEING ABLE TO INTERACT WITH A NETWORK OF PEERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>2.1. Communication tailored to your loved one’s disorders</td>
</tr>
<tr>
<td>Method</td>
<td>DISTANCE LEARNING</td>
</tr>
<tr>
<td>Duration</td>
<td>00:45</td>
</tr>
<tr>
<td>E-tutoring</td>
<td>00:30 per participant</td>
</tr>
<tr>
<td>Objective</td>
<td>Being able to differentiate the different types of communication and propose suitable communication strategies to interact with people with Alzheimer’s</td>
</tr>
<tr>
<td>Content</td>
<td>Communication basics</td>
</tr>
<tr>
<td></td>
<td>Verbal and nonverbal communication</td>
</tr>
<tr>
<td></td>
<td>Communicating and relating with your loved one affected by Alzheimer’s</td>
</tr>
<tr>
<td></td>
<td>What you need to know to communicate well with the person with Alzheimer’s</td>
</tr>
<tr>
<td>Resources available on the platform</td>
<td>E-learning module “How to deal with communication issues”</td>
</tr>
<tr>
<td></td>
<td>Fact sheets:</td>
</tr>
<tr>
<td></td>
<td>- In what way does the communication with the person with Alzheimer’s change?</td>
</tr>
<tr>
<td></td>
<td>- Is the person with Alzheimer’s aware?</td>
</tr>
<tr>
<td></td>
<td>- Does the person with Alzheimer’s suffer psychologically?</td>
</tr>
<tr>
<td></td>
<td>- Does the person with Alzheimer’s suffer physically?</td>
</tr>
<tr>
<td></td>
<td>- Assisting the person in her/ his activities</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>By the end of the session the participants will have acquired a skillset which will enable them to deal with language and memory issues, and adopt the right approach to communicate well with their loved one affected by Alzheimer’s.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Skill assessment quiz 4</td>
</tr>
<tr>
<td>Prerequisite</td>
<td>Having attended sessions 1.1. and 1.2.</td>
</tr>
<tr>
<td>What to do after?</td>
<td>Activity 2.2. Taking stock of your situation as a caregiver</td>
</tr>
<tr>
<td></td>
<td>Activity 2.3. Managing difficult and stressful situations</td>
</tr>
</tbody>
</table>
## PROGRAMME S4

<table>
<thead>
<tr>
<th>Topic</th>
<th>ESTABLISHING AN EFFECTIVE RELATIONSHIP WITH YOUR LOVED ONE AND BEING ABLE TO INTERACT WITH A NETWORK OF PEERS</th>
</tr>
</thead>
</table>
| Activity | 2.2. Taking stock of your situation as a caregiver  
2.3. Managing difficult and stressful situations |
| Method | CLASSROOM INSTRUCTION |
| Duration | 03:00 |
| Objective | Being able to identify your role and your limits as a carer  
Being able to take some distance from the difficult and stressful situations |
| Content | Individual questionnaire  
World Café about beliefs with presentations preconceived ideas about the carer and her/his role  
Definition of informal caregiver: role and limits  
In a large group exploration of individual experiences shared by participants for free and seeking solutions in group  
Learn technical skills to manage stress and aggressiveness |
| Resources available on the platform | Module e-learning “stress management”  
Fact sheets:  
- Five tips to make your life as a carer easier  
- 10 signs of caregiver stress  
- Adjusting to the different stages of the disease |
| Learning outcome | By the end of the session the participants will have acquired skill sets which will enable them to define their place, their role as carer, identify their limits and apply relaxation techniques to better manage stress. |
| Evaluation | Skill assessment quiz 5 |
| Prerequisite | Having attended activity 2.1. |
| What to do after? | Activity 3.1. Maintaining daily routines |
## PROGRAMME S5

<table>
<thead>
<tr>
<th>Topic</th>
<th>MAINTAINING INDEPENDENT LIVING AT HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>3.1. Maintaining daily routines</td>
</tr>
<tr>
<td>Method</td>
<td>DISTANCE LEARNING</td>
</tr>
<tr>
<td>Duration</td>
<td>00:55</td>
</tr>
<tr>
<td>E-tutoring</td>
<td>00:30 par participant</td>
</tr>
</tbody>
</table>
| Objective | Being able to list the modifications that make daily life easier  
Being able to identify activities to maintain cognitive and mobility abilities |
| Content | Adapting the environment to promote independence  
Taking into account the person’s three essential needs in the environment  
Suggest suitable activities to maintain independence  
Activities depending on the stage of the disease |
| Resources available on the platform | E-learning module “adapting the environment to limit problems”  
Fact sheets:  
- Five steps to provide good care to your loved one  
- The 10 questions to ask yourself about the safety of the house  
- Managing both your time and the time of the person cared for  
- What types of activities can you do with the person cared for  
- Five daily activities to do with the person cared for  
- Five physical intellectual activities to do with the person cared for |
| Learning outcome | By the end of the session the participants will have acquired skill sets which will enable them to deal with difficult and stressful situations |
| Evaluation | Skill assessment quiz 6 |
| Prerequisite | Having attended activities 2.1. and 2.2. |
| What to do after? | Activity 3.2. Helping the person with daily routines |
# PROGRAMME S6

<table>
<thead>
<tr>
<th>Topic</th>
<th>MAINTAINING INDEPENDENT LIVING AT HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>3.2. Helping the person with daily routines</td>
</tr>
<tr>
<td>Method</td>
<td>DISTANCE LEARNING</td>
</tr>
<tr>
<td>Duration</td>
<td>00:25</td>
</tr>
<tr>
<td>Objective</td>
<td>Being able to identify good practices to help with daily routines</td>
</tr>
</tbody>
</table>
| Contents | Dressing/ undressing  
Bathing  
Meals  
Sleep/ bedtime |
| Resources available on the platform | Fact sheets:  
- Meals  
- Bathing  
- Dressing  
- Undressing and going to bed |
| Learning outcome | By the end of the session the participants will have acquired skill sets which will enable them to help their loved one in an appropriate and respectful manner. |
| Evaluation | Skill assessment quiz 7 |
| Prerequisite | Having attended activity 3.1. |
| What to do after? | Activity 3.3. Case study and simulation game |
## PROGRAMME S6

<table>
<thead>
<tr>
<th>Topic</th>
<th>MAINTAINING INDEPENDENT LIVING AT HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td>3.3. Simulation games</td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td>Classroom instruction</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>03:00</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>Being able to reply the stimulation methods and techniques on a daily basis</td>
</tr>
</tbody>
</table>
| **Resources available on the platform** | Simulations of the activities in the form of role-plays:  
- Bathing  
- Eating  
- Going to bed  
- Preparing meals  
- Night wanderings |
| **Learning outcome** | By the end of the session the participants will have acquired skill sets which will enable them to help their loved one in an appropriate and respectful manner. |
| **Evaluation**       | Skill assessment quiz 8                |
| **Prerequisite**     | Activity 3.3. Case study and simulation game |
| **What to do after?**| Satisfaction survey 1  
Participating in the final training evaluation session |
# PROGRAMME S7

<table>
<thead>
<tr>
<th>Topic</th>
<th>FINAL EVALUATION SESSION</th>
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</thead>
<tbody>
<tr>
<td>Method</td>
<td>Classroom instruction</td>
</tr>
<tr>
<td>Duration</td>
<td>02:00</td>
</tr>
<tr>
<td>Objective</td>
<td>Giving feedback for further improvement of the training programme</td>
</tr>
<tr>
<td>Activities</td>
<td>Satisfaction survey 2</td>
</tr>
<tr>
<td></td>
<td>Group discussion for final evaluation session</td>
</tr>
<tr>
<td>Prerequisite</td>
<td>Participating in the training programme</td>
</tr>
</tbody>
</table>
2. **INITIATE TRAINING**

**LETTER OF INVITATION**

**ATTENDANCE SHEET**

**IMAGE REPRODUCTION AND REPRESENTATION RIGHTS**

**THE TRACK PROJECT FLYER**

**ORGANISATION**

**INTRODUCTORY POWERPOINT**

**PRE-TRAINING QUESTIONNAIRE**
Dear Madam, dear Sir,

We are very pleased to announce the launch of the European training project TRACK (Training and Recognition of informal Carers Skills). This training program has been designed for informal caregivers caring for people in a mild stage of Alzheimer’s disease and aims to develop informal caregivers’ skills to help them:
- Improve care thanks to a better knowledge of the disease and behaviours to adopt,
- Better manage the consequences that caring for people affected by dementia can have on health and social life,
- Improve the independence of the loved one at home while protecting oneself.

For you this experience can be beneficial in many ways:
- You will part of the experimental and assessment phase of a European experimental project,
- You will receive personalised training and advice,
- You will discover e-training and learn from home at your own pace through ongoing support.

In order to present you the detailed organisation and terms of your participation, we are inviting you to our information meeting:

On “date” to “Name of the venue”
At “Address of the event venue”

Please confirm your participation in this information meeting by calling “name of the contact person” at “phone number” or by email: “email address”. Think of bringing your planner to the meeting.

Yours faithfully,

“Signer’s name”
“Position”
**Objective of the session:** ..............................................................................................................................................................................................

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Mr, Ms or Mrs …………………………………………………

Signature preceded by the handwritten words “Agreed and signed”
ANYONE CAN BE AN INFORMAL CARER AT SOME STAGE

Informal carers are persons who provide care usually unpaid to someone with a chronic illness, disability or other longstanding health or care needs, outside of a professional or formal framework. Informal carers account for 80% of all care work. Women are providing approximately two thirds of care mainly as daughters (in law) and sisters/paternal to our aging societies, more and more people endorse informal caregiving activities.

WHAT ARE THE ISSUES?

The quality of life of carers is generally poorer than for society as a whole. Being a carer is often associated with poverty, isolation, low job status, poor health and depression.

Informal care often faces the specific difficulties attached to dementia.

Informal carers of working age face significant difficulties to remain active in the labour market.

Co-ordination of the project:

www.thetrackproject.org

Some information: www.atmoral.org/ATM1/ATM10

Erasmus+

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Changing lives. Opening minds.

Founded by the Erasmus + Programme of the European Union
ORGANISATION

SUGGESTED ORGANISATION OF THE INITIAL SESSION

Both individual and group presentations, establishment of group dynamics, practical terms and organization.

Definition of the session calendar.

Getting started with the e-learning tool.

Discovery activity: short exploration of the e-learning activity 1.1.
INTRODUCTORY POWERPOINT

The original file is attached to this training kit
REGISTRATION FORM

Welcome. In order to register to the TRACK training programme, please fill in the following registration form. Thank you in advance for your time and collaboration.

TRACK team

First name
Family name
Address
 Téléphone (land line)
 Mobile phone
 Email

You

You are
☐ A man
☐ A woman

How old are you?
☐ less than 30 years
☐ 30 - 39 years
☐ 40 - 49 years
☐ 50- 59 years
☐ 60 - 69 years
☐ 70 - 79 years
☐ 80 - 89 years
☐ 90 or more

What is your educational level?
☐ Level VI (General Certificate of Secondary Education)
☐ Level V (National Vocational Qualification – Level 1, 2 / Business and Technology Education Council)
☐ Level IV (High-School Diploma/Degree)
☐ Level III (Higher National Diploma 2 year technical degree / 2 year university degree in technology)
☐ Level II (University degree)
☐ Level I (Master, PhD, etc)
**You and your availability**

Are you working?
- □ Yes, full time
- □ Yes, part time
- □ No

How many time would you have per week for training?
- □ Less than 1 hour
- □ Between 1 and 3 hours
- □ More than 3 hours

**You and the person you care for**

What is your relationship with the person you care for?
- □ Spouse
- □ Mother/ father
- □ Daughter/ son
- □ Another member of the family
- □ Other:

How long have you been caring this person?
- □ Less than 1 year.
- □ Between 1 and 5 years.
- □ More than 5 years.

How often do you take care of this person?
- □ Every day
- □ Several times per week
- □ Once per week or less

**You and the training programme**

How did you get to know TRACK?
__________________________________________________________________________________
__________________________________________________________________________________

What are your expectations as regards this training?
__________________________________________________________________________________
__________________________________________________________________________________
Have you already completed a training?

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Do you know how to use a pc or a tablet for...?

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Do you accept to be contacted by TRACK team to be informed about the future news on this training?

- [ ] yes
- [ ] no

Thank you!
COURSE DELIVERY

GROUP SESSION 1
ORGANISATION
ATTENDANCE SHEET
KEY POINTS FOR ACTIVITIES 1.1. AND 1.2.
POWERPOINT ACTIVITY 1.3.

GROUP SESSION 2
ORGANISATION
ATTENDANCE SHEET
KEY POINTS FOR ACTIVITY 2.1.
ACTIVITY 2.2. TAKING STOCK OF YOUR CAREGIVING SITUATION
POWERPOINT FOR ACTIVITY 2.2.
POWERPOINT FOR ACTIVITIES 2.3. AND 2.3. BIS

GROUP SESSION 3
ORGANISATION
ATTENDANCE SHEET
KEY POINTS FOR ACTIVITY 3.1.
KEY POINTS FOR ACTIVITY 3.2.
SIMULATION GAMES

WORKSHEETS:
FACILITATING E-TRAINING
FACILITATING A GROUP DISCUSSION
FACILITATING A DEBRIEFING SESSION
FACILITATING A WORLD CAFÉ SESSION
GROUP SESSION 1

SUGGESTED ORGANISATION

Debriefing regarding e-learning activities (see “Facilitating a debriefing session” worksheet):
- Activity 1.1: Alzheimer’s disease progression.
- Activity 1.2.: Identification of emotional and behavioural disorders linked to the disease.

Brief reminder of the programme’s practical terms and potential difficulties

Activity 1.3. Overview of the support measures and their objectives:
(For this activity, you can ask an expert to do a guest lecture on the subject matter)
- Presentation of national and local organisations, their missions and roles
- Experience sharing and inventory of questions
- Different health professionals’ objectives and roles
- Presentation of the different care options
- Questions / Analysis of situations in large groups based on the situations presented by the participants

Discussion and analysis of findings based on initial questions and their answers (see “facilitating a group discussion session”).

Work organisation of the interim session:
- Exploring-discovering e-activities 2.1. and 2.2.
- Scheduling appointments with the “tutor”
**Objective of the session:**

Date: .................................................................
Place: ..................................................................
Time: ..................................................................

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KEY POINTS OF ACTIVITIES 1.1 AND 1.2

WHAT IS ALZHEIMER’S DISEASE?

Alzheimer’s disease is the progressive and irreversible decline of mental abilities following the deterioration of the brain tissue.

THE 10 EARLY SIGNS OF ALZHEIMER’S DISEASE

- Memory loss
- Difficulty performing familiar tasks
- Language issues
- Disorientation in space and time
- Weaker judgment ability
- Difficulty grasping abstract notions
- Loss of objects
- Mood swings and behaviour change
- Personality changes
- Lack of enthusiasm

THE 4 A’s

The symptoms of Alzheimer’s disease can be characterised by the four A’s:

- Amnesia: memory is one of the first faculties affected by the disease
- Aphasia: impairment of speech makes communication with the person affected complicated
- Apraxia: decline in the ability to perform certain daily activities
- Agnosia: people with Alzheimer’s may not be able to recognise their loved ones, including family members.

KNOWING THE THREE STAGES OF ALZHEIMER’S DISEASE

1. Mild stage: short term memory affected. People increasingly forget recent information. They forget events that have just happened and are not able to retain new information.

2. Moderate stage: increasing memory lapses and loss of longer-term memory, associated with impaired judgment. At this stage, the person for example puts her handbag in the fridge and will scatter her/his money among her/his clothes.

3. Severe stage: Progressive loss of independence. At this stage, the person with the disease needs care and specific supervision. This stage is considered terminal as the disease can lead to death.
BEING AWARE OF THE DIFFERENT DISORDERS

- Affective and emotional disorders: euphoria, mood swings, personality and behaviour disorders, agitated and aggressive behaviours.

THE DIFFERENT CARER’S REACTIONS TO DISORDERS

- Reassure the person and “lend” her/him the words that she/he is missing without making them feel like they are failing.
- Reorganise your care routine according to their new needs, without anticipating too much to let the person do things by her/himself.
- Give time to the person to correct her/himself, to find the right move.
- Give oral praise
- Initiate the task that the person does not manage to perform to encourage her/him to start
- Directly help with the task
- Do it for her/him

You must therefore:

- Satisfy the need to communicate
- Satisfy the need to eat
- Satisfy the need to wash and dress
- Satisfy the need to sleep (help getting to bed)
- Satisfy the need to eliminate.
PowerPoint Activity 1.3.

The original file is attached to the present training kit
GROUP SESSION 2

SUGGESTED ORGANISATION

Debriefing about e-activities (see “Facilitating a debriefing session worksheet”) :
• Activity 2.1: Communication tailored to your loved one’s disorders.

Activity 2.2. Assessing your caregiving situation:
(For this activity, you can ask an expert to do a guest lecture on the subject matter)
• Filling in the individual questionnaire and individual thoughts about stressful situations
• World Café: work on beliefs, representations and preconceived ideas on caregiving and the caregiver’s role (see “Facilitating a world Café session worksheet”)
• Summary of the discussions concerning the definition of informal caregiver and her/his role

Activity 2.3. Managing difficult and stressful situations:
(For this activity, we strongly advise you to ask an expert to do a guest lecture on the subject)
• Discussion about individual stressful situations experienced by the participants (go over questionnaire)
• Large group discussion about the triggers, personal limits and actions to implement in order to prevent them from occurring, and to protect oneself
• Exercise completion on stress and the management of aggressive attitudes

Discussion and analysis of findings based on initial questions and their answers (see “Facilitating the group discussion” worksheet)

Work organisation of the interim session:
• Exploring-discovering e-activities 2.1. and 2.2.
• Scheduling appointments with the “tutor”
**Objective of the session:** .............................................................................................................................................................................................

**Date:** ....................................................................................................................  
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KEY POINTS FOR ACTIVITY 2.1.

WHAT IS COMMUNICATION?
Communication is the action, the fact of establishing a relationship with someone by many years. It allows us to express who we are and to establish a rapport with others.

TWO TYPES OF COMMUNICATION
- Verbal communication: it is composed of linguistic signs that make up language.
- Nonverbal communication: “process of sending and receiving messages without using words through facial expressions, body postures, gestures and various sounds.” (M. Winckler)

CHANGES IN COMMUNICATION FOR PEOPLE WITH ALZHEIMER’S
- Struggling to find their words
- Creating new words to substitute the ones that have been forgotten
- Using the same word or sentence repeatedly
- Difficulty organising words to create logical sentences
- Using vulgar or offensive language
- Reverting to native language
- Speaking less often

HOW TO COMMUNICATE AND STAY CONNECTED TO YOUR LOVED ONE
- Dealing with language disorders
- Understanding the impact of memory loss

A FEW TIPS TO COMMUNICATE WELL WITH YOUR LOVED ONE
- Respect your loved one’s abilities, pace, and choose the right moment to talk,
- Face the person to captivate her/his attention. Speak slowly and clearly, using simple words.
- Deliver one message at a time accompanied by a gesture alluding to what you want to say.
- Ask close-ended questions, which can be answered by “yes”, “no”, “maybe”, “I don’t know”.
- Rephrase what is being said patiently, isolating key words.
- Use written communication. In general, people with Alzheimer’s can continue writing longer.
- Explain one thing at time. “We are going to bathe now”, “We’re going to the bathroom”, “I’m going to help you wash your legs”.
- Gentle gestures to show your affection and you understand her/him despite the disease.
- When what the person says sounds like nonsense, stimulate the conversation: “Oh really”, or “Probably”.
- Continue communicating with the person and have kind gestures to keep her/him going in daily life.
ACTIVITY 2.2. ASSESSING YOUR CAREGIVING SITUATION

Questionnaire to be completed at the beginning of the session.

Assessing your situation and that of your loved one may be useful for your daily life and activities. In this perspective, please answer the following questions and make comments when you think it is necessary.

YOU AND THE PERSON YOU CARE FOR

What is your situation?
- Are you the main carer? □ Yes □ No
- Do you live in couple? □ Yes □ No
- Do you take care of other people? □ Yes □ No
  o Children ? □ Yes □ No
  If yes, how old are they ?
  o Other family members ? □ Yes □ No

For you to be care is...? (Please write down all your thoughts, no matter if positive or negative)

During you caring experience have you been in contact with the following professionals ?
- Neurologist? □ Yes □ No
- Geriatrist? □ Yes □ No
- Home nurse? □ Yes □ No
- Speech therapist? □ Yes □ No
- Psychologist? □ Yes □ No
- Kinesiotherapist? □ Yes □ No
- Psychiatrist? □ Yes □ No

Have you ever being helped by ?
- Life assistant / home care aid
- Home nurse
- Night watch
- None

If not, why ? Because
- You do not wish to have external help
- The person you care for does not wish to be cared by external people
- Your doctor never told you
- These services are too expensive
You do not know this kind of services
The timing is not convenient for you

Do you feel you can manage the illness of the person you care for? □ Yes □ No

Do you have some free time for yourself?
□ Yes, often
□ Yes, sometimes
□ No, but I need it
□ No, but I do not need it

In general, your health status is:
□ Very good
□ Quite good
□ Rather bad
□ Bad
□ I do not know

Being carer has changed your life?
□ Yes
□ No
□ I do not know

Being carers has an impact on
□ Your mood
□ Your health
□ Your family’ relationships
□ Your friends’ relationships
□ Your professional activities
□ Your leisure activities

Do you feel supported ? □ Yes □ No
If yes, by who ?
____________________________________________________________________________

Have you had a professional activity before being carer? □ Yes □ No
If yes, what activity?
____________________________________________________________________________
For how long?
____________________________________________________________________________

--
WHAT IS THE SITUATION OF THE PERSON YOU CARE FOR?

How old is he/she? _______

He/she is your?
- □ Spouse
- □ Mother/Father
- □ Son/Daughter
- □ Another member of the family: ______________________________________________________
- □ Other: ___________________________________________________________________

For how long he/she is ill? _______

He/she lives... ?
- □ At his/her home
- □ At your home
- □ At an institution

For how long have you being his/her carer?
- □ Less than 1 an
- □ Between 1 and 3 years
- □ Between 3 and 8 years
- □ Between 8 and 11 years
- □ More than 11 years

How often do you take care of him/her?
- □ On daily basis
- □ Several times per week
- □ Once per week
- □ 2 to 4 times per month
- □ 1 or less per month
- □ I do not know

Nowadays, the health problems of this person are?
- □ Mild
- □ Moderate
- □ Important
- □ I do not know
YOUR ACTIVITIES

Activity 1. Personal services (personal hygiene, meals, etc.). How do you organise this?
At what moment of the day do you provide these personal services?
____________________________________________________________________________
How many times?
____________________________________________________________________________
What about it?
____________________________________________________________________________
Do you need to consider special requirements (diet, lifting accessories, etc.)?
____________________________________________________________________________

Activity 2. Emotional and moral support to the person you care for.
Do you have exchanges or discussions?
____________________________________________________________________________
Do you communicate easily?
____________________________________________________________________________
Do you share any hobby (reading, television, outdoors activities, etc.)?
____________________________________________________________________________
Do meet often other people (family, friends, etc.)?
____________________________________________________________________________
Do you support the person (in what context, situation, etc.)?
____________________________________________________________________________

Activity 3. Management of health treatments and appointments with the doctor.
Are you in charge of taking appointment for the doctor?
____________________________________________________________________________
Are you at home when a health professional visits the person you care for?
____________________________________________________________________________
Do you go with the person to the doctor appointment?
____________________________________________________________________________

Activity 4. Support with social life.
Do you go with the person to family or social meetings?
____________________________________________________________________________
Do you go outside together (to the cinema, for a walk, etc.)?
____________________________________________________________________________

Activity 5. Prevention (at night, fall prevention, etc.)
Are you permanently with the person?
____________________________________________________________________________
How do you organise yourself for the night, if necessary?
____________________________________________________________________________
Have you performed home adjustments (such as carpet removal, non-slip rubbers, door handles, access ramp, etc.)?

____________________________________________________________________________

**Activity 6. Adequate environment for communication.**

Do you speak regularly with the person?

____________________________________________________________________________

What are the favourite subject discussions? etc.

____________________________________________________________________________

**Activity 7. Transportation indoors and outdoors (special adjustments, equipment, etc.).**

What adjustments have been necessary at home (access ramp, wider doors, etc.)?

____________________________________________________________________________

In the car? etc.

____________________________________________________________________________

**Activity 8. Budget and administrative management.**

Do you take care of official communications?

____________________________________________________________________________

Are you in contact with social and welfare services?

____________________________________________________________________________

Are you the person dealing with budget? etc.

____________________________________________________________________________

**Activity 9. Housework.**

Do you take care of buying food and supplies?

____________________________________________________________________________

Do you take care of the laundry?

____________________________________________________________________________

Do you prepare meals? etc.

____________________________________________________________________________

**Activity 10. Others.**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
POWERPOINT ACTIVITY 2.2.

The original file is attached to the present training kit
POWERPOINT ACTIVITY 2.3.
The original file is attached to the present training kit
PowerPoint Activity 2.3. BIS

The original file is attached to the present training kit
GROUP SESSION 3

SUGGESTED ORGANISATION

Debriefing about e-activities:
- Activity 3.1: Maintaining daily routines.
- Activity 3.2: Helping the person with daily routines.

Activity 3.3. Simulations:
(For this activity, we advise you to request the support of “tutors” who are homecare specialists for dependent people)
- Presentation of the role-play and definition of the organisation and interaction rules (/!
\influence of judgment)
- Handing out the role-play sheets: participants are divided into two distinctive groups- caregivers/ Care recipients – each composed of three people; the tutor(s) playing the role of the observer(s)
- Choosing a situation among six choices: Discovery of the role and 10-minute preparation time
- Each pair acts out the situation and the observer takes notes for reviews and feedback
- Debriefing between each simulation game:
  - Caregiver: how she/he assesses her/his performance, what she/he is satisfied with, what she/he thinks she/he should improve
  - Care recipient: did she/he feel listened to, well surrounded, supported... Were her/his needs taken into account?
  - The observer: did the caregiver apply all the good training practices in terms of support, communication, stimulation...?

Discussion and analysis of findings based on initial questions and their answers.

Determination of the final assessment date.

On-the-spot evaluation and information about complementary questionnaire to be sent.
Objective of the session: .............................................................................................................................................................................................

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**KEY POINTS FOR ACTIVITY 3.1.**

**HOME MODIFICATIONS**

Three words summarise the needs of people with Alzheimer’s regarding their environment:

- **SAFETY**: Modifications to the home must be well thought out to bring real safety to the person with disorders but you must also think about the person’s own feeling of safety, essential to her/his well-being.
- **SIMPLICITY**: there will a sense of safer environment if it is simple and uniform. A person with Alzheimer’s is easily disoriented and distracted by too many stimulations.
- **STABILITY**: people with Alzheimer’s need a stable and familiar environment. Too many changes can upset them. In order to maintain stability, the modifications must be made gradually as the disease progresses.

In the kitchen: beware of injuries and cuts. Cooker, frying pyres or any kind of burners must be easily put out of service. Potentially hazardous household appliances must be out of service.

In the bedroom: make sure there is enough lighting. If the person gets up at night, there are adjustable beds (reimbursed if prescribed) which can be lowered down to 10 cm above the floor.

In the bathroom: only leave essential items: towel, soap, toothbrush, toothpaste. Make sure that no one can accidentally get locked inside. Apply some anti-slip stickers or non-slip mat in the bathtub or shower.

Toilets: install hand bars near the seat.

**ACTIVITIES**

**Advantages for the person with Alzheimer’s**

- Staying physically and mentally active helps the person focus on the positive and pleasant aspects of life.
- Simple daily activities reassure the person and provide her/him with a feeling of achievement.
- Some activities help the person express her/his emotions, like listening to music.

**Advantages for relatives and carers**

- Activities help the person break out of boredom and frustration, and reduce behavioural disorders.
- Doing activities together brings you closer, gives your relationship a different twist, and helps you see your role as a carer in a different light.

**Propose different activities:**

- Daily activities: walking, playing ball, dancing, vacuuming, etc.
• Memory-based activities: reading, photo album, listening to music, songs, reading out loud, sensory games, word games, question games, traditional board games, etc.
• Creative activities: salt dough modelling, clay, coloured paper cutting or scrapping, water painting on paper, dried flowers, etc.
KEY POINTS FOR ACTIVITY 3.2.

MEALS
Sit the person at the last minute in a calm environment.
Sit at the table with the person to share a meal may help her/him understand that it is time to eat.
If the person stops eating (she/he forgets that she/is eating), draw her/his attention towards her/his plate, with a sound, look, or by talking about she/he has on her/his plate (avoid sanctions such “It’s going to be cold”)
Taking the plate away from the person to serve her/him may make her/him think that the meal is over. It is therefore wiser to serve the food directly onto the plate without removing it from the table.
Instead of feeding the person, you should: cut, stimulate, encourage.

BATHING
Initiate the gesture mechanism: place the cloth in the person’s hand, and then depending on the action: razor, toothbrush, brush, make up, cream etc.
Present with clothes in the right order.
Modify the bathroom
If bathing is done at the sink: to avoid a loss of balance, put a chair in front of the sink. If the mirror doesn’t disturb the person, it is recommended that the person can see herself or himself while sitting down.
If bathing is done in the bath tub shower: apply non-slip stickers or anti-slip mats in the bath tub and shower; handles can be installed to help get into the tub and shower.

DRESSING
Display clothes in a visible place in the order they should be put on, leaving night clothing out of sight.
Use cotton underwear rather than thermal underwear: the person sweats and does not know how to say it.

BEDTIME
Take clothes off: start with the top and replace it immediately by night clothing. Establishing a bedtime ritual provides the person with a sense of routine: actions in the same order, telling about your day, putting useful objects in the same visible place.
Activity 3.3. Simulations

Objective of the Simulation Games

The objective of simulations is to allow the carers to put themselves in turn in a context simulating a precise situation. The carer has to solve the problem drawing on her/his knowledge or by trying out different approaches.

Organisation

The trainer asks two people to volunteer:
- 1 to play the role of carer
- 1 to play the role of the person with Alzheimer’s

The volunteer carer draws a situation number.

The trainer gives the volunteer carer and the volunteer person with Alzheimer’s the description of their respective roles. The volunteer prepares the role play separately for 10 minutes. The volunteers are not allowed to communicate.

Meanwhile, the trainer hands out the observation grid for the situation to the present professional and ensures that this situation has been well understood.

Then, the trainer has a brief talk with every volunteer who is preparing to make sure that this situation has been understood well and yearswer questions.

The volunteers act out the situation freely until the carer says it is finished. Under no circumstances, there should be interruptions or outside interventions to get precision or change an action.

At the end of the simulation game, each participant (carer, care recipient, and observer) gives her/his opinion about the performance, and a large group discussion follows.

The trainer capitalises on the key points to highlight and initiates the next simulation game.

List of Situations

Situation 1. Assistance with Dressing
Situation 2. Assistance with Bathing
Situation 3. Assistance with Eating
Situation 4. Assistance with Going to Bed

For each of these situations you will be provided with:
- A description of the situation for the carer,
- A description of the situation for the care recipient,
- An observation grid.
**SITUATION 1**

**DESCRIPTION FOR THE CARER**
You are the carer for Danielle, 82 years old, affected by Alzheimer’s disease. It is 8 o’clock. She has had her breakfast and has bathed.
You have an appointment with the neurologist at 9:15 in a city that is situated 30 km away from your house. The weather is not good. Last night the temperature went down to -6 degrees. You must help her getting dressed in order not to be late.

**DESCRIPTION FOR THE PERSON CARED FOR**
You are Danielle, you’re 82 and you have mild Alzheimer’s. It is 8 o’clock. You have had breakfast and you’ve washed.
Today you are in a happy mood. Out the window the landscape is beautiful; a ray of sun goes through the tree branches. You tell yourself that you would like to go for a short walk.
Your loved one wants you to hurry because you have to get dressed. In front of the closet you see your brightly coloured summer dress and you want to wear it. You try to tell your caregiver but he does not understand (your sentences are incomplete. You show things instead of talking).
When your loved one suggests clothes that you don’t like, you throw them in the air (you are exhilarated).
You end up agreeing on an outfit but you refuse to take off your clothes with your loved one in the room.
SITUATION 1

OBSERVATION GRID: ASSISTANCE WITH DRESSING

Reminder of the carer’s situation:
You care for Danielle, 67 years old, affected by Alzheimer’s disease. It is 8 o’clock. She has had her breakfast and has bathed.

You notice that she does not act as usual; communication is difficult and she seems disoriented. You have an appointment with the neurologist at 9:15 in a city that is situated 30 km away from your house. The weather is not good. Last night the temperature went down to -6 degrees. You must help her getting dressed in order not to be late.

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<td>Asks questions about the person’s desires; his/her mood</td>
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<td>Do not focus on language errors</td>
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<td>Face the person to captivate her look, her attention</td>
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<td>Speak slowly, calmly, using simple sentences</td>
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<td>Gestures and tone of voice are appropriate</td>
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<td>Give information about gestures to be made, deliver only one message at a time</td>
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<td>Rephrase if necessary</td>
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<td>Stimulate the person if necessary</td>
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<td>TECHNIQUE</td>
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<td>Let the person choose her/his clothes</td>
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<td>Help, advise him/her to choose suitable clothes for the season</td>
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<td>Suggest 2 outfits to make choice easier</td>
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<td>Prepare clothes in the order they will be put on</td>
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<td>Evaluate what the person is able to do</td>
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<td>Let the person get dressed on her/his own</td>
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<td>Respect her/his privacy</td>
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<td>SAFETY / COMFORT</td>
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<td>Sit the person comfortably (chair, armchair, bed)</td>
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<td>Turn the heat high enough for undressing</td>
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<td>Suggest clothes that are easy to put on</td>
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SITUATION 2

DESCRIPTION FOR THE CARER

You care for Georges, 84, affected by Alzheimer’s disease. It is 8:30 am, your loved one has had a substantial breakfast: a cup of milk with honey, 3 toasts with butter and jam, 2 pieces of chocolate and half an apple.

You notice that he does not behave as usual, communication is difficult and he seems disoriented. The day before, he took a shower. You want to suggest washing quickly at the sink (upper body). This way you can propose a fun activity to relax together afterwards.

DESCRIPTION FOR THE PERSON CARED FOR

You’re Georges, 84, affected by Alzheimer’s disease. It is 8:30 am, you’ve had breakfast.

Today, nothing is going the way you want it to go. At breakfast, you haven’t had your chocolate pieces as usual. You’re sure your carer ate them. Also, nothing is in the right place anymore, objects have been moved and have been replaced by other unfamiliar objects.

You try to tell your carer but he doesn’t understand (your sentences are incomplete, you show things instead of speaking). Instead, your carer tells you that you must go wash.

You end up going with him but once you’re in front of the sink, you feel lost. There are too many things, you are having trouble getting your bearings, you don’t know where to start and you don’t recognise the objects.
SITUATION 2

OBSERVATION GRID: ASSISTANCE WITH BATHING

Reminder of the carer’s situation:

You care for Georges, 84 years old, affected by Alzheimer’s disease. It is 8:30. Your loved one has had a substantial breakfast: a cup of milk with honey, 3 toasts with butter and jam, 2 pieces of chocolate and half an apple.

You notice that he does not behave as usual, communication is difficult and he seems disoriented. The day before, he took a shower. You want to suggest washing quickly at the sink (upper body). This way you can propose a fun activity to relax together afterwards.

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<td>Do not focus on language errors</td>
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<td>Face the person to captivate her/his look and attention</td>
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<td>Speak slowly, calmly, using simple sentences</td>
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<td>Gestures and tone of voice are appropriate</td>
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<td>Inform about gestures to be made, deliver only one message at a time</td>
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<td>Rephrase if necessary</td>
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<td>Stimulate the person if necessary</td>
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<td><strong>TECHNIQUE</strong></td>
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<td>Get the bathroom ready</td>
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<td>Suggest going to the toilet</td>
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<td>Accompany the person to the bathroom</td>
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<td>Explain the steps of bathing (top of the body)</td>
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<td>Undress</td>
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<td>Evaluate what the person is able to do</td>
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<td>Let the person wash on her/his own</td>
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<td>While the person is washing, hand the necessary items</td>
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<td>Respect privacy (closed door, staying out of the bathroom)</td>
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<td><strong>SAFETY / COMFORT</strong></td>
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<td>Turn the heat on / mat or towel on the floor</td>
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<td>Check the water temperature</td>
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SITUATION 3

DESCRIPTION FOR THE CARER
You’re Jean-Claude’s caregiver, who is 75 and has Alzheimer’s disease. It is 12:30 and you have prepared lunch. Today’s menu: grated carrots, veal sauté and green beyers, rice pudding.
Everything is ready, the table has been set and you invite Jean-Claude to come have lunch with you but he comes only when you call him. He doesn’t behave as usual, communication is difficult and he seems bothered but you don’t understand why.

DESCRIPTION FOR THE PERSON CARED FOR
You’re Jean-Claude, 75 years old, affected by Alzheimer’s disease. It is 12:30 and your carer invites you to have lunch.
You don’t want to go into the kitchen. There’s too much noise: the TV is on, the extractor hood is working, etc. You try to tell your carer but he doesn’t understand (your sentences are incomplete, you show things without being able to express yourself).
When your loved one insists that you come have lunch without trying to understand you, you get mad.
You end up going with him but once at the table, you are unsettled. There are too many things on the table, you are having trouble getting your bearings, you don’t know where to start.
When you finally start eating, you stop regularly to watch the images on TV.
SITUATION 3

OBSERVATION GRID: ASSISTANCE WITH EATING

Reminder of the carer’s situation:

You care for Jean-Claude, 75 years old, affected by Alzheimer’s disease. It is 12:30 and you have prepared lunch. Today’s menu: grated carrots, veal sauté and green beyers, rice pudding. Everything is ready, the table has been set and you invite Jean-Claude to come have lunch with you but he comes only when you call him. He doesn’t behave as usual, communication is difficult and he seems bothered but you don’t understand why.

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<td>Gestures and tone of voice are appropriate</td>
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<td>Inform about gestures to be made, deliver only one</td>
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<td>message at a time</td>
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<td>Rephrase if necessary</td>
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<td>Stick to usual meal times (show clock if necessary)</td>
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<td>Create a calm atmosphere (no noise, TV and radio off)</td>
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<td>Set a simple table, without too many things or ornaments</td>
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<td>Serve one type of food at a time (appetiser, main course</td>
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<td>and dessert)</td>
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<td>If the person forgets to eat, remind her/him with a</td>
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<td>gesture or words</td>
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<td>Leave the person some time, don’t rush her/him</td>
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<td>SAFETY / COMFORT</td>
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<td>Sit the person comfortably at the table</td>
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<td>Check the temperature of the food served</td>
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SITUATION 4

DESCRIPTION FOR THE CARER

You’re Gisele’s caregiver, who is 72 and has Alzheimer’s disease. It is 8:30 pm, you’ve had a good day: appointment with the neurologist in the morning, and swimming pool session late afternoon. You suggest Gisele go to bed early as she has not taken a nap today.

Everything is ready for going to bed, but Gisele refuses to enter her bedroom. She is panicked and seeks to leave by any means.

DESCRIPTION FOR THE PERSON CARED FOR

You’re Gisele, 72 years old, affected by Alzheimer’s disease. Your loved one suggests you go to bed.

You don’t understand why he is asking you to do that because it’s not bedtime.

You follow him but when you get to the door, you see the bedroom is on fire (it is a hallucination) and you start panicking. You categorically refuse to enter the room and look for your suitcase to be able to leave.

When your loved one insists that you come into the room without trying to understand you, you get mad.

Once you have calmed down, you feel exhausted and go directly to bed without changing.
**SITUATION 4**

**OBSERVATION GRID: ASSISTANCE WITH GOING TO BED**

*Reminder of the carer’s situation:*
You’re Gisele’s caregiver, who is 72 and has Alzheimer’s disease. It is 8:30 pm, you’ve had a good day: appointment with the neurologist in the morning, and swimming pool session late afternoon. You suggest Gisele go to bed early as she has not taken a nap today.
Everything is ready for going to bed, but Gisele refuses to enter her bedroom. She is panicked and seeks to leave by any means.

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<td>Create a calm atmosphere (no noise, TV and radio off)</td>
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<td>Create rituals: close the shutters, turn on the night light, open the bed</td>
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<td>Check bedroom temperature</td>
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<td>Invite the person to put on their night outfit</td>
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<td>Help with undressing and dressing if necessary</td>
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<td>Remind about going to the bathroom</td>
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<td>Accompany the person to bed, help her/him to get into bed</td>
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<td><strong>SAFETY / COMFORT</strong></td>
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<td>Check that everything is accessible (glass of water, night light on)</td>
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<td>Put the person in a comfortable position</td>
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USEFUL WORKSHEETS FOR THE TRAINING

DELIVERING E-TRAINING
FACILITATING A GROUP DISCUSSION
FACILITATING A DEBRIEFING SESSION
FACILITATING A WORLD CAFÉ SESSION
DELIVERING AN E-TRAINING COURSE

“Online tutoring means guiding a learner or a group of learners remotely via means of communication and training supported by IT, multimedia and the Internet.” (Lisowski, 2010).

DELIVERING THE E-LEARNING COURSE

E-tutoring aims to break the isolation of learners, help them meet learning objectives in the different activities, and suggest methods to better organise themselves during the learning process. In fact, in this type of training, learners may feel lonely and apprehensive about the subject, they may feel lost and find it difficult to “find their way”, they may lack motivation or autonomy in their learning process. For all these reasons, the tutor’s presence is essential.

Blended-Learning is a combination of online and face-to-face learning, while e-tutoring is “lighter”, as face-to-face meetings are quite regular and learners can obtain the necessary explanations from the instructor in order to move forward in the learning process.

We usually define two types of tutoring:

- **Responsive tutoring**, used when the tutoree (the learner) makes a request or explains a problem to the tutor who then provides her/him with an answer;
- **Proactive tutoring**, used when the tutor gets in touch with the tutoree - without any request from the latter - in order to ensure activities are carried out smoothly and thus prevent the learner from feeling isolated.

THE INSTRUCTOR’S ROLE IN E-TUTORING

Some independence and motivation from the learners are necessary even if e-learning and self-education do not mean isolated individual work. It is therefore the instructor’s role to promote the development of the learners’ cross-disciplinary skills. Your main role is to guide and assist learners with finding information and performing activities remotely. You are therefore the learners’ privileged interlocutor.

The e-tutor takes on a role of facilitator and mediator: “knows how to assist you, listen to you, advise you, anticipate potential upcoming difficulties, pool all contributions.” In order to do that, you must:

- Establish and maintain a social climate conducive to work and exchanges
- Support learners in their effort
- Praise both the individual and group work done
- Remind them of the deadlines
- Explain objectives and assessment criteria
- Help with the method

SUPPORT METHODOLOGY

1. **Welcome and launch of the training activities**: contact the learners, introduce yourself, explain your role as a tutor in this training course, check that the objectives of the activities are well known...
and understood, link (when possible) the activity to the learner’s project while reminding them of the deadlines (schedule), etc.;

2. **Technical support**: provide simple answers to occasional technical problems or send to the EAD technician; then state the principles listed in the communication media (mail, chat, forum),

3. **Academic support**: refer to additional resources (references, extra folders, videos) linked to the content of the activity, yearswet questions related to content, encourage learners to communicate with each other and share resources, etc.;

4. **Methodology support**: It may either focus on work and organizational methods (breaking down the work steps, planning tasks, reminding deadlines, yearsw the learner’s questions concerning her/his work method, suggesting a way of working, a method, etc.), emotional support (asking learners how they’re doing, inviting them to be active and participate in the activities, supporting learners’ actions and ideas in a positive manner, etc.) or on the communication and collaboration between learners, since several learners work on the same topic/content (encourage interactions), contribute to the organization of both synchronous and asynchronous interactions (time, rules of communication);

5. **Assessment**: remind the assessment criteria of the activity, encourage the learner to evaluate her/himself in this activity, provide feedback about the activity.

**Tutoring Frequency and Tools**

In e-training, the communication between learners and tutors working with them most often takes place remotely: the instructions and other course content are thus “mediatised” via educational material made available by ICTs. ICTs use computers, multimedia, and networks. This type of support must take place every week before the face-to-face session. It is an opportunity to have a progress meeting between two e-sessions.

Communication tools you can use:

- **Phone**: it enables the learner to easily get in touch with you, and to talk about the difficulties encountered during the course. A system of time slots must be set up between you and the learners to ensure availability.

   E-tutoring sessions may not last long to remain fully efficient (15 minutes maximum).

- **Messaging** is a cheap tool which is relatively easy to use. Learners contact you via their email box, or you contact them. Questions about content, exercises, progression, next session face-to-face dates, may be addressed.

- **Conference calls** connect several people by phone at the same time. From a phone line, and at an agreed time, each user (learners and tutors) call the same phone number and/or communicate in a small group.

- **Digital conference** (via the Internet): can be audio or video. **Skype** is one of the most used messaging apps in the world. It allows users to phone from anywhere via Internet. You may use it to have secured audio conversations, video conferences, exchange text messages, etc., all free of charge.
FACILITATING A GROUP DISCUSSION

Facilitating a group discussion meyears allowing a group of people to participate actively in a discussion on a chosen topic.
The role of a trainer is to manage and guide the discussion to make it as productive as possible.

ADVANTAGE OF THE TECHNIQUE

This technique stimulates people to ask questions, and facilitates comprehension and reflection. The purpose of holding a discussion group is to use the interactions taking place within the groups to increase every person’s knowledge. It is the free sharing of thoughts and opinions which makes a discussion group a unique meyears of exploring ideas and getting feedback.

METHOD

Preparation
- Good time management: starting and closing a discussion group calls for a clear presentation of the day’s topic to which you will have to stick within the given time. Keep a watch close by and make sure you stay on schedule.
- Make the space conducive to discussions: the traditional approach is to sit in a circle so everybody can see the others. Arrange the chairs in a circle before people arrive.
- Remain neutral: You must encourage participants to express themselves without expressing your own opinion: you must not judge what they say and let everyone express themselves freely without influencing them.
- You must foster exchanges and dynamism in the discussions, give people a voice and encourage them to listen attentively.

Delivery
- When the participants arrive, welcoming them is essential. This is when you start creating a climate of trust: greet people, invite them to sit, establish a climate of trust where everyone feels free to express themselves
- Introduce yourself and have the members of the group introduce themselves. Introduce the topic of the discussion. Introductions should not exceed 5 minutes.
- Define the group rules: listen to each other, let every participant express themselves, don’t cut other people off ...
- Ask open-ended questions: Avoid ‘yes’ or ‘no’ questions.
- If the discussion gets off to a slow start, stimulate it by asking questions: “What professional can be useful to you?” or “How do you manage...”
- REPHRASE, do not engage in the debate but let the participants engage.
- Give positive feedback: Encourage positive interactions, thank people for their participation.
• **Deal with disagreements:** some differences in points of view may come up. It is your job to identify them and find a common ground to proceed smoothly. Say “It looks like you don’t exactly share the same opinion” or “You seem to be both passionate about this issue.”

• To close the group discussion, recap the key points, and summarise what was said.

## Facilitating a Debriefing Session

3 reasons for debriefing after an activity:
- Build on practice
- Share points of view, feelings and opinions related to the previous activity
- Assess the learning benefits and the ‘Key word-Material’ activity

### Objective of Debriefing

Debriefing is an analytical phase whose goal is to assess what participants have learnt. It is carried out with the participants immediately after an educational activity. It is a valuable feedback technique which allows to verbalise the experience and feeling, and position oneself in the whole process to assess the outcomes. The objective of debriefing is to step back, draw conclusions and ask questions, capitalize and facilitate the transfer of knowledge to another context by reflecting on the experience.

### Types of Debriefing

Debriefing consists of a series of questions. These questions are based on the experience and aim to build on the concepts studied in order to transfer them to other situations.

The participants can provide feedback:
- orally
- in a questionnaire
- with a drawing or poster
- with a short story
- with a game

### Recommendations

Prepare a series of questions beforehand; avoid close ended-questions
Make sure that everyone who wants to participate does without being interrupted
Express the participants’ perception, emotions and feelings about what happened, their own reactions and the others’.
- What are your reactions after this activity?
- What have you learnt? Have you learnt any new information, useful for you and your loved one?
- What is your overall feeling after the activity you have just done?

Report on what has happened comparing the activity’s objectives and expectations
- What was it about?
- What did you do?
- How did you do it? (your position and role)
- What did you like most?
- What moments were especially interesting to you?
- What did you like least?
- What moments were the least interesting to you? Difficult moments?

Determine which competences were acquired during the activity in order to encourage their transfer to other situations
- What did you learn?
- Which new skills and knowledge did you acquire? Planning for the future
- Which important lessons did you learn from this activity?
- Can you think of similar situations to the one you have just experienced?
- What conclusions can you draw from this experience, both on the long and the short term?
- Now that you know what you know, what would you do differently?
- What will you set up tomorrow?

The quality of the debriefing session depends on the gathering of information and the perception expressed in a climate of trust between the participants and the trainer. In order to facilitate the expression of thoughts, feelings and reactions, the instructor will have to listen actively and use questioning techniques.
Facilitating a World Café Session

“World Café” is a creative process aiming at facilitating dialogues, the sharing of ideas, in order to create an exchange and action network. This process recreates the atmosphere of a café where participants debate on an issue or a topic in small groups around tables.

The World Café Rules

This training technique is especially relevant if you want to generate ideas, share knowledge, stimulate innovative thinking, and analyse potential actions related to subjects and issues of daily life.

During the World Café, participants analyse one or more issues, or “shock phrases” by sharing their ideas in small groups around tables. Participants change tables after a few minutes and discuss another issue.

The event closes with a plenary assembly summarising the main ideas and conclusions.

Organisation of the World Café

The trainer prepares between 3 and 4 phrases or questions related to the topic. This is when the term ‘carer’ and her/his role is defined. The question(s) addressed during the Café conversation is/are key to the success of the event.

The trainer arranges the room making it look like a café.

On each table a shock phrase is written down on a sheet of paper. Learners discuss points of agreement and disagreement in groups of three. The ideas are noted down on post-its.

At regular intervals (every 10 minutes), participants change tables. A host stays at the table and summarises the previous conversation to the newcomers. The ongoing conversations are then “fuelled” by the previous conversations from other participants.

At the end of this event, the main ideas are summarised in a plenary assembly and follow-up opportunities are subject to discussion.

Facilitating a World Café Session / Trainer’s Role

- Make the room look like a café with tables, table cloths, coffee, fruit juice...
- Make a PowerPoint presentation of the WORLD Café to the group
- Prepare “shock” phrases and put them on tables
- Invite participants to sit down and start a debate based on the phrase they find on their table
- Ask each group to appoint a “reporter”
- Walk around tables to propose coffee or orange juice, or tea...
- Every 10 minutes, invite participants to change tables to discuss another phrase, except for the reporter who must summarise what was said in order to stimulate the discussion with the new participants
Once the three groups have discussed the phrases, provide feedback to the groups on what was said (using the post-its)

**TRAINER’S ROLE**

- Welcome the participants upon their arrival.
- Open the World café stating the objectives, logistics, roles and the dynamic expected.
- Start the conversation rounds while walking around tables.
- Keep track of time (10 minutes per topic)
- Managing the closing and conversation with the whole group
- Gather ideas

**LIST OF SUPPLIES NEEDED FOR THE WORLD CAFÉ**

- Small round tables, ideally for four people, colourful table cloths, flowers
- Enough chairs for all the participants and trainers
- Sheets of paper or paper cloths to cover the tables of the Café
- Markers. For better readability, use dark colours like green, black, blue and purple. Add one or two light colours (red, light green, sky blue, or orange) to highlight some items
- A table for refreshments (water, fruit...)
- Paper on the wall or white board to make visible the ideas brought up by the group
- Additional space to put up the work carried out by the groups and/or table groups.
3. **Closing the Training Programme**

**Letter of Invitation**
**Attendance Sheet**
**Review PowerPoint**
**On-the-Spot Assessment Questionnaire**
**Delayed Assessment Questionnaire**
LETTER OF INVITATION

Dear Madam, dear Sir,

We really enjoyed sharing the European training TRACK project experience with you.

This project is now coming to an end and we would like to invite you to a debriefing meeting:

On “date” at “time”
To “name of the event”
At “address of the venue”

The objective of this meeting is to hear your feedback, which will help us improve and enhance our training programme.

All the information we will gather that day will be recorded and re-processed later in a confidential and anonymous manner. Only IPERIA l’Institut will have access to this information, which it will exclusively use for the improvement of the training programme.

Thank you for confirming your participation in this meeting by calling “interlocutor’s name” at the following “phone number”, or by email “email address”.

Yours sincerely,

“Signatory’s name”
“Occupation”
Objective of the session: .................................................................

Date: .................................................................................. Place: ............................................................................................................................

Time: ....................................................................................

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Satisfaction Survey 1

Questionnaire to be completed by each participant after the 3rd session at week 6.

Hello, you've just finished the TRACK training program. Your point of view can help us improve this learning experience. We'll be pleased if you can take a few minutes of your time to let us know your opinion.

Warm regards,

All TRACK team members

General Opinion
Would you say that...? Absolutely / Rather yes / Rather no / Not at all
1. You are glad of your training
2. You learned things.
3. You learned the things you wanted to learn.
4. You think you can use what you learned.
5. The blended learning format suits you.
6. The division between face-to-face and e-learning is correct.
7. It was easy to go to face-to-face classes.
8. The face-to-face classes 's duration is correct.
9. The face-to-face contents are relevant
10. It was easy to follow the e-learning.
11. The e-learning experience is convenient.
12. The e-learning's duration is correct.
13. The number of contents is relevant in the e-learning
14. the e-learning contents are relevant
15. the teacher helped you to learn.
16. the mentors helped you to learn
17. you were well informed before the beginning of the training path
18. the documents given during the training path are relevant

Let us know precisely what could be improved
For instance: I wished there was more cartoons, I would have liked videos, I enjoyed the colors, etc
THE CONTENT
Were the topics relevant...? Absolutely / Rather yes / Rather no / Not at all
1. Understanding Alzheimer’s disease
2. Understanding the consequences of the disease on a daily basis
3. The possible support measures and assistance
4. Establish an effective relationship with your loved one
5. Better living your daily life
6. Activities and facilities to facilitate autonomy
7. Facilitating everyday gestures

Is there a missing topic?

Would you like to be contacted by the TRACK team to be informed of our latest news and events?
Yes / No / Other

Thank you very much!
SATISFACTION SURVEY 2

Questionnaire to be completed by each participant after the 3rd session at week 7, during the final evaluation session.

Hello, you followed the TRACK training program a few weeks ago. Your point of view can help us improve this learning experience. we'll be pleased if you can take a few minutes of your time to complete this survey as precisely and honestly as possible.

Warm regards,

All TRACK team members

GENERAL OPINION

Would you say that...? Absolutely / Rather yes / Rather no / Not at all

8. You are glad of your training
10. You learned the things you wanted to learn.
11. You think you can use what you learned.
12. The blended learning format suits you.
13. The division between face-to-face and e-learning is correct.
14. It was easy to go to face-to-face classes.
15. The face-to-face classes 's duration is correct.
16. The face-to-face contents are relevant
17. It was easy to follow the e-learning.
18. The e-learning experience is convenient.
19. The e-learning's duration is correct.
20. The number of contents is relevant in the e-learning
21. the e-learning contents are relevant
22. the teacher helped you to learn.
23. the mentors helped you to learn
24. you were well informed before the beginning of the training path
25. the documents given during the training path are relevant

Would you recommend this training programme?
From 1 to 5 – Absolutely not to Yes, for sure

Understanding Alzheimer's disease

To whom?
- To your loved ones
- To other carers
- To home helper professionals

Let us know precisely why
FACE-TO-FACE TRAINING
Do you think face-to-face sessions were pleasant? Very easy, easy, difficult, very difficult
1. The access to the training
2. The classroom and its equipment
3. The break
4. The documents provided

Let us know precisely what could be improved
For instance: I would have appreciate a map, the breaks were too short to really discuss with other carers, etc.

E-LEARNING TRAINING
Do you think it was easy to use? Very easy, easy, difficult, very difficult
1. Access the e-learning training platform
2. Navigate into the learning platform
3. Launch a content
4. Download or print infosheets
5. Assess thanks to a quiz
6. Navigate into the multimedia contents

Let us know precisely what could be improved
For instance: I would have wish a more complete tutorial, ...

Did you like the “look”? Absolutely fabulous, beautiful, not nice, not nice at all
1. Colors
2. Visuals
3. Sounds
4. Infosheets

Let us know precisely what could be improved
For instance: I would have like to have more cartoons, I would have liked videos, I enjoyed the colors.

YOUR INVESTMENT IN TRAINING
How much time did you trained? And I wished to continue / and I stopped because it was too time consuming / and I stopped because it was too boring.
1. Less than 3 hours
2. Between 3 and 6 hours
3. Between 7 and 9 hours
4. Between 9 and 12 hours
5. More than 12 hours
How much did you trained face-to-face? And I wished to continue / and I stopped because it was too time consuming / and I stopped because it was too boring.
1. Less than 3 hours  
2. Between 3 and 6 hours  
3. Between 7 and 9 hours  
4. Between 9 and 12 hours  
5. More than 12 hours

How much did you trained with e-learning? And I wished to continue / and I stopped because it was too time consuming / and I stopped because it was too boring.
1. Less than 3 hours  
2. Between 3 and 6 hours  
3. Between 7 and 9 hours  
4. Between 9 and 12 hours  
5. More than 12 hours

Would you like to spend more time?
1. In face-to-face training  
2. In e-learning  
3. In distance mentoring

THE CONTENT
Were the topics relevant...? Absolutely / Rather yes / Rather no / Not at all
1. Understanding Alzheimer’s disease  
2. Understanding the consequences of the disease on a daily basis  
3. The possible support measures and assistance  
4. Establish an effective relationship with your loved one  
5. Better living your daily life  
6. Activities and facilities to facilitate autonomy  
7. Facilitating everyday gestures

Is there a missing topic?

THE BLENDED LEARNING PATH
Face-to-face / E-learning / Both / None
1. The one on which you spent the most time  
2. The one you liked most  
3. The one who taught you the most things  
4. The one that allows you the most to put into practice what you have learned  
5. The one that allowed you the most to interact with other people
The 3 activities proposed in face-to-face
The teachers lessons / World cafe and discussions / the scenarios/ All of them / None
1. The one on which you spent the most time
2. The one you liked most
3. The one who taught you the most things
4. The one that allows you the most to put into practice what you have learned
5. The one that allowed you the most to interact with other people

The 3 contents proposed in e-learning
Multimedia' resources / infosheets / quiz / All of them / None
1. The one on which you spent the most time
2. The one you liked most
3. The one who taught you the most things
4. The one that allows you the most to put into practice what you have learned
5. The one that allowed you the most to interact with other people

IMPROVEMENTS
If you had a magic wand, what would you change in that training?

Would you like to be contacted by the TRACK team to be informed of our latest news and events?
Yes / No / Other

Thank you very much!