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****Nature of Deliverables:**

R=Report

P=Prototype

D=Demonstrator

O=Other

1 ABSTRACT:

Spanish population had increased significantly in the early 20th century. Since 1900, the number of people aged 65 and over has multiplied by over more than eight. This situation in the elderly people care are designed to provide assistance, related with the physical, social and emotional needs.

One of the problems that homecare has to face is that specialized sanitary homecare and homecare professionals are still scarce in the labor market. The Spanish pilot is to overcome this gap in the field of the elderly homecare, following this goals: (i) Understanding changes related to aging process and their impact in health, (ii) Acquiring advance competencies of older adult at home and in their social environment, and (iii) nurses acquisition of advanced competences for planning older adult home healthcare.

Three countries involved in CARESS, and in the Spanish Pilot, different actions were developed to detect the training needs of the caregivers who carry out their activity in the home environment with the elderly people. People who is providing home care participate in the pilot test of the face-to-face and distance course. Also, assessment surveys were distributed. Then, a common transversal content for the three partners countries was set up to answer the detected traning needs in the nursing personnel in Spain.

In the pilot course it has been set up e-learning material to deepen the competences about homecare. Students were engaged in collaborative activities, e-learning activities and specific modules. Throughout the course different learning methods were used. Finally it achieved a positive evaluation and the learning outcomes have been excellent.

2 KEYWORDS:

Elderly homecare, Spanish pilot, nurse, innovative ways, healthcare, homecare professionals.

3 LIST OF BENEFICIARIES (PP-RE)/PARTICIPANTS (PU-CO)***

Ben. No.	Beneficiary Name	Short Name	Country
1	Si4Life – Scienza e Impresa Insieme per Migliorare la Qualità della Vita s.c.r.l.	Si4Life	Italy
2	Regione Liguria	Liguria Region	Italy
3	Ggallery s.r.l.	GGallery	Italy

4	I.T.C. "Vittorio Emanuele II-Ruffini"	VE-II	Italy
5	AGE-Platform	AGE	Belgium
6	OMNIA	OMNIA	Finland
7	Finnish National Board of Education	FNBE	Finland
8	Super	SUPER	Finland
9	Ayuntamiento de Valladolid	AYTO	Spain
10	Universidad de Valladolid	UVA	Spain
11	Sociedad de Geriatria y Gerontología de Castilla y León	SGGCYL	Spain
12	Associazione Polo Tecnico Professionale Professioni Vita	Pro. Vi Hub	Italy
13	Azienda Regionale Sanitaria Ligure	ARS	Italy
14	Royal Cornwall Hospitals Trust	RCHT	UK
15	United Kingdom Homecare Association	UKHCA	UK
16	Nestor Primecare Services Ltd – Allied Healthcare	Allied Healthcare	UK

***** List of Beneficiaries**

In case of dissemination level PU or CO please indicate all the partners involved in this Deliverable.

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In case of dissemination level RE please indicate the restricted group of partners.

4 VERSION HISTORY and AUTHORS

VERSION	PRIMARY AUTHOR	VERSION DESCRIPTION	DATE COMPLETED
1	Jenni Nurmisto	Draft 1	9.1.2018
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4	Uva-Nursing	Draft 4	21.3.22018
5	Jenni Nurmisto	Draft 5	29.3.2018

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11. Anex II. Students training pact	M ^a José Cao Torija M ^a José Castro Alija José M ^a Jiménez Pérez Leonor Pérez Rúaiz Miriam Idrissi Cao Ana García del Río		UVA-Nursing

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6 INTRODUCTION TO SPANISH PILOT

6.1 Background

The design of the Spanish pilot begins with the WP3, in which different actions were developed to analyze the training needs of the caregivers who carry out their activity in the home environment with elderly people.

In order to detect training needs in home care, in the 3 countries involved in CARESS, assessment surveys were distributed. These surveys were related to the personnel which is providing home care (focusing on the case of Spain in Nursing Graduates (EQF 6)). In the WP4, these personnel will participate in the pilot test of the face-to-face and distance course. Finally, a common transversal content for the 3 partner countries will be set up to answer the detected training needs in the nursing personnel in Spain. Extracted from the deliverable 3.4.

Problems faced by the homecare profession in Spain

One of the problems that homecare has to face is that specialized sanitary homecare and homecare professionals are still scarce in the labor market (there is a lack of occupational therapists, psychologists, nursing assistance, psychiatric attention, physiotherapists, psychomotor activity). Also, more financial assistance should be given to improve the preparation of these professionals and the assistance to those in need, e.g. a quicker and more immediate attention should be given, there should be a better response capacity –a variety and adequacy of services and benefits. Professionals should also be more capable to adapt to changes. Besides, there are great difficulties in maintaining the present system and the sociosanitary coordination should be better.

As for the conditions in which many elderly live, there is a need for homes to be adapted to the patient's new requirements.

Customers Homecare sanitary services users:

- Elderly who, due to their health condition or to other criteria previously established by the team, cannot get about Homecare social services
- Elderly with limitations to move around in their everyday life, with difficulty in their personal autonomy, dependent.

Improvements in general living conditions have allowed since the early twentieth century that the Spanish population had increased significantly. In particular, from the year 1900 to the present day, the Spanish population has multiplied by 2.5.

However, the age group of 65 years and over is the one that have experienced the major increase. Since 1900, the number of people aged 65 and over has multiplied by over more than eight. Country needs in homecare sector in Spain, based on the stated demographic data, shows that in 2050 there will be just over 15 million elderly people, almost twice as at present and that they will represent more than one third of the Spanish population (36.4%).

Ageing of ageing. - Another expected trend is the so-called "aging of the elderly population". In Spain, those people over 80 years have changed from representing 0.6% of the total population aged 65 and older in the early twentieth century, to 1.2% and to 5.2%. Population projections indicate that by 2050 people over 80 will represent 14.9% of the total adult population, which has implications related to the need for care due to the increase of dependent elderly people.

The situations related to elderly people care are designed to provide assistance so that elderly people feel that their physical, social and emotional needs are met, which involves a significant time and energetic dedication and it also involves tasks that may not be comfortable or pleasant. Extracted from the deliverable 3.4.

According to IMSERSO (Institute of Social Services and the Elderly) data, in Spain it is estimated that the percentage of older people who have a significant dependency is between 10 and 15% of older people over 65 years and it is usually the family who bare the major burden of taking care of these people, with the difficulties that it implies and where, in many cases, the assistance of an external caregiver is necessary.

Considerations around HHCP supply and demand shows that substantial proportion of employees working in the homes of dependent elderly persons are 'domestic workers with no specific training' hired directly by users or their families. On occasion they hold a diploma of some nature, with different levels of training. A lot of these situations are private employment contracts for in-home work so ascertain and therefore regulate the match between worker training and user needs or the type of tasks performed is a considerable challenge. These occupations are, moreover, characterised by illegal employment classified ads, which have fortunately shrunk in recent years.

Employment agencies offer their professional services to users privately or through public institutions such as municipal and provincial governments. These professionals' profiles are strictly compliant with the legislation in effect at any given time. Legislative changes, new provisions or amendments to existing regulations affecting professional profiles have an exponential effect on training course supply and demand for people aiming to find or keep a job.

These workers generally hold 'dependent people care assistant' or 'auxiliary nursing care assistant' diplomas. Extracted from the deliverable 2.1.

6.2 Aims

The main aim of task 4.5 was implementation of Spanish pilot. The learning objectives of this specific modules are:

Module1: Aging Process

- Awareness of changes associated with aging of different body organs
- Identification of risks associated with older adult population
- Early detection of age-related vulnerable aspects
- Familiarization with identification methods of elder abuse
- Familiarization with psycho-social factors related to aging process

Module 2: Nursing Diagnosis and Process Evaluation

- Getting acquainted with the different evaluation models and protocols of older adults
- Evaluating older adults at home following reference models
- Identifying and defining nursing diagnosis in accordance with NANDA, nursing diagnostic taxonomy, deduced from older adult evaluation
- Stablishing prevalent diagnosis on different older adults needs
- Developing learning based on diagnosed terminology of taxonomy II (NANDA I)

Module 3: Care Plans

- Establishing ethical and legal framework for planning older adult home healthcare

- Analyzing recommendations for nursing practice as formulated by Virginia Henderson
- Developing strategies to elaborate individualized care plans
- Encouraging learning within nursing practice Extracted from the deliverable 3.4.

The aims of the modules are:

1. Understanding changes related to aging process and their impact in health.
2. Acquisition of advance competencies, update of contents and skills in comprehensive evaluation of older adult at home and in their social environment in description of main human problems and answers in accordance with NANDA.
3. Nurses acquisition of advanced competences for planning older adult home healthcare.

7 NURSE

7.1 Nurse in Spain

Nurses are experts in care giving, in guiding, in teaching and in promoting a favorable environment. Thus their mission is to contribute to the protection and improvement of health, as well as to the wellbeing of population, preventing illnesses and their consequences, throughout all the stages of the life cycle and in situations related with health and wellbeing.

The specific learning in the field of nursing has been historically consolidated and supported by a wide research activity, which has generated new and useful theories and models for its praxis. This has also provided the evolution of health care. When the Degree in Nursing was established, this meant both a responsibility and an opportunity since, finally, nursing studies had reached, within the university level, the development of this discipline. This has also made the implementation of a PhD in Nursing possible.

As stated in the “White Book of Nursing”, by the National Quality Assessment and Accreditation Agency of Spain (ANECA), the career of nursing, being a profession dedicated to serving, is influenced and conditioned by all the changes which provoke new health and social circumstances, and which health professions must face. Now-a-days cultural diversity, as well as the development of a culture of peace, understood as *a set of values, attitudes and behaviors which reflect the respect for life, human beings and their dignity, and which prioritize human rights, rejection of*

violence in all its forms, and adherence to the principles of liberty, justice, solidarity tolerance, as well as the understanding at all levels of society and among nations.

Among the regulatory guidelines of nursing professional practice, we find:

- Law 14/1986, 25 April, Act on the General Health System, which regulates *the right to health protection and sanitary attention*.
- Board directive 89/595, 10 October, which modifies Board directive 77/452 CEE on the mutual acknowledgement of diplomas, certificates and other degrees of general nursing.
- Official regulations of the Nursing Association of Spain (Royal Decree 1856/1978 and Royal Decree 1231/2001), Title III, relating to the basic principles of Nursing. It develops in two chapters the principles of the Nursing practice and its quality and excellence.
- Organic Law on University's Bill (2001). It provides the educative framework, which supports university's studies.
- Royal Decree 1393/2007, 29 October. It establishes the academic management of official university studies.
- Royal Decree 1837/2008, 8 November. It adds to the Spanish Legal System the Directive 2005/36/CE of the European Parliament, and the Directive 2006/100/CE of the European Council, 20 November 2006, relating to the acknowledgement of professional qualifications. Extracted from the deliverable 2.3.2.

Access to the Degree in Nursing

In line with the Royal Decree 1892/2008, in which the requirements to enter Spanish Universities and the admission procedures to the Spanish public universities are regulated, we find the following:

- An examination has to be passed by those students with a High School Diploma, as stated in articles 37 and 50.2 of the Organic Law of Education 2/2006, 3 May.
- Students coming from the educative systems of other states members of the European Union or of other states with which Spain may have signed International Agreements in this respect, as stated in article 38.5 of the Organic Law of Education 2/2006, 3 May, and which comply with the requirements for entering university studies of their countries.
- Students coming from foreign educative systems. They need to apply for the recognition of their title to the Spanish High School Diploma.

- Those holding a degree in VET, in art or sports, as stated in articles 44, 53 and 65 of the Organic Law of Education 2/2006.
- People over twenty-five years expected in the twenty fifth additional provision of the Organic Law 6/2001 of 21 December on Universities.
- Work or professional accredited experience, expected under Article 42.4 of the Organic Law 6/2001 of 21 December on Universities, as amended by Law 4/2007 of 12 April.
- People over forty-five years old, in accordance with the expected of Article 42.4 of the Organic Law 6/2001 of 21 December on Universities, as amended by Law 4/2007. Extracted from the deliverable 2.3.2.

Nursing Degree Curriculum

The degree of Nursing, in order to achieve all of the competencies provided will be required to complete 240 ECTS (each ECTS, by agreement of the Governing Council of the Uva, will have an equivalence of 25 hours), which will be distributed as follows: 60 ECTS for basic training, 84 ECTS for the compulsory subjects, 6 ECTS for elective courses, 84 ECTS for the practicum and 6 ECTS for the completion of a degree dissertation (Distribution in accordance with the guidelines of the RD 1393/2007).

	Total credits ECTS:	240
Type of subject:	Basic Training	60
	Compulsory	84
	Elective	6
	External internships	84
	Degree dissertation	6

After obtaining these 240 ECTS, the nursing student acquires the graduate degree in nursing, which corresponds to an EQF-6.

EU and national framework of qualifications

The correlation of the Spanish framework with the EQF is done through the Spanish Framework of Qualifications (MECU) or National Qualification Framework (NQF), which includes all the levels, from level 1 (primary education) to level 8 (University Doctoral Studies).

As can be seen in the table, the MECU is the result of the addition of the CNCP and the Spanish Qualifications Framework for Higher Education (MECES).

These specifications are presupposed at level 3 of CNCP, corresponding with level 1 of MECES and with level 5 of EQF, establishing as Higher Education the one corresponding to the degree of *Técnico Superior de Formación Profesional* (VET Upper Level Technician).

EQF	MECU	MECES
8	8	Nivel 4
7	7	Nivel 3
6	6	Nivel 2
5	5	Nivel 1
4	4	-
3	3	-
2	2	-
1	1	-

Nursing. Responsible for general care.

EQF 6.

ESCO CLASSIFICATION: 3221 Nursing associate professionals .3231 Nursing associate professionals.

Extracted from the deliverable 2.3.2.

7.2 Flexible Pathways

The specialization levels are competence of different government departments.

Specialization levels:

-Clinicians (Depends on the Ministry of Health, Social Services and Equality):

Internal resident nurse (EIR) with specialties: Obstetric-gynecological, Mental Health, Work, Geriatric, Pediatric, Family and Community.

-Academic (Depends on the Ministry of Education, Culture and Sports)

Postgraduate official university: Master (EQF 7) and PhD (EQF 8) University own titles.

Extracted from the deliverable 2.3.2.

8 PARTICIPANTS

8.1 Recruitment

Who is it aimed at?: The program will be orientated to all the graduated nurses with 6 EQF Level that may have interest in improving their knowledge and skills in elderly home care. For this course, previous practical experience on the field will not be required. Finally, in relation with the ICT competences, being familiar with the use of an online platform will be advisable.

Available resources: When possible, the Faculty of Nursing will supply all these resources that may be useful for the development of the course. In this way there elements such as classrooms, technical devices, learning materials will be at the direct disposal of the course. However, the Faculty is not able to offer all resources required for the correct implementation of the course (recording studio, specific e-learning platform, among others). Taking into account this situation, the faculty will complement its own resources with others that the University of Valladolid may provide. It is important consider in advance that all the resources that depend on the University usually have a certain cost associated to them.

8.2 Assessment

In the next section, we will delve into the scores distribution of the different sections that form the evaluation, establishing the minimum considered to pass the course, as expressed in the Training Pact shared with the students.

The evaluation process is detailed, specifying the evaluation of face-to-face and distance activities from the specific and transversal modules. The participation of students in the Virtual Practice Community is specified as well.

ASSESSMENT – GENERAL

Maximum final grade will be *pass with different grades: excellent, good, satisfactory or fail*.

The overall assessment of the students will be based on the following assessment steps.

STEP/TOOL	GRADING -
Mandatory face-to-face classes (Minimum 80% attendance)	pass/fail
Carry out activities and scheduled content (Minimum 70%)	pass/fail
Continuous evaluation of each learning module through a test-type questionnaire	pass/fail
Collaborative activities on e-learning platform	pass/fail (optional)
TOTAL GRADE	excellent 3/ good 2/ satisfactory 1/ fail 0

Here are provided details about the learning outcomes/modules which each assessment step will focus on and the assessment criteria.

9 PILOT COURSE

9.1 Learning Modules and materials

- Developed national e-learning materials

On CARESS e-learning platform has been set-up three modules to deepen the competences about homecare. Participation in Virtual Community of Practice (VCP) has allowed the interaction between participants, share ideas, projects and meaningful contributions for each student.

- Description of used modules and material in the pilot

The three main modules used in the pilot were: **Module 1**, was about welfare technology, the underling concepts and ethical issues of the use of ICTs for health monitoring, the ICT and mobile solutions for home-monitoring, prevention, treatment, assistance and rehabilitation. **Module 2**, was about team working and professional group dynamics, the communication with the patient, local and territorial networks which older adults, multicultural issues in homecare and the communication with the patient. And the last module, **Module 3**, was about holistic frailty detection and treatment, falls prevention, multi-morbidity, chronic disease epidemiology

in the older adults. Moreover, other modules used in the pilot were aging process, nursing diagnosis and process evaluation and care plans.

- Expected learning outcomes

The outcomes have been excellent. Participants were successfully passed. They participated in an active way, since all the interactive learning materials were accessible on the platform to be studied individually, at any time, in an informal learning process. More of the outcomes have been reached in the discussions and activities generated on the platform, such as being aware about the daily tools to share the daily practice records by ICTs, and the importance of the communication with the older adult carried out by each professional participant.

9.2 Activities and methods

-Description of used activities and methods in the pilot

We pursue four e-learning collaborative activities to reach the goals. Students were engaged in the following collaborative activities: one activity for the Module 2 (about team working: “role play: who is going to dare put the bell on the cat”) and three activities for the Module 3 (about the older adults abuse, mental health in older adults and empowerment). The assessment was continuous. Student participation in the VCP was assessed by the Tracking Report and Experience Diary Report to the final evaluation. The first document provides a list of the actions/activities carried out by the students in the VCP, meanwhile the second one includes all the actions published by the students on the platform. The students filled it every 15 days in a provided template.

A National Discussion Group was created to develop the purpose of the activities and competences, in which we have some targeted learning outcomes to be answer for each participant. The group discussion was carried out in Spanish, the discussions generated had a high participation, and they had the initiative to create other thematic groups of interest. On the platform the activities generated were answered for most of the students. Moreover, they participated in an International Discussion Group in English.

The specific modules are shown below about the improving elder adult health and about homecare for graduate nurses. These three learning modules followed were: Aging Process, Nursing Diagnosis and Process Evaluation, and Care Plans. In each module, different contents

have seen: The first Module (Aging Process) was about analysis of different biological, physiological, functional and socio-economic aspects, to understand the changes related to aging process and their impact in health, awareness of changes associated with aging of different body organs, identification of risks associated with older adult population, early detection of age-related vulnerable aspects, familiarization with identification methods of elder abuse, familiarization with psycho-social factors related to aging process. In the second Module (Nursing Diagnosis and Process Evaluation) was taught the acquisition of advance competencies, update of contents and skills (i) in comprehensive evaluation of older adult at home and in their social environment (ii) in description of main human problems and answers in accordance with NANDA, Getting acquainted with the different evaluation models and protocols of older adults, evaluating older adults at home following reference models, Identifying and defining nursing diagnosis in accordance with NANDA, nursing diagnostic taxonomy, deduced from older adult evaluation, stablishing prevalent diagnosis on different older adults needs, developing learning based on diagnosed terminology of taxonomy II (NANDA I). In the last Module (Care Plans) we followed the Nurses acquisition of advanced competences for planning older adult home healthcare, establishing ethical and legal framework for planning older adult home healthcare, analyzing recommendations for nursing practice as formulated by Virginia Henderson, developing strategies to elaborate individualized care plans, encouraging learning within nursing practice. The assessment in each module was continuous following the objectives described in each learning module, as participatory lectures, use of previous knowledge, critical case study and group work, implementation of self-assessment tests and practical activities, role playing (for the evaluation of older adult autonomy at home and care plans), and group work and needs diagnosis groups.

- Modifications to designed pilot

The modules and activities were followed as indicated in the designed pilot.

The dates proposed in the designed pilot have not been followed in a rigorous manner in the VCP in order to give more flexibility to the participants. Below are the modifications that have been carried out: On December 3rd, two groups were created: Spanish CARESS Pilot-Nurse and Learning outcomes targeted by VCP to participate in the discussions raised in each forum. On January 10th, three debates were created in the Spanish CARESS pilot-nurse group. On February

12th, participants were informed of the delivery of the Experience Diary Reports and the Tracking Report, to be delivered until March 16. Between March 8th and March 16th, the implementation of the transversal activities in VCP was indicated.

- Implications and participation of the different Spanish partners in the development of the specific contents.

We generated a corporative email (caress.moderador.ana@gmail.com) for contacting directly with the students and resolve doubts or incidents. As a moderator and coordinator of the e-learning contents, contacting by email was a direct way to communicate with the students and we provide details about the learning modules. We have also received the Tracking Reports and Experience Diary Report to the final evaluation by email.

Course schedule

Course	Duration	Dates
Presence learning activities. Lessons and Study	100 hours	24 th November 2017 – 12 th January 2018
Work-based learning	230 hours in three Modules	24 th November 2017 – 16 th March 2018
E-learning	30 hours	24 th November 2017 – 16 th March 2018
Participation in the Virtual Community of Practice	Contributions by students	24 th November 2017 – 16 th March 2018
E-learning transversal activities	4 transversal modules activities	8 th March 2018 – 16 th March 2018

10 ANNEX I Table of pilot structure

Template to compare pilots								
	Number of students	Time devoted to the pilot	Teachers	Responsible teacher for each thematic unit	Type of activities performed	Chronogram of activities	Type of assessment of the activities	Level of involvement of the students
4.5 Spain	25	Since June 2017. (The phases are described in the last deliverable)	Module 1: FJ. Blanco, Alba Canteli, Virtudes Niño, Lourdes Ausín Module 2: Manuel Frutos, Caridad Torrecilla, and	Module 1: Society of Geriatrics. Module 2: Manuel Frutos. Uva-Nursing Module 3: María López. Uva-Nursing	<ul style="list-style-type: none"> • Master lessons • Document reading • Use of prior knowledge • Resolution of proposed cases • Group techniques • Participation in the professional forum of the Virtual Practice Community 	Attached below	<ul style="list-style-type: none"> • On going evaluation through a self-assessment test and practical work. • Final through the definition and defense of the care plan. 	High involvement, in face-to-face and non-face-to-face tasks

			external experts				
			Module 3: Maria Lopez and external experts.				

	Timetable	Date	Face to face
4.5 Spain			
Presentation	16:00-18:00	24/11/2017	Multimedia room
Module 1	18:00-21:00	24/11/2017	Class 13
	9:00-14:00	25/11/2017	Class 13
	16:00-18:00	27/11/2017	Class 13
	16:00-18:00	27/11/2017	Class 13
	16:00-21:00	28/11/2017	Class 13
		01/12/2017	



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Module 2	9:00-14:00	02/12/2017	Class 13
	16:00-19:00	04/12/2017	Class 13
	16:00-19:00	05/12/2017	Class 13
	16:00-19:00	07/12/2017	Class 13
	16:00-19:00	11/12/2017	Class 13
	16:00-19:00	12/12/2017	Class 13
	16:00-19:00	13/12/2017	Class 13
	16:00-21:00	15/12/2017	Class 13
Module 3	9:00-14:00	16/12/2017	Class 13
	16:00-19:00	20/12/2017	Class 13
	16:00-19:00	21/12/2017	Class 13
	16:00-19:00	22/12/2017	Class 13
	16:00-19:00	08/01/2018	Class 13
	16:00-19:00	09/01/2018	Computers room
	16:00-19:00	10/01/2018	Computers room

11 ANNEX II Students training pact

STUDENT TRAINING PACT



Universidad de Valladolid

Facultad de Enfermería

GENERAL

INFORMATION

COURSE TITLE	Improving Elder Adult Health Homecare for Graduate Nurses.
STARTING DATE	DATE-CLOSING DATE November 2017 – March 2018
LEVEL OF QUALIFICATION (EQF)	Higher Education. University HE (EQF6)
RESPONSIBLE TEACHERS	Module 1: Society of Geriatrics. Module 2: Manuel Frutos. Uva-Nursing Module 3: María López. Uva-Nursing
CONTACT INFORMATION (teachers e-mail)	M ^a José Cao: mjcaotorija@gmail.com M ^a José Castro: mjcasalija@gmail.com Leonor Pérez: lperezru1991@gmail.com Chema: jsmrjimenez@gmail.com SGGCyL: albacanteli@gmail.com City Council: -Caridad Torrecilla ctorrecilla@ava.es -Azucena Jiménez (ajlopez@ava.es)
PLACE	Valladolid, Spain
DEPARTMENT/INSTITUTIONS INVOLVED	-Faculty of Nursing, University of Valladolid. -City Hall of Valladolid. -Geriatrics and Gerontology Society of Castilla y León.

COURSE CONTEXT

Aging population and the increase of chronic diseases, morbidity and dependence, make homecare more important every day. It is essential to guarantee the continuity of care and to respond to the socio-health needs of the population.

The best-known nursing activities in the development of homecare work are those in which technical component of the discipline predominates. Although, progressively prevention and education acquire more importance.

In this health environment, care planning adapted to the patient's assessment should be the guide that helps to establish goals and specific and individualized nursing interventions to answer the elderly patients needs at home.

In this way, home health work requires a committed, qualified and multi-skilled nurse. She has to be capable of assuming, planning and evaluating the care provided, supported by criteria of quality, safety and patient satisfaction. The care activity giving from the nurse based on the scientific standards practice in the home, and integrating social environments of the elderly has opened a new dimension that allows a more effective and accessible attention to new demands for the provision of socio-health services.

This new demand for care in the social environment for the elderly population is a great challenge for nursing professionals. It requires an update and a rethinking of roles and activities in order to ensure comprehensive care based on instrumentalized scientific methodology through the Nursing Process. Beginning from a rigorous and exhaustive assessment that allows the identification of human responses and health problems or nursing diagnoses, based on current diagnostic taxonomies, starting element for the definition and establishment of the care requirements of the elderly, within its environment.

PRE-REQUISITE

It will be a minimum requirement to register that the student has a degree, diploma, nursing specialists in training (EIR) or equivalent, according to the educational systems of the different countries. This equivalent will be valued by the coordinator of the corresponding course, and authorized by the competent Vice-Chancellor. The course coordinator may propose additional requirements for specific prior training in some disciplines.

COMPETENCES

OBJECTIVES/COURSE GOALS

General goals:

- Understand the changes related to the aging process and its impact on health.
- Acquire advanced skills, updating knowledge and skills, in the comprehensive assessment of the elderly in their home and social environment and in the description of the main problems and human responses that are defined according to the NANDA nursing diagnostic taxonomy.
- Acquire advanced skills in the planning of nursing care in the elderly patient attended at home.

Specific goals:

- Know the changes associated with the aging of different organs.

- Identify the associated risks in the elderly population.
- Early detection of patient weaknesses where they are especially vulnerable.
- Know the different ways in which mistreatment can occur.
- Know the influence of the psycho-social factors of the individual on the aging process.
- Know the different models and assessment protocols of the elderly person.
- Perform the assessment of the elderly at home based on the reference models.
- Identify and define the nursing diagnoses based on the reference taxonomies (NANDA) that deduce from the assessment of the elderly person.
- Establish the prevalent diagnoses in the different needs of the elderly.
- Enhance learning based on the diagnostic terminology of Taxonomy II (NANDA I).
- Establish the ethical and legal framework related to the planning of care in the homecare of the elderly patient.
- Analyze the nursing care recommendations related to the needs of Virginia Henderson and the physiological changes of old age.
- Develop strategies that help the development of individualized care plans.
- Enhance learning bases on nursing care.

COURSE SCHEDULE

	IMPLEMENTATION/ DURATION	STARTING DATE/ CLOSING DATE	
<p>PRESENCE LEARNING ACTIVITIES</p> <p>LESSONS AND STUDY</p>	<p>Presentation</p> <p>16:00-18:00 24/11/2017 Computer Lab</p> <p>18:00-21:00 24/11/2017 Room 10</p> <p>Module 1</p> <p>9:00-14:00 25/11/2017 Room 11</p> <p>16:00-18:00 27/11/2017 Computer lab</p> <p>16:00-18:00 28/11/2017 Computer lab</p> <p>16:00-21:00 01/12/2017 Computer lab</p> <p>Module 2</p> <p>9:00-14:00 02/12/2017 Room 10</p> <p>16:00-19:00 04/12/2017 Computer lab</p> <p>16:00-19:00 05/12/2017 Computer lab</p> <p>16:00-19:00 07/12/2017 Computer lab</p> <p>16:00-19:00 11/12/2017 Computer lab</p> <p>16:00-19:00 12/12/2017 Computer lab</p> <p>16:00-19:00 13/12/2017 Computer lab</p> <p>16:00-21:00 15/12/2017 Room 10</p> <p>Module 3</p> <p>9:00-14:00 16/12/2017 Room 11</p> <p>16:00-19:00 20/12/2017 Computer lab</p> <p>16:00-19:00 21/12/2017 Computer lab</p> <p>16:00-19:00 22/12/2017 Computer lab</p> <p>16:00-19:03 08/01/2018 Computer lab</p> <p>16:00-19:00 09/01/2018 Computer lab</p> <p>16:00-19:00 10/01/2018 Computer lab</p> <p>16:00-21:00 12/01/2018 Computer lab</p>	<p><i>November 24th to January 12th 2018, both including 100 hours.</i></p>	
	<p>TRAINEESHIP/ WORK-BASED LEARNING</p>	<p><i>230 hours of autonomous student work in the 3 modules</i></p>	<p><i>Problem Based Learning and case resolution of each of the modules.</i></p>

		<i>November 24th to March 16th of 2018, both included.</i>
E-LEARNING	<i>30 hours</i>	<i>November 24th to March 16th of 2018.</i>
INFORMAL LEARNING (VCP)	Participation in the Virtual Community of Practice cannot be measured in terms of “time”, but in terms of “meaningful contributions”. Students are supposed to provide meaningful contributions to the VCP throughout the duration of the activity	<i>November 24th to March 16th of 2018.</i>
FINAL EXAM	Test evaluation + case resolution e-learning + check of the VCP diary Continuous evaluation	

TEACHING METHODOLOGY

Throughout the course different learning methods will be used, differentiating those that will be used face-to-face teaching from which students will have to apply to the requirements of non-classroom teaching.

In face-to-face teaching we will use different methods, mainly master classes taught by expert teachers in each of the 3 modules with audiovisual support such as videos, audiovisual presentations..., as well as bibliographic search, recommended readings and summaries of texts from updated scientific articles.

On the other hand, we will use group methods to develop classroom activities such as Panel of Experts, debates, guided talks, role-playing, colloquia, solving doubts by the teacher and drawing conclusions about each of the topics of each module.

Non-classroom teaching, students will work autonomously proceeding to read the didactic material they have at their disposal on a digital platform, later solve cases related to the elaboration of nursing diagnoses, according to NANDA I taxonomy and the subsequent decision of the consequent care plan, taking into account the nursing interventions according to the proposed objectives (NIC-NOC).

In addition, exercises proposed by the professor will be solved that will contribute to complement the contents taught in the face-to-face sessions that in turn will be corrected in the next classroom session of the module.

To achieve a positive evaluation, it is considered an 80% presence of the planned sessions, as well as having completed 70% of the programmed contents and the minimum participation in the Virtual Community of Practice (VCP).

LEARNING OUTCOMES AND CONTENTS

PRESENCE LEARNING

MODULE NAME/NUMBER	TARGETED COMPETENCES
Module 1. Aging Process	<ul style="list-style-type: none"> • Awareness of changes associated with aging of different body organs • Identification of risks associated with older adult population • Early detection of age-related vulnerable aspects • Familiarization with identification methods of elder abuse • Familiarization with psycho-social factors related to aging process
Module 2. Nursing Diagnosis and Process Evaluation	<ul style="list-style-type: none"> • Getting acquainted with the different evaluation models and protocols of older adults • Evaluating older adults at home following reference models • Identifying and defining nursing diagnosis in accordance with NADA, nursing diagnostic taxonomy, deduced from older adult evaluation • Stablishing prevalent diagnosis on different older adults needs • Developing learning based on diagnosed terminology of taxonomy II (NANDA I)
Module 3. Care Plans	<ul style="list-style-type: none"> • Establishing ethical and legal framework for planning older adult home healthcare • Analyzing recommendations for nursing practice as formulated by Virginia Henderson • Developing strategies to elaborate individualized care plans • Encouraging learning within nursing practice

E-LEARNING CARESS TRANSVERSAL MODULES

3 Modules have been set-up on CARESS e-learning Platform. These modules will be at your disposal until March 31st to deepen your competences about homecare.

All of them include Interactive Learning Materials which can be studied individually in any time and any place, accessing the platform with your own account. Some of them also include specific learning activities to be carried out in forum discussions.

Check in the assessment section of this agreement which Units and which activities will be taken into account for final assessment.

MODULE NAME/NUMBER	TARGETED LEARNING OUTCOMES
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<p>MODULE 1 - Welfare technology and ICTs for remote health monitoring and rehabilitation</p>	<ul style="list-style-type: none"> • basic knowledge about Welfare Technology • basic knowledge about the underlying concepts and ethical issues of the use of ICTs for health monitoring; • basic knowledge and skills about the main ICT/mobile solutions for home-monitoring and prevention; • basic knowledge and skills about the main ICT/mobile solutions for treatment, assistance and rehabilitation
<p>MODULE 2 - Team working, multi-sectoral and multi-professional approach to older adults' needs</p>	<p>Basic knowledge and skills about:</p> <ul style="list-style-type: none"> • the communication with the patient; • team working and professional group dynamics; • a multi-professional approach to older adults' needs assessment; • local and territorial networks which older adults can rely on; • Multicultural issues in homecare.
<p>MODULE 3 - Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs</p>	<ul style="list-style-type: none"> • specific skills concerning the proactive approach to ageing, such as skills for frailty detection and treatment , active and healthy ageing and falls prevention; • skills for enhancing quality care, such as skills about ethical issues management and older adults abuse detection (Unit 4) or skills about basic counselling techniques; • Specific geriatric nursing skills, both at general/theoretic level (chronic diseases epidemiology, multimorbidity, impact of lifestyles, older adults empowerment) and at practical level (pressure ulcers management).

OTHER E-LEARNING MODULES

In each of the specific modules, the materials of the virtual platform will be taken into account as content for e-learning support.

MODULE NAME/NUMBER	TARGETED COMPETENCES– STUDENT IS ABLE TO
<p>Module 1. Aging Process</p>	<ul style="list-style-type: none"> • Learning module: PHYSIOLOGICAL, PSYCHOLOGICAL AND SOCIAL changes associated to aging. <ol style="list-style-type: none"> 1. Oldness, stereotypes and aging 2. Aging theories 3. population aging 4. Modifications associated to aging: physical changes 5. Modifications associated to aging: psychological and social changes 6. Changes in physiology when aging and being medicated • Learning module: SECURITY in older adult <ol style="list-style-type: none"> 7. Therapeutic compliance 8. Adverse events

	<p>9. Early detection of elder abuse</p> <ul style="list-style-type: none"> • Learning module: THE PROCESS OF TAKING CARE, BEING TAKEN CARE, and self-care <p>10. Life story as a basic element in satisfying needs of older adult</p> <p>11. Introduction of basic needs</p> <p>12. Identifying basic needs to create an adequate care plan</p> <p>13. Carer profile. Giving up</p> <p>14. Managing frailty, illness, incapacity and dependence vision in older adult</p> <ul style="list-style-type: none"> • Learning module: SOCIO-SANITARY ATTENTION for older adults <p>15. Social services organization</p> <p>16. and socio-sanitary coordination</p>
<p>Module 2. Nursing Diagnosis and Process Evaluation</p>	<ul style="list-style-type: none"> • Learning module 1. Older adult evaluation models • Learning module 2. Evaluation of older adult autonomy at home • Learning module 3. Monitoring of informal homecare. Evaluation and help at ABVD and AIVD: Dependency Graph • Learning module 4. Nursing diagnosis. Taxonomy II multiaxial structure - NANDA I. • Learning module 5. Prevailing older adult diagnoses in health dominion of NANDA taxonomy • Learning module 6. Older adults comprehensive homecare
<p>Module 3. Care Plans</p>	<ul style="list-style-type: none"> • Learning module 1. Ethical and legal aspects in nursing • Learning module 2. Respiratory care for older adults • Learning module 3. Nutritional supervision of older adults • Learning module 4. Nursing practice in older adults elimination • Learning module 5. Nursing practice in older adults hygiene • Learning module 6. Nursing practice in older adults rest/sleep • Learning module 7. Dealing with older adults pain • Learning module 8. Interventions in the process of older adult healthcare provision by nurses and with the main care provider

VIRTUAL COMMUNITY OF PRACTICE (VCP)

Participation in VCP will allow for the development of specific skill through an informal learning process.

A small set of pre-defined learning outcomes will be targeted and will be evaluated in the final assessment; they are listed in the table below; anyway, many other secondary and unexpected

outcomes could be reached on the base of the discussion and the activities generated on the platform.

TOPIC	TARGETED LEARNING OUTCOMES
Welfare technology and ICTs for remote health monitoring and rehabilitation	To be aware of the types of ICTs which can support the professional in daily practice (tools for sharing documents, electronic clinical record, electronic agenda, monitoring tools, etc.) including their potentialities, their limits, their usability, their cost, etc. in order to be able to select and use the most proper ones
Team working, multi-sectoral and multi-professional approach to older adults' needs	To be aware of the importance of the quality of the communication/interaction with the older adult and his/her family and of the main elements which affect this quality, taking into consideration multicultural issues, ethics, the need to educate healthy behaviors, etc.
Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs	To be aware of the crucial role played by a holistic approach to older adults' needs analysis. To be able to consider all of the meaningful dimensions of older adults health status (biological, social, psychological) in a holistic approach to prevention and rehabilitation.

ASSESSMENT – GENERAL

Maximum final grade will be *pass with different grades: excellent, good, satisfactory or fail*.

The overall assessment of the students will be based on the following assessment steps.

STEP/TOOL	GRADING -
Mandatory face-to-face classes (Minimum 80% attendance)	pass/fail
Carry out activities and scheduled content (Minimum 70%)	pass/fail
Continuous evaluation of each learning module through a test-type questionnaire	pass/fail
Collaborative activities on e-learning platform	pass/fail (optional)
TOTAL GRADE	excellent 3/ good 2/ satisfactory 1/ fail 0

Here are provided details about the learning outcomes/modules which each assessment step will focus on and the assessment criteria.

FINAL WITTEN EXAM – FORMAL LEARNING

Assessment will focus on

PRESENCE /E- LEARNING	REFERENCE MODULE /UNIT
PRESENCE	<i>Attendance at each of the face-to-face sessions proposed in each module will be taken into account, with 80% attendance being mandatory.</i>
E-LEARNING CARESS TRANSVERSAL MODULES	Introducing the underling concepts and ethical issues of the use of ICTs for health monitoring
	Introducing, bringing into use and guiding clients to use the main ICT/mobile solutions for home-monitoring and prevention
	Leadership and management
	Communication and interaction
	Team work skills and networking
	Service system, organization and administration
	Multicultural communication and interaction
	Definition of holistic approach to rehabilitation

FINAL ORAL EXAM – INFORMAL LEARNING – DISCUSSION ON VCP DIARY AND STUDENTS TRACKING

Student's participation in VCP will be assessed thanks to 2 main tools:

- **Tracking Report:** it provides a list of the actions/activities carried out by the student in the VCP
- **Experience Diary Report:** it includes all of the "entries" published by the student in the diary.

Students are supposed to print out both documents and take them to the final oral exam in order to use them as a base for the discussion.

Students are expected to fill in a "new entry" in the Experience Diary at least every 15 days on the base of the provided template.

In the VCP, the development of the specific transversal competences will be targeted, mainly through group's discussion. These competences will be the following:

TOPIC	TARGETED LEARNING OUTCOMES
Welfare technology and ICTs for remote health monitoring and rehabilitation	To be aware of the types of ICTs which can support the professional in daily practice (tools for sharing documents, electronic clinical record, electronic agenda, monitoring tools, etc.) including their potentialities, their limits, their usability, their cost, etc. in order to be able to select and use the most

	proper ones
Team working, multi-sectoral and multi-professional approach to older adults' needs	To be aware of the importance of the quality of the communication/interaction with the older adult and his/her family and of the main elements which affect this quality, taking into consideration multicultural issues, ethics, the need to educate healthy behaviors, etc.
Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs	<p>To be aware of the crucial role played by a holistic approach to older adults' needs analysis.</p> <p>To be able to consider all of the meaningful dimensions of older adults health status (biological, social, psychological) in a holistic approach to prevention and rehabilitation.</p>

These competences will be targeted through National Discussion Groups - *Italian*

In addition specific competences will be targeted through Thematic Groups Discussions, which will be carried out in English and will involve students from different pilots.

Competences targeted through thematic groups will be the following:

- To be able to manage multicultural issues, taking into account the user's life history and culture
- To be able to set up the proper level of closeness/intimacy with the older adult and his/her family taking into account biological, social and psychological elements.

COLLABORATIVE ACTIVITIES ON E-LEARNING PLATFORM

Students are supposed to engage in the following collaborative activities on CARESS e-learning platform.

E-LEARNING CARESS TRANSVERSAL MODULES	UNIT / ACTIVITY
MODULE 2 - Team working, multi-sectoral and multi-professional approach to older adults' needs	<i>Eg. Unit 2 - "Role Play" "WHO'S GOING TO DARE PUT THE BELL ON THE CAT?"</i>
MODULE 3 - Holistic and rehabilitation approach: frailty, multi-morbidity, multi-professional approach to older adults needs	<i>Eg. Unit 4 - "Older adults abuse - Critical incident analysis "</i>
	<i>Eg. Unit 5 - "Mental health in older adults – Case Study"</i>
	<i>Eg. Unit 6 - "Empowerment - Juan's case – Case Study"</i>

Evaluation criteria will be the following

CRITERIA	% GRADE
Participation in all of the proposed activities YES/NO	20%
At least 2 meaningful contributions to activity of Unit "1"	<i>Depends on the number of activities</i>
At least 2 meaningful contributions to activity of Unit "2"	<i>Depends on the number of activities</i>
At least 2 meaningful contributions to activity of Unit "3"	<i>Depends on the number of activities</i>

"Meaningful contributions" means posts/contributions to documents/contributions to discussions which provide an added value to the discussion/work/document. Contributions such as *"I agree/disagree"* with no explanations, for instance, won't be considered as meaningful.