

# PR2.3

## Trainer's handbook



**UPSKILLING DOMESTIC CARE WORKERS TO ENSURE  
RESILIENT EMPLOYMENT PATHWAYS**



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## PART 1. INTRODUCTION

### DoCUp Project overview

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Health and social services are one of the largest growing economic sectors. At the same time, the sector is challenged by fundamental societal changes such as the ageing population, globalisation, growing cultural diversity which increase the needs for social services. Scientific evidence also shows the negative consequences of social inequality in terms of health, psychosocial problems, crime and less social cohesion. Health and social services are also steered by new policy trends such as deinstitutionalisation.

Changing care practices within families, demographic changes, and the increase of the elderly population in need of care, together with shifting attitudes in favour of home-based (as opposed to institutional) care before and mainly after the COVID-19 epidemic, have rendered domestic care services increasingly important in EU countries.

Despite the long-held association of paid domestic work with the unpaid work performed by women in their own homes, domestic work is an increasingly diverse sector encompassing a diverse set of tasks. However, during the pandemic, the set of duties expected from domestic workers, particularly women, became even broader. More specifically, significant numbers of domestic carer have been asked to use technological software and applications to monitor their clients' health needs, provide clients with extensive medical care, physical and psychological therapy and even nursing. The breadth and level of skills and competences with which domestic care workers are equipped present significant variations. In fact, a substantial share of care workers, namely those low-skilled, unemployed, and/or belonging to disadvantaged communities (e.g., refugees, migrants, people living on benefit) have either a limited empirical or no prior knowledge before embarking on in-home care positions. They are among the most vulnerable groups of workers and at heightened risk of contagion, social precarity, and exploitation.

The COVID-19 pandemic has affected domestic care workers, care recipients, and intermediate, including home health agencies, in several important ways. Many of the challenges encountered were entirely new and caused directly by the pandemic. In other words, the pandemic worsened long-standing challenges in the care sector. Governmental bodies addressed some of these issues through changes in regional and national policies, regulations, and guidance. Domestic care agencies also responded to challenges to their own policies and practices regarding the employees.

Domestic care workers and domestic care agencies provide services and support to help individuals remain safely in their homes. Domestic care term refers to medical, administrative, and other relative services provided in the home, such as occupational therapy, physical therapy, and nursing, as well as personal care assistance.

DoCUp is an Erasmus+ KA220 project, which aims to address the abovementioned challenges by providing a comprehensive framework for upskilling domestic care workers. Coordinated by the Folkuniversitetet of Uppsala (Sweden), the DOCUP Consortium is composed of 5 institutions and organizations based in Italy (Anziani e non solo), Greece (Promea), Spain (Infodef) and Poland (University of Humanities and Economics in Lodz) active in education and training and support to innovation in care services. The project developed flexible training delivery methods (i.e. e-book, MOOC) and innovative open-access resources to address practical, technological, and organisational aspects of teaching and learning. The DoCUp course aims to enable persons currently employed or looking for employment in the care sector, but without formal education in the field, to acquire specialized care skills, digital and organisational skills along with transversal (such as social & communication skills for interacting with clients) and attitudinal competences (personal agency, cultural awareness and expression), through a combination of pedagogical resources. These resources will help them increase their preparedness for the exigencies of the sector in the post-COVID-19 era, equip them with a set of transferable skills and enhance their employability and salary expectations as well as job satisfaction.

## About author of the handbook

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Agnieszka Renn-Zurek, PhD, has professional experience in the area of long-term and palliative care and in family nursing. She has worked as a health education and health promotion instructor, section nurse in the internal medicine department, long-term home care nurse, palliative care nurse, community-family nurse and in school medicine. She has also worked as a lecturer for postgraduate education providers teaching specialist courses, qualification courses and specialisation training. She has held a number of responsible positions, including as the head of the Community Care Station at the St John of God Convent and the head of qualification and specialisation courses for nurses.

## Handbook recipients

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The Trainer's Handbook is dedicated to educators of adults currently employed or looking for employment in the care sector, but who have no formal training in this field but wish to acquire specialist care skills.

The handbook aims to support trainers in delivering a course for developing skills and competences about domestic care work provision. The handbook provides guidelines on training adults with the use of the DoCUp training and assessment materials for each learning unit and instructions on developing additional material & resources in accordance with the DoCUp learning outcomes. The DoCUp trainer's handbook also contain detailed case studies, practical exercises, background readings, and links of interest.

The domestic care worker educator should be a person with medical training, preferably a community nurse, social welfare worker or a health care worker after a teaching course.

## Learning outcomes

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In order to obtain a comprehensive picture of actual skill needs and workplace requirements, three different target groups were consulted: domestic care workers, care receivers, and intermediates, in an attempt to identify their existing knowledge, skills, needs, and competences in the field of medical care, digital and administrative skills and soft skills.

On the basis of the research carried out, it was possible to identify 6 areas with a diverse set of soft and hard skills crucial for domestic care workers. The DoCUp learning course consist of 6 units and 25 subunits.

The training should provide the following learning outcomes:

<b>Learning outcomes, unit 1: Critical care skills</b>
<b><i>U 1.1. Diseases such as dementia and disorders of physical, mental or social function</i></b>
The learner knows the definition of dementia and can recognise the symptoms of the disease
The learner knows and is able to list the factors responsible for the disease
The learner knows how to organise a safe environment for a patient with dementia
<b><i>U 1.2. Nutrition and fluids for the patient based on their nutritional needs</i></b>

The learner knows the nutrient and fluid requirements of the elderly person
The learner knows the principles of enteral nutrition for elderly and chronically ill patients
The learner knows the principles of dietary treatment and complications of diet therapy
The learner knows the types and use of special nutrition products
The learner is able to prepare a meal according to the indicated recipe (solid, chopped, pureed, liquid)
The learner is able to administer a meal by mouth using an appropriate positioning
The learner is able to administer liquids by oral route according to the prescribed dose
The learner is able to administer first aid in case of choking
<b><i>U 1.3. Cleaning and care of wounds and types of dressings</i></b>
The learner can recognise and identify the type of wound
The learner knows and applies the main principles of wound treatment and care
The learner can apply a specialised dressing to a wound
The learner is able to assess the extent of wound healing
<b><i>U 1.4. Support with mobilization and provide ambulation</i></b>
The learner knows and can implement principles of patient improvement taking into account the patient's condition and abilities
The learner knows and applies in practice the different forms of patient improvement
The learner knows and applies in practice the various forms of safe movement of the patient
The learner selects and knows how to use assistive equipment
The learner knows how to organise a safe environment for the patient with elimination of obstacles
<b><i>U 1.5 Patient body hygiene in bathroom and in bed in the case of a recumbent</i></b>
The learner knows and is able to list the purposes of maintaining the patient's environment and personal hygiene
The learner is able to perform bed making with an empty bed and with a lying patient
The learner is able to perform the change of bed linen in an empty bed and with a lying patient
The learner is able to perform the change of personal underwear in a disabled bed and with a lying patient
The learner knows and applies various techniques of performing hygienic actions depending on the condition and capacity of the patient
The learner knows and puts into practice assistive equipment to perform patient hygiene both in bed and in the bathroom

## Learning outcomes, unit 2: Basic nursing skills

### ***U 2.1. Use of medical equipment & devices***

The learner knows how to measure blood pressure using a dial blood pressure monitor
The learner knows how to measure blood pressure using an electronic blood pressure monitor
The learner knows the values of blood pressure
The learner is able to recognise abnormal values of blood pressure
The learner can perform blood oxygen saturation measurement using a pulse oximeter
The learner is able to interpret the result of blood saturation measurement
The learner knows the principles of home oxygen therapy

The learner is able to administer home oxygen therapy safely as prescribed
The learner knows how to measure blood pressure using a dial blood pressure monitor
<b>U 2.2. Giving medicines - Methods of medicines administration (Where allowed)</b>
The learner knows the regulations in the country regarding the administration of medicines
The learner knows the medical indications for administering medicines by a specific route to his/her patient
The learner can administer medicines to the patient by oral route
The learner can administer medicines to the patient by the sublingual route
The learner can administer medicines to the patient via rectal route
The learner can administer medicines to the patient via the skin application
The learner can administer drugs to the patient using the ocular route
The learner can and does administer drugs to the patient via inhalation route
<b>U 2.3. Pressure sore prevention</b>
The learner knows the causes of pressure sores
The learner can determine the degree of pressure sores
The learner knows and applies in practice the principles of prevention of pressure sores
The learner can evaluate the effectiveness of the prevention measures carried out
<b>U 2.4. First aid techniques</b>
The learner knows the principles of premedical first aid
The learner knows how to administer first aid according to the required sequence of rescue actions
The learner is able to perform cardiopulmonary resuscitation
The learner knows how to operate the AED

<b>Learning outcomes, unit 3: Protecting you and your clients from infection</b>
<b>U 3.1 Infection prevention and control practices</b>
The learner knows how infections spread
The learner knows and can describe the sources and routes of spread of infections
<b>U 3.2. Sanitation and personal hygiene practices</b>
The learner applies the principles of sanitary and personal hygiene in place during a COVID-19 outbreak to increase protection.
The learner identifies 5 moments when it is important to perform hand hygiene in contact with a person in need of care
The learner knows the steps and how to perform Ayliffe hand washing
The learner knows in which situations hygienic hand washing should be used
The learner knows and applies the principle of respiratory hygiene/cough etiquette
The learner takes action to maintain good respiratory hygiene in the environment
<b>U 3.2. Use of PPE</b>
The learner knows and can describe PPE
The learner is able to assess epidemiological risks
The learner applies selected PPE in practice
The learner uses PPE in combination with specified precautions



**U 3.4 Green skills for cleaning and sanitizing**

The learner has basic ecological skills

The learner knows and applies in practice ecological cleaning processes and activities

The learner knows and applies in the household a colour-based housekeeping system

The learner disinfects designated elements of the environment using ecological technologies and equipment

The learner knows and is able to apply ecological cleaning and decontamination methods without harming the environment or his/her own health.

**Learning outcomes, unit 4: Digital and administrative skills**

**U 4.1. Reporting, filling in care plans digital records**

The learner knows the principles of report writing, completing care plans and digital records

The learner knows the principles and prepares reports and digital care plans

The learner can improve the quality of reports and diary writing

The learner knows and uses data search techniques to locate and select relevant information

The learner knows the principles of report writing, completing care plans and digital records

**U 4.2. Technical skills on emails and sharing data**

The learner has the technical skills to use email

The learner knows how to set up an e-mail account

The learner knows the main e-mail service providers

The learner knows how to attach additional files

The learner knows the principles of data sharing

The learner is able to use e-mail to contact specialists in the provision of patient care

**U 4.3. Use telecare system**

The learner knows what telecare is

The learner knows how telecare works in the country concerned

The learner is able to apply the telecare system in practice according to the patient's needs

**U 4.4. ICT skills to support with e-health devices**

The learner is able to describe and use commonly used information and communication technologies in home health care

The learner is able to use software to find information and a range of services

The learner is competent in the use of digital health equipment requiring ICT skills

The learner is able to describe and use commonly used information and communication technologies in home health care

**Learning outcomes, unit 5: Communication and relationships**

**U 5.1. Cultural awareness and expression**

The learner knows the concept of culture and cultural awareness

The learner behaves and acts in accordance with the culture of relationships and achievements

The learner understands and respects cultural diversity

The learner knows and applies the principles of non-verbal communication
The learner knows the concept of culture and cultural awareness
<b><i>U 5.2. Organizational skills</i></b>
The learner develops organisational skills, attention to detail and punctuality
The learner maintains order in the workplace
The learner meets deadlines
The learner knows how to cooperate in an interdisciplinary team
<b><i>U 5.3. Acting in situations of conflict and resolving</i></b>
The learner recognises a conflict situation
The learner knows and understands the causes of interpersonal conflicts
The learner knows and applies methods of conflict situation solving
<b><i>U 5.4. Providing emotional support</i></b>
The learner knows what emotional support is
The learner knows and applies methods of emotional support
The learner knows and applies the technique of active listening
The learner knows how to express emotions using non-verbal communication
The learner presents an empathic attitude

<b>Learning outcomes, unit 6: Personal agency &amp; well-being</b>
<b><i>U 6.1. Stress management</i></b>
The learner knows techniques for dealing with stress
The learner can recognise positive and negative stressors
The learner practices selected techniques for coping with stress in difficult situations
<b><i>U 6.2. Time management</i></b>
The learner knows and practices time management techniques
The learner manages own time effectively
<b><i>U 6.3. Prioritising the workload</i></b>
The learner understands the importance of health well-being
The learner takes care of own health
The learner takes care of his/her own well-being
<b><i>U 6.4. Empowerment</i></b>
The learner knows his/her rights
The learner understands the potential of personal empowerment
The learner respects oneself

## PART 2. METHODOLOGY

### Guidelines for trainers

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The DoCUp learning units cover professional skills focused around care provision and a set of skills and competences required for working and interacting with clients.

It is important to reach the target group of migrants and other people without formal medical education, who are currently employed or looking for employment as a domestic care worker.

Considering the target groups, the training should be:

- Easily accessible regarding the language
- Comprehensive, covering all basic necessary skills and competencies for the profession that are more difficult to learn at the job

The trainer should set and implement learning goals:

- Cognitive type goals - the domestic care worker can translate messages, explain, apply or analyze them
- Emotional type goals - the domestic care worker thinks, reacts, evaluates, experiences, describes
- Psychomotor type goals - the domestic care worker performs, makes, acts

Trainer should use the following education principles:

1. **The principle of relating theory to practice** - rational combination of theory and practice:
  - combining thinking and learned content of a practical nature with thinking and content of a theoretical nature
  - combining the acquired knowledge into structures and using them in practice, especially when acquiring further knowledge
  - combining science with technology, moving from the laws of science to the principles of technology

- combining cognition with action, planning and performing a variety of objects and activities related to the content of teaching.
2. **The principle of approachability** - or the principle of graded difficulty. This principle leads to the following didactic rules (guidelines):
- in teaching should move from near to far things
  - from easy to difficult
  - from known to unknown
3. **The principle of regularity, or systematicity.** This results in following rules:
- the introduction of new content should be preceded by the identification of the initial knowledge (reference should be made to the knowledge already acquired)
  - discussed issues should be divided into points and sub-points, which systematization facilitates the assimilation of knowledge
  - repetition of the material should be spread out over time
  - the teacher should accustom domestic care workers to systematic, independent and prolonged effort.

The trainer can use various **teaching methods**:

- providing: lecture, conversation, storytelling, explanation, work with text
- searching: problem method, activating method by using: didactic games, discussions case study or simulation
- exposing or practical: demonstration, experience, exercises, project method

**Practical tips for Trainers regarding the DoCU Course:**

1. When delivering training under module 2, the trainer should check whether all content is likely to be useful for training and, if necessary, prepare educational material relating to the conditions and law regulations in the country, where the training is delivered.

2. The training material is prepared for 40-60 hours of training (approximately 5-6 weeks), which is not enough period of time to exhaust the topic area. The aim of the authors of this publication was to increase the awareness and knowledge of adult educators and to inspire them to explore further materials given, use the sources and templates of use-case scenarios.
3. The workshop is recommended for a small group, preferable 5 to 6 people.
4. When delivering training under module 1 and 2, the training room should be equipped with a phantom for teaching first aid and practising nursing and hygiene procedures
5. The learning process is more effective when the trainer applies the principle of linking the content of the curriculum to the prior knowledge or experience of the participants in the workshop, and also relates to their current situation.
6. Participants are more motivated to learn when they recognize, that the knowledge gained will solve an important problem for them or translate into tangible benefits.

## Use-case scenario for Unit 1

A SIMULATION SCENARIO					Order no.
<b>Duration</b>	0:45	<b>Scenario time</b>	0:15	<b>Number of participants</b>	5-6
<b>Topic</b>	Caring for a senior with lower leg ulceration				
<b>Main objective</b>	Learning how to care for a senior with lower leg ulceration				
<b>Specific objectives</b>	1. Recognise the patient's current situation 2. recognise the patient's problems and assess them 3. plan action and care 4. undertake therapeutic measures 5. undertake education.				
<b>Method</b>	High-fidelity simulation/standardised patient				
Technical and organisational information					
<b>Reusable equipment</b>	1. Equipment tray 2. Waste basket		<b>Single-use equipment</b>	1. gloves 2. lavaseptic 3. antiseptic 4. sterile and non-sterile disposable swabs 5. hand disinfectant. 6. new generation silver bandage	

IMPLEMENTATION OF THE SCENARIO	
<b>Information for participants</b>	
<p>A lower leg ulcer is a difficult-to-heal defect in the skin of the lower leg) as a result of changes in the vasculature of the lower limbs. They are chronic wounds (healing takes longer than 8 weeks). The incidence of skin ulcers increases with age. Approximately 80 per cent of these are venous ulcers (varicose or post-thrombotic lesions), rarely arterial (e.g. atherosclerosis of the lower limb arteries), or of other aetiologies, e.g. in the course of infections, diabetes, skin tumours or systemic diseases. Venous shin ulcers are non-painful, mostly affect women, arterial hypertension is also present, there are skin changes: discolouration and thinning of the skin, discomfort is increased when sitting with the legs lowered and also at the end of the day, calf cramps occur, bacterial or fungal superinfections may appear.</p> <p>Arterial ulcers of the lower legs are more common in men, often occur on the foot, or side of the lower leg, are painful, the surrounding skin is cold, with trophic changes, and lack of hairiness. Often leg ulcers have a mixed arteriovenous aetiology.</p>	
SCENARIO	
<b>Scenario description</b>	Patient Janina K. aged 78 has been suffering from venous circulation disorders for 10 years, lives alone at home, and presented with the following symptoms: oozing wound on the right shin, size 5 cm, redness around the wound, discomfort increasing with prolonged sitting and at the end of the day, pain in the limb. Wound clean, no signs of infection.
<b>Application of skill</b>	- conversation with the patient,

	<ul style="list-style-type: none"> <li>- cleaning the wound, applying a specialised dressing,</li> <li>- communicating information about the patient's condition to the members of the therapeutic team</li> </ul>
<b>Basic skills/ Learning outcomes</b>	U.3. is able to recognise and identify the type of wound U.3. knows and applies the main principles of management in wound treatment and care U.3. knows how to apply a specialised dressing to a wound
<b>The form was drawn up by</b>	Agnieszka Renn-Żurek

## Use-case scenario for Unit 2

A SIMULATION SCENARIO					Order no.	
<b>Duration</b>	<b>0:45</b>	<b>Scenario time</b>	<b>0:15</b>	<b>Number of participants</b>	5-6	
<b>Topic</b>	Caring for seniors with high blood pressure					
<b>Main objective</b>	Learning how to care for a senior with high blood pressure					
<b>Specific objectives</b>	1. Recognition of the patient's current situation 2. Recognising the Patient's problems and assessing them 3. action and care planning 4. undertake therapeutic measures 5. Undertake education.					
<b>Method</b>	High-fidelity simulation					
Technical and organisational information						
<b>Room number</b>		<b>Position number</b>		<b>Number of phantom trainer</b>	Phantom of the elderly	
<b>Reusable equipment</b>	1. stethoscope 2. blood pressure monitor			<b>Single-use equipment</b>	1. gloves 2. hand sanitizer	

### IMPLEMENTATION OF THE SCENARIO

### Information for participants

Hypertension is diagnosed in more than 60% of seniors. In most cases, it is isolated systolic hypertension (more than 60% of cases). Values for the diagnosis of hypertension are 140 mmHg for systolic pressure, and 90 mmHg for diastolic pressure. Factors that increase the risk of developing hypertension include:

- excessive consumption of table salt
- obesity
- low physical activity (which just decreases with age), sedentary lifestyle
- excessive alcohol consumption.

Organ complications with hypertension in seniors can appear after only a few years of the disease. There is an increased risk of stroke (four times higher in older men with hypertension, 5.5 times higher in older women), coronary heart disease, circulatory failure and cardiovascular incidents. The diagnosis of hypertension is based on numerous blood pressure measurements, but this becomes increasingly difficult with age, as seniors are more likely to experience drops in blood pressure, e.g. when standing upright, after meals or the problem of so-called white coat hypertension. There is also the possibility of so-called pseudo-hypertension (which can be suspected in people who have consistently elevated blood pressure in the absence of organ complications).

Take care of:

- adequate rest. Relaxation reduces the level of stress that contributes to a dangerous surge in blood pressure
- stress avoidance and psychological support. Older people are often accompanied by a sense of deep depression due to a decline in physical, intellectual and social capacity. We should support the mentee in their interests and activities and look after their wellbeing.

### SCENARIO

<b>Scenario description</b>	Patient Jan M., 75, lives at home, is a single person, and his history shows that he reports weakness, rapid fatigue, headaches, tinnitus, blurred vision, difficulty falling asleep, frequent waking up, frequent dizziness on rising or after even minor physical exertion. She has a dial machine to measure her blood pressure but is unable to use it, she has a hearing loss and vision problems due to her age.
<b>Application of skill</b>	<ul style="list-style-type: none"> <li>- conversation with the patient,</li> <li>- measuring blood pressure,</li> <li>- communicating information about the patient's condition to members of the therapeutic team</li> </ul>
<b>Basic skills/ Learning outcomes</b>	U.1. knows how to measure blood pressure using a dial blood pressure monitor U.1. knows the values of blood pressure U.1. is able to recognise abnormal values of blood pressure
<b>The form was drawn up by</b>	Agnieszka Renn-Żurek



## Use-case scenario for Unit 3

A SIMULATION SCENARIO					Order no.
<b>Duration</b>	0:45	<b>Scenario time</b>	0:15	<b>Number of participants</b>	5-6
<b>Name</b>	Caring for a senior with COVID 19 infection				
<b>Main objective</b>	Learn how to care for a senior citizen with COVID infection 19				
<b>Specific objectives</b>	1. Recognise the patient's situation 2. Recognise the Patient's problems resulting from the infection and assess them 3. Plan action and care considering epidemiological safety principles 4. Use of personal protective equipment 5. Educate the patient				
<b>Method</b>	High-fidelity simulation/standardised patient				
Technical and organisational information					
<b>Reusable equipment</b>	1. waste bin for waste segregation 2. sink, soap and disinfectant dispenser			<b>Single-use equipment</b>	1. gloves 2. masks 3. protective aprons 4 Soap and hand disinfectant. 5. surface sanitizer

IMPLEMENTATION OF THE SCENARIO
<p style="text-align: center;"><b>Information for participants</b></p> <p>Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people who become ill with COVID-19 will experience symptoms of mild to moderate severity. Such individuals will recover without special treatment. Others, however, will become seriously ill and require medical attention.</p> <p>The virus can spread in small droplets through the mouth or nose of an infected person when that person coughs, sneezes, speaks, sings or breathes. These particles range from larger respiratory droplets to smaller aerosols.</p> <p>Infection by inhalation of the virus can occur during contact with a person with COVID-19 or by touching a contaminated surface and then the eyes, nose or mouth. The virus spreads more easily indoors. The most common symptoms of coronavirus:</p> <ul style="list-style-type: none"> <li>● fever</li> <li>● dry cough</li> <li>● shortness of breath</li> <li>● characteristic severe fatigue</li> <li>● muscle pain</li> <li>● sore throat</li> <li>● headache</li> <li>● loss or disturbance of taste and/or smell (characteristic symptom)</li> </ul> <p>The key to effective protection against the spread of the virus is to use masks that cover the mouth and nose. When washing your hands with soap and water, it is essential that this takes no less than 30 seconds. An alternative way of caring for hand hygiene is disinfection.</p>

SCENARIO	
<b>Scenario description</b>	A woman, Joanna Z., 67, diagnosed with Parkinson's disease, stays at home, is cared for by an in-home carer, and is visited by her family once a week. Visits by the caregiver, take place daily and last 3 hours. For the past 3 days the woman has had an elevated body temperature above 38 degrees C, a dry cough and resting dyspnoea have appeared. The woman cannot smell the food served. During a home visit, the doctor diagnosed COVID 19 infection with a mild course. He recommended continued home care with special precautions.
<b>Application of skill</b>	<ul style="list-style-type: none"> <li>- calming conversation with the patient,</li> <li>- use of personal protective equipment,</li> <li>- waste segregation</li> </ul>
<b>Basic skills/ Learning outcomes</b>	U.1 . knows how infections spread U.2. knows the steps and how to perform Ayliffe hand washing U.2. knows in which situations hygienic hand washing should be used U.2. knows and applies the principle of respiratory hygiene/cough etiquette U.2. acts to maintain good respiratory hygiene in the environment
<b>The form was drawn up by</b>	Agnieszka Renn-Żurek

## Use-case scenario for Unit 4

A SIMULATION SCENARIO					Order no.
<b>Duration</b>	0:45	<b>Scenario time</b>	0:15	<b>Number of participants</b>	5-6
<b>Topic</b>	Developing telecare skills				
<b>Main objective</b>	Learning how to care for a senior using telecare				
<b>Specific objectives</b>	1. Recognise the patient's health situation 2. Recognise the need for telecare 3. Present and describe the patient's problems during a telephone consultation 4. Implementation of medical orders obtained during the tele-treatment				
<b>Method</b>	Simulation of high fidelity/standardised patient				
Technical and organisational information					
<b>Reusable equipment</b>	Phone			<b>Single-use equipment</b>	1. sheet of paper, notepad

### IMPLEMENTATION OF THE SCENARIO

#### Information for participants

Telemedicine is the term for healthcare services provided via ICT or communication systems (i.e. at a distance). Thanks to telemedicine, a doctor can, among other things, interview a patient at a distance and assess his or her state of health. Telemedicine does not fully replace the classic visit, but due to technological developments it works in a great many situations. The use of telemedicine in patient care has been authorised by law, is in line with current medical knowledge and the development of telemedicine within the health care system is recommended by the World Health Organisation (WHO). Teleportation is simply a classic consultation with a doctor located in a different place from the patient. The doctor should be in the office or in a place where bystanders cannot hear him or her. The conversation is conducted over the phone or using a video calling app. The teleconsultation fulfils the conditions of a classic consultation: the doctor is obliged to exercise full professionalism and due diligence and later, on the basis of the conversation, to draw up or supplement the medical records. Within the framework of a teleconsultation, the doctor is entitled to issue the necessary documents, such as a prescription, discharge, order or referral.

#### SCENARIO

<b>Scenario description</b>	Male John G. aged 82 with high blood pressure, heart failure and type 2 diabetes. Due to age there is hearing loss and visual impairment due to cataracts. Covered by home care. Today, the patient reports feeling unwell - headache, tinnitus, dizziness, and asks to consult a general practitioner. Patient was ordered to have a telepresence, due to hearing and vision impairment the doctor had a telephone consultation with the carer. He issued an e-prescription, recommended blood pressure monitoring, keeping a monitoring diary and systematic use of hypertension medication.
<b>Application of skill</b>	<ul style="list-style-type: none"> <li>- talking to a doctor,</li> <li>- providing information during tele-consultation</li> </ul>
<b>Basic skills/ Learning outcomes</b>	U.4. knows what telecare is U.4. knows the principles of telecare in the country concerned U.4. is able to apply telecare in practice according to the needs of the patient
<b>The form was drawn up by</b>	Agnieszka Renn-Żurek

## Use-case scenario for Unit 5

A SIMULATION SCENARIO					Order no.	
<b>Duration</b>	0:45	<b>Scenario time</b>	0:15	<b>Number of participants</b>	5-6	
<b>Topic</b>	Developing skills in providing emotional support					
<b>Main objective</b>	Learning how to care for a senior citizen in an emotional problem situation					
<b>Specific objectives</b>	1. recognising the patient's emotional situation 2. identifying emotional support needs 3. putting into practice elements of non-verbal communication 4. training of active listening skills					
<b>Method</b>	High fidelity simulation/standardised patient					
Technical and organisational information						
<b>Reusable equipment</b>	No requirements			<b>Single-use equipment</b>	No requirements	

IMPLEMENTATION OF THE SCENARIO	
<b>Information for participants</b>	
<p><b>Social support</b> is defined as a type of social interaction that is undertaken by one or both participants in a problematic, difficult, stressful situation. The aim of the supportive interaction is to keep spirits up, reduce stress, manage the crisis through accompaniment, create a sense of belonging and security, hope and bring the person closer to solving the problem and overcoming the difficulty.</p> <p><b>Emotional support</b> - involves providing supportive, reassuring emotions that reflect care and a positive attitude towards the person being supported. Supportive behaviour aims to create a sense of belonging, care and increase self-esteem. With emotional support, sufferers and people in crisis can release their own tensions, share their negative feelings and have the opportunity to express their fears, anxieties and sorrows. This not only improves self-esteem, but also has a positive impact on well-being. The right behaviour of the support person triggers a sense of hope in people. This type of support is the most common, it is shown most often. Even if it is not necessary, it is always expected by the person needing support.</p> <p>One of the elements of providing emotional support is meeting the need to listen (active, empathic listening). <b>Active listening</b> helps to create a sense of mutual trust and enables a change of perspective. Elements of active listening: maintaining eye contact, appropriate gestures, encouraging conversation, asking additional questions about what the other person is saying, not interrupting the other person, showing acceptance and understanding, not judging, not lecturing.</p>	
SCENARIO	
<b>Scenario description</b>	<p>Woman Catherine K., 72, lives alone, widowed six months ago, no children. For several weeks she has been experiencing increasing feelings of sadness, loneliness and social unsuitability. Increasing symptoms of chronic illnesses (ankylosing spondylitis, diabetes mellitus) make daily life difficult and cause fear for the future. She enjoys reminiscing about the past, in which case her mood improves, or looking at photos, old films. She comes alive during social interactions and conversation with others and enjoys establishing interpersonal relationships.</p>
<b>Application of skill</b>	<ul style="list-style-type: none"> <li>- in working with seniors, chronically ill people,</li> <li>- in the therapeutic team</li> </ul>

<b>Basic skills/ Learning outcomes</b>	U.5. knows what emotional support is U.5. knows and applies methods of emotional support U.5. knows and applies the technique of active listening U.5. knows how to express emotions using non-verbal communication U.5. presents an empathetic attitude
<b>The form was drawn up by</b>	Agnieszka Renn-Żurek

## Use-case scenario for Unit 6

A SIMULATION SCENARIO					Order no.
<b>Duration</b>	0:45	<b>Scenario time</b>	0:15	<b>Number of participants</b>	5-6
<b>Topic</b>	Learning to cope with stress				
<b>Main objective</b>	Dealing with stressful situations, stress reduction				
<b>Specific objectives</b>	1. identification of the source of stress 2. identification of positive/negative stressors 3. practical application of selected stress management techniques 4. training of stress reduction skills using Schultz autogenic training				
<b>Method</b>	High-fidelity simulation/stress reduction skills training/autorelaxation				
Technical and organisational information					
<b>Reusable equipment</b>	No requirements			<b>Single-use equipment</b>	No requirements

IMPLEMENTATION OF THE SCENARIO	
<b>Information for participants</b>	
<p>Schultz autogenic training is the name of a neuromuscular relaxation technique. The autogenic nature of this technique lies in the fact that the person interacts with his or her own nervous system. Schultz autogenic training is made up of six phases or elements:</p> <ol style="list-style-type: none"> <li>1. a feeling of heaviness,</li> <li>2. feeling of warmth,</li> <li>3. regulation of heart rate,</li> <li>4. regulation of free breathing,</li> <li>5. a feeling of warmth in the solar plexus,</li> <li>6. cooling sensation on the forehead.</li> </ol> <p>The Schultz autogenic training exercises should initially not last longer than 5 minutes each phase and 30 minutes the entire training. At the beginning, only the feeling of weight is practised for 2 weeks and after 2 weeks you move on to the next exercises (to be repeated one after the other). The exercises in the basic training should be repeated for 12 weeks.</p> <p>For Schultz autogenic training, sit comfortably in a quiet place. Then close your eyes and focus your attention on yourself. We take a few deep breaths in and out, concentrating on the breathing process. We then mentally give ourselves commands in line with the six stages of Schultz autogenic training, feeling the weight, warmth and relaxation of the different parts of the body in turn. Repeat in your</p>	

<p>mind that you are filled with joy and inner harmony. At the end of the training, we give ourselves the command "I am rested and relaxed". We open our eyes - and we really feel that way.</p>	
<b>SCENARIO</b>	
<b>Scenario description</b>	<p>Analyse the situation that you currently (or in the near past) perceive as problematic, stressful. Recognise and define the nature of the stressors (positive/negative, motivating/demotivating). Tell how you cope with stress, what techniques do you use? /have you used before?</p> <p>Describe the relaxation technique you have learned (presented above) called Schultz autogenic training. Apply it yourself according to the indicated sequence of the described training phases.</p>
<b>Application of skill</b>	<ul style="list-style-type: none"> <li>- in the daily work of a domestic care worker,</li> <li>- in any difficult, problematic situation</li> </ul>
<b>Basic skills/ Learning outcomes</b>	<p>U.6. knows stress management techniques</p> <p>U.6. is able to recognise positive and negative stressors</p> <p>U.6. practices selected techniques for coping with stress in difficult situations</p>
<b>The form was drawn up by</b>	Agnieszka Renn-Żurek

## PART 3. INSTRUCTIONS on developing additional teaching & assessment materials

### Developing additional teaching materials

Trainers should create other scenarios on their own, based on the scenario template provided. There should be at least one scenario dedicated to each sub-unit.

A SIMULATION SCENARIO TEMPLATE					Order no.
<b>Duration</b>	<b>0:45</b>	<b>Scenario time</b>	<b>0:15</b>	<b>Number of participants</b>	5-6
<b>Topic</b>	Name of scenario				
<b>Main objective</b>	Assumed purpose of the activities				
<b>Specific objectives</b>					
<b>Method</b>					
Technical and organisational information					
<b>Reusable equipment</b>				<b>Single-use equipment</b>	
IMPLEMENTATION OF THE SCENARIO					

Information for participants	
Explanation of the essence of the issue, theoretical introduction to the practical part. Methods: - conventional lecture, discussion, conversation, problematic - chat - discussion	
SCENARIO	
<b>Scenario description</b>	Methods: - case study - instruction - demonstration
<b>Application of skill</b>	Description of the application of acquired skills in daily life/professional practice
<b>Basic skills/ Learning outcomes</b>	Learning outcomes assigned to the individual modules in accordance with Part 1 of the handbook
<b>The form was drawn up by</b>	

## Instructions on assessment materials

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The knowledge and skills acquired during the course can be assessed in two stages:

- a theoretical knowledge test
- a practical skills test

**The theoretical knowledge test** should last between 20-30 minutes and should consist of at least 25 questions (single-choice questions) covering all course topics (one question from each subunit).

The evaluator may also add one or two open questions based on simulation scenarios performed during the course.

The assessment criteria: The test is passed if at least 60% of the answers are correct.

The sample theoretical knowledge test forms with single-choice questions are included at the end of this chapter.

**The practical skills test** should last between 90 and 120 minutes and should include three tasks:

**Task 1:** Based on the scenario given, you should:

- assess the health condition, social situation, living conditions and needs of the care recipient
- develop a plan for the daily care of the care receiver
- propose supportive activities

**Task 2:** On a phantom demonstrate step-by-step pre-medical first aid.

**Task 3:** Perform the following basic hygiene and care activities on a phantom:

- measurement of blood pressure using a blood pressure monitor
- measurement of blood saturation
- applying oxygen moustache or oxygen mask
- changing the position of a bed-ridden person as part of pressure sores prevention

**Skills tested by the practical tasks:**

1. organising care and support work with a care receiver
  - using health and social situation records
  - developing a daily plan for assistance, support and care
  - planning care and support activities
2. providing premedical first aid
3. performing basic care and hygiene activities



The assessment criteria for the practical tasks will consider:

- correctness of the assessment of the health, social situation, living conditions and needs;
- correctness of filling in the care plan;
- correctness of the recognition of the problems of the mentee;
- compliance of the planned activities with the identified problems;
- correctness of the provision of the first premedical aid
- correctness of performing basic care and hygiene activities

Participants of the course, after passing the theoretical and practical test, receive a **certificate of completion of the course for domestic care workers** (sample certificate).



## SAMPLE KNOWLEDGE TEST – VERSION 1

### Unit 1

<b>1</b>	<b>Caring for a patient with dementia involves:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. maintaining the independence of the patient	b. isolating the patient	c. bailing out the patient	d. limiting contact with people	
<b>2</b>	<b>At the base of the food pyramid for the elderly are the following:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. fats	b. sweets	c. proteins	d. fruits and vegetables	
<b>3</b>	<b>Wound treatment includes:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. rinsing with warm water	b. pouring alcohol on the wound	c. use of sterile fluids, disinfection	d. pouring antiviral fluid over the wound	
<b>4</b>	<b>In caring for a patient with dementia, domestic care worker should focus on:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. not using assistive devices	b. increasing the patient's risk of falling	c. improving mobility and muscle tone	d. exclusive family involvement in care	
<b>5</b>	<b>Lack of maintenance of cleanliness, <u>does not</u> affect dysfunction in the biological, mental and social spheres of a person.</b> <i>(Mark if the statement is true or false)</i>			
true		false		

### Unit 2

<b>6</b>	<b>A properly fitted blood pressure cuff should be at:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. Elbow bend line	b. 2-3 cm above the elbow	c. 3-4 cm above the elbow	d. Does not matter	
<b>7</b>	<b>The most common and safe way to give medication is by:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. Sublingual	b. Oral	c. Rectal	d. Inhalation	
<b>8</b>	<b>The main cause of pressure sores is:</b> <i>(Mark the answer: a, b, c or d)</i>			
a. Poor diet of the patient	b. Overuse of medication	c. Chronic immobilisation	d. Depression	
<b>9</b>	<b>The abbreviation AED stands for?</b> <i>(Mark the answer: a, b, c or d)</i>			
a. Cardiopulmonary resuscitation	b. Portable defibrillator	c. Cycle of rescue operations	d. All the answers a, b, c are correct	

### Unit 3

<b>10</b>	<b>All microorganisms that come into contact with the human body are eradicated by the immune system.</b> <i>(Mark if the statement is true or false)</i>			
true		false		
<b>11</b>	<b>The right procedure for performing hand hygiene involves 12 steps and should last at least 40 seconds.</b> <i>(Mark if the statement is true or false)</i>			
true		false		
<b>12</b>	<b>You can reuse eye protection and gloves.</b> <i>(Mark if the statement is true or false)</i>			
true		false		
<b>13</b>	<b>A colour-based system can be used in home care to ensure greener and more sustainable cleaning.</b> <i>(Mark if the statement is true or false)</i>			
true		false		

Unit 4			
<b>14</b>	<b>Which of these digital skills are needed to access the digital care plan?</b> <i>(Mark the answer: a, b or c)</i>		
	a. know how to write an email	b. know how to download the application that supports the digitized care plan	c. know how to make a video call
<b>15</b>	<b>Emails can be an excellent vehicle for domestic care workers to communicate with the healthcare team.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
<b>16</b>	<b>Personal telecare alarm pendants and activity monitoring sensors are examples of telecare.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
<b>17</b>	<b>E-Health is a practice that is not supported by electronic processes and communication.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
Unit 5			
<b>18</b>	<b>Non-verbal communication is <u>not</u> very important when meeting other cultures.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
<b>19</b>	<b>Organizational skills can include an orderly workspace, meeting deadlines and communicating well with your team.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
<b>20</b>	<b>The ABC-triangle can be used to understand how to handle conflicts.</b> <i>(Mark if the statement is true or false).</i>		
	true	false	
<b>21</b>	<b>Giving empathy is something we can practice.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
Unit 6			
<b>22</b>	<b>Which of the following stress coping strategies corresponds with the following definition “helps you to deal with stress when you have no power to change or influence the source of the stress.”</b> <i>(Mark the answer: a, b, c or d)</i>		
	a. Action oriented	b. Acceptance oriented	c. Emotion oriented
			d. Influence oriented
<b>23</b>	<b>Which is the base statement of the Parkinson law?</b> <i>(Mark the correct answer: a, b, c or d)</i>		
	a. Work and available time for completion are not related	b. Work expands so as to fill the time available for its completion	c. Work contracts so as to fill the time available for its completion
			d. Time should be given appropriately to the work given.
<b>24</b>	<b>Which quadrant of the Eisenhower matrix corresponds to this definition “tasks that can be delegated?”</b> <i>(Mark the answer: a, b, c or d)</i>		
	a. Neither urgent nor important	b. Important but not urgent	c. Urgent but not important
			d. Urgent and important
<b>25</b>	<b>The European Union acts a supranational agent that encourages countries to fulfil the rights that protects the employees.</b>		
	true	false	

## SAMPLE KNOWLEDGE TEST – VERSION 2

### Unit 1

<b>1</b>	<b>Dementia is umbrella term used to describe a set of symptoms that can include changes in:</b> <i>(Mark the answer: a, b, c or d)</i>			
	a. vision	b. hearing	c. perception	d. sensory
<b>2</b>	<b>The elderly have no greater need for fluids than younger people.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		
<b>3</b>	<b>Among specialty dressings, we do not distinguish between the following:</b> <i>(Mark the answer: a, b, c or d)</i>			
	a. Hydrogel dressings	b. Silver ion dressings	c. Hydrofiber dressings	d. Non-sterile dressings
<b>4</b>	<b>People with dementia <u>do not</u> need to use medical aids.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		
<b>5</b>	<b>One of the purposes of personal hygiene is maintaining and developing physical, mental and psychological human fitness.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		

### Unit 2

<b>6</b>	<b>A pulse oximeter is an electronic device that is used to measure .</b> <i>(Mark the answer: a, b, c or d)</i>			
	a. Blood oxygen saturation	b. Saturation	c. Heart rate	d. All answers are correct
<b>7</b>	<b>Why is the rectal route beneficial to the patient?</b> <i>(Mark the correct answer: a, b, c or d)</i>			
	a. It bypasses the peripheral circulation	b. It can be given to vomiting patients	c. It is recommended for unconscious patients	d. All answers are correct
<b>8</b>	<b>The anti-bedsore mattresses should be used if possible. It replaces the need to change the position of the patient.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		
<b>9</b>	<b>Pre-medical first aid refers to actions taken to save the life of a victim in a life-threatening condition until arrival of qualified medical services?</b> <i>(Mark if the statement is true or false)</i>			
	true	false		

### Unit 3

<b>10</b>	<b>For infection to occur there must be: a source, a susceptible person, and a route of transmission.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		
<b>11</b>	<b>According to WHO, the most important moments when hand hygiene should be performed when dealing with a person to be cared for are 2: after using the bathroom and before providing care to the person.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		
<b>12</b>	<b>PPE is only truly effective when combined with hand hygiene and respiratory hygiene as well as other certain cautions.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		
<b>13</b>	<b>The health system has no interest in making the care context more sustainable.</b> <i>(Mark if the statement is true or false)</i>			
	true	false		

Unit 4			
14	<b>The domestic care worker is involved in the planning of the care plans?</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
15	<b>To receive emails, you will need an email account and an email address.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
16	<b>All telecare devices are connected to a 24/7 monitoring center.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
17	<b>The Comarch HomeHealth is a digital health device that can be used at the user's home.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
Unit 5			
18	<b>Intersectionality means that groups are diverse.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
19	<b>Set 15-20 tasks/day to be effective.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
20	<b>Conflicts can never lead to anything good.</b> <i>(Mark if the statement is true or false).</i>		
	true	false	
21	<b>It is important to validate the other person's feelings.</b> <i>(Mark if the statement is true or false)</i>		
	true	false	
Unit 6			
22	<b>Which of the following factors feed discomfort and worsen our physical and cognitive performance?</b> <i>(Mark the answer: a, b, c or d)</i>		
	a. Relaxing	b. Rushing	c. Overthinking d. All answers are correct
23	<b>What's a consequence of procrastination?</b> <i>(Mark the answer: a, b, c or d)</i>		
	a. It makes us feel good	b. It decreases our stress especially if we are doing something we like	c. It leads to stress as the more time that passes without completing an activity, the more time tight we will be. d. All answers are correct
24	<b>Which of the following tasks <u>shouldn't</u> be done daily to prioritize the workload?</b> <i>(Mark the answer: a, b, c or d)</i>		
	a. Set limits	b. Set SMART goals	c. Give yourself rewards d. Only perform task that we like
25	<b>Personal Agency can be understood as defending that the individual is the ability to make decisions and play a role in the direction of one's own life.</b>		
	true	false	



**The correct answers to the SAMPLE KNOWLEDGE TEST – VERSION 1:**

U.: 1.-c , 2.-d, 3.-c, 4.-c, 5.-false

U2: 6.-b, 7.-b, 8.-c, 9.-b

U3: 10.-False, 11.- True, 12.-False, 13. -True

U4: 14.-b, 15.-True, 16.- True, 17.-False

U5: 18. -False, 19.-True, 20.-True, 21.- True

U6: 22.-b, 23.-b, 24.-c, 25.-True

**The correct answers the SAMPLE KNOWLEDGE TEST – VERSION 2:**

U1.: 1.-c, 2. -False, 3. -d, 4.- False, 5.- True

U2: 6.-d, 7.-d, 8.-False, 9. -True

U3: 10. -True, 11.- False, 12.- True, 13.- False

U4: 14.- True, 15.-True, 16.- False, 17 - True

U5: 18.-True, 19.- False, 20.-False, 21.- True

U6: 22.-b. 23.-c, 24.-d, 25.-True

## PART 4. DoCUP MOOC - Technical specifications and guidelines

### The DoCUP Massive Open Online Course (MOOC)

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#### WHAT IS A MOOC?

Massive Open Online Courses (MOOCs) are free online courses in different disciplines and fields of study, organised around an open, publicly shared curriculum, available for anyone to enrol. MOOCs provide an affordable and flexible way to acquire new skills, foster personal development and career advancement through informal quality educational experiences at scale. Typically, MOOCs integrate social networking, accessible online resources, and are either self-paced or facilitated by experienced trainers in the field of study. MOOCs build on the engagement of learners who are at the centre of the learning process and self-organize their participation according to their own learning goals and skill development needs, prior knowledge and educational background, and available time and resources.



- Course: A MOOC supports the attainment of learning outcomes after certain activities within in a given period of time. It comprises learning materials and some kind of formative evaluation method to assess the knowledge acquired by learners. It involves facilitators and learners and enables the interaction among students and between students and facilitators.
- Open: On one hand, a MOOC should provide open and free access to educational resources and learning activities, which means that learners can enrol and attend the course without paying (however it is a common practice that some features such as obtaining a certificate, or the assessment of work assignments are provided with charge). On the other hand, a MOOC should be open to anyone without prerequisites such as country of origin, previous qualifications, or specific grades.
- Online: Course content is always available, over the internet, and through different devices. A MOOC does not require the physical attendance of learners at a classroom.



- Massive: A MOOC has no limitation on the number of participants, supporting the participation of thousands of learners from around the globe. Learners become part of the course by engaging with other people's work, and everybody learns from the work of the other participants.

## **THE DoCUP MOOC: SCOPE AND STRUCTURE**

The DoCUp Massive Open Online Course (MOOC) is a self-guided online course that acts as a wide access delivery method for the DoCUp curriculum. It has been designed to reflect the structure of the developed curriculum, as organized around learning units and lessons, and comprises the project's training and assessment materials, in an online form (text, presentations, multimedia files, interactive tools, and exercises). The DoCUp MOOC primarily relies on visual materials such as presentations, videos, graphics, and all textual descriptions are accompanied by visual aids to facilitate learners' understanding. The DoCUp MOOC integrates also additional pedagogical resources such as video units and practical exercises that support auto-assessment, and collaboration mechanisms, aiming to provide an optimal learning experience with increased collaboration opportunities. The DoCUP online course is structured around **6 learning units**, which are further broken down into **56 lessons**.

**The DoCUp online course is structured around 6 learning units:**

### **1. Learning Unit 1 – Critical Care Skills**

1. Learning Outcomes
2. Diseases such as Dementia and Disability of Physical, Mental and Social Function
3. The Nutrition and Fluids for Patient's Needs - Based on their Nutritional Requirements
4. Clean and care for wounds - Types of Dressing
5. Support with Mobilization and Provide Ambulation
6. Patient Body Hygiene in bathroom and in Bed - In the Case of Recumbent
7. Self-assessment
8. Additional materials

### **2. Learning Unit 2 – Basic Nursing Skills**

1. Learning Outcomes
2. Use of Medical Devices & Equipment
3. Giving Medicines



4. Pressure Sore Prevention
5. First Aid Techniques
6. Self-assessment
7. Additional materials

### **3. Learning Unit 3 – Protecting you and your clients from infections**

1. Learning Outcomes
2. How Infections Spread
3. Sanitation and Personal Hygiene Practices
4. Use of PPE
5. Green Skills for cleaning and Sanitizing
6. Self-assessment
7. Additional materials

### **4. Learning Unit 4 – Digital Skills**

1. Learning Outcomes
2. Reporting, Filling in Care Plans Digital Records
3. Technical Skills on Emails and Sharing Data (e.g., Outlook, Gmail, Yahoo)
4. Use Telecare System
5. ICT Skills to Support with e-Health Devices
6. Self-assessment
7. Additional materials

### **5. Learning Unit 5 – Communication and Relationships**

1. Learning Outcomes
2. Cultural Awareness and Expression
3. Organizational Skills
4. Acting in Situations of Conflict and Resolving - Conflicts and Constructive Conflict Management
5. Providing Emotional Support
6. Self-assessment
7. Additional materials

## 6. Learning Unit 6 – Personal Agency and Well-Being

1. Learning Outcomes
2. Stress Management
3. Time Management
4. Prioritising the Workload
5. Empowerment
6. Self-assessment
7. Additional materials

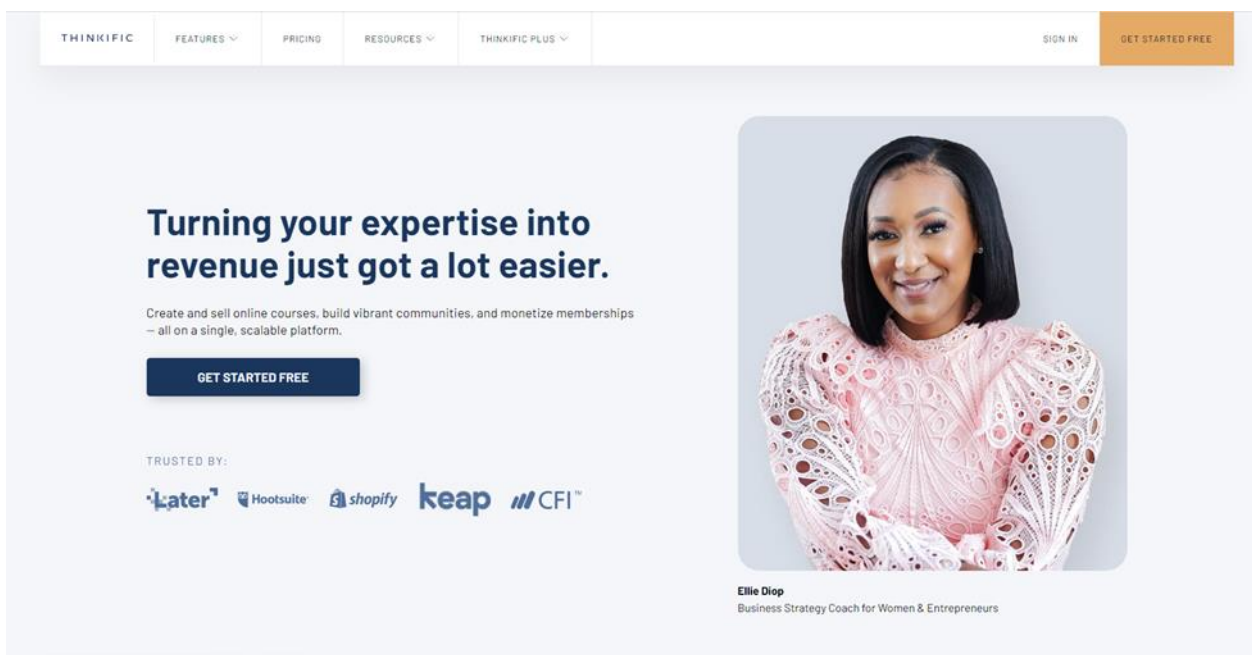
### THE DoCUP MOOC: PEDAGOGICAL PRINCIPLES

The DoCUP Massive Open Online Course is founded on the following pedagogical principles:

- **Learner-centeredness:** Learners are at the heart of the learning process, being able to establish individual learning goals and a personal learning path based on available content and materials.
- **Flexibility:** Learners are able to arrange their own learning schedule according to their resources within the lifecycle of the course and decide their level of engagement.
- **Interactivity:** The DoCUP MOOC makes explicit mention on the value of interactivity and the multiplying effects it has on learning and capacity building. Learners are encouraged throughout sections of the course to discuss with their peers and provide feedback on each other's work, where possible.
- **Ubiquitous learning:** Learners are able to experience learning activities and content in any context and situation 24/7 per week through mobile devices such as laptops, tablets and smart phones.
- **Teacher as facilitator:** In MOOCs, trainers should abandon their traditional role which is to convey information to learners and now act as facilitators, motivating learners to engage in course activities and providing feedback and assistance with their tasks.
- **Blended evaluation scheme:** One of the greatest challenges for a MOOC is to establish an assessment model that works at a much larger scale, with potentially thousands of learners participating in the course. To respond to this challenge, the DoCUP MOOC has employed an evaluation scheme that incorporates the method of self-assessment to evaluate learners' performance.

## HOW TO ACCESS AND USE THE DoCUP MOOC

The DoCUP online course is hosted on **THINKIFIC** (<https://www.Thinkific.com/>); an online learning platform that allows individual educators (e.g. individual trainers, universities, colleges, VET providers, consortia, public & private institutions, companies) to create and deliver MOOCs in a wide range of disciplines and subjects. **THINKIFIC** gives anyone the opportunity to offer truly interactive instruction without the need to write any code. Learning activities are combined with social mechanisms and facilitation/monitoring tools that allow to create engaging online learning experiences. The platform is designed to provide a community-based learning environment in which learners are actively involved in the learning process and feel empowered, passionate communities of practice flourish, and deep learning experiences are fostered through carefully designed and interactive courses.



The screenshot shows the Thinkific website homepage. At the top, there is a navigation bar with links for THINKIFIC, FEATURES, PRICING, RESOURCES, and THINKIFIC PLUS. On the right side of the navigation bar, there are links for SIGN IN and GET STARTED FREE. The main content area features a large heading: "Turning your expertise into revenue just got a lot easier." Below this heading is a sub-heading: "Create and sell online courses, build vibrant communities, and monetize memberships – all on a single, scalable platform." A prominent "GET STARTED FREE" button is displayed. Below the button, it says "TRUSTED BY:" followed by logos for Later, Hootsuite, Shopify, Keap, and CFI. On the right side of the main content area, there is a portrait of Ellie Drop, a Business Strategy Coach for Women & Entrepreneurs.

**THINKIFIC** forms a global educational community with 35+ countries represented and more than 100 million course enrolments at the end of 2020. This platform provides a wide range of authoring tools to make the process of learning easier and more entertaining (e.g., auto-assessment, blog, discussion forum). Courses are structured into (individual) learning modules that are populated with text, images, videos, presentations, info graphics, and exercises that essentially enhance the learning process and enable students to evaluate their knowledge and skill acquisition. **THINKIFIC** employs a social media workflow with built-in galleries, announcements, wikis, blog pages, and discussion spaces to encourage commenting and liking throughout students' learning journey. These tools aim to support interaction with

peers and facilitators and ultimately foster a community of collaborative learners. The platform also supports content in different languages. Finally, to support flexible and ubiquitous learning, all courses are compatible with mobile devices such as laptops, smart phones and tablets.

[DOCUP MOOC landing page](#)



**Course curriculum**

- Welcome Activity ▼

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- Learning Unit 1 - Critical Care Skills ▼

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- Learning Unit 2 - Basic Nursing Skills ▼

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- Learning Unit 3 - Protecting you and your clients from infections ▼

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- Learning Unit 4 - Digital Skills ▼

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- Learning Unit 5 - Communication and Relationships ▼

Show more

**About this course**

- 56 lessons
- Free



- **Minimum system requirements**

This section presents the minimum system requirements for using **THINKIFIC**. These requirements may change over time, following future programming improvements or amendments.

In order to make sure that **THINKIFIC** runs well, please make sure your desktop computer, laptop, tablet, smartphone, or smart device has the following:

- ✓ The most recent version of one of the web browsers listed below
- ✓ JavaScript enabled
- ✓ PDF plugin
- ✓ Graphic and audio output capability
- ✓ Broadband internet connection with a minimum speed of 5Mbps (recommended)
- ✓ TLS 1.2 supported by your web browser

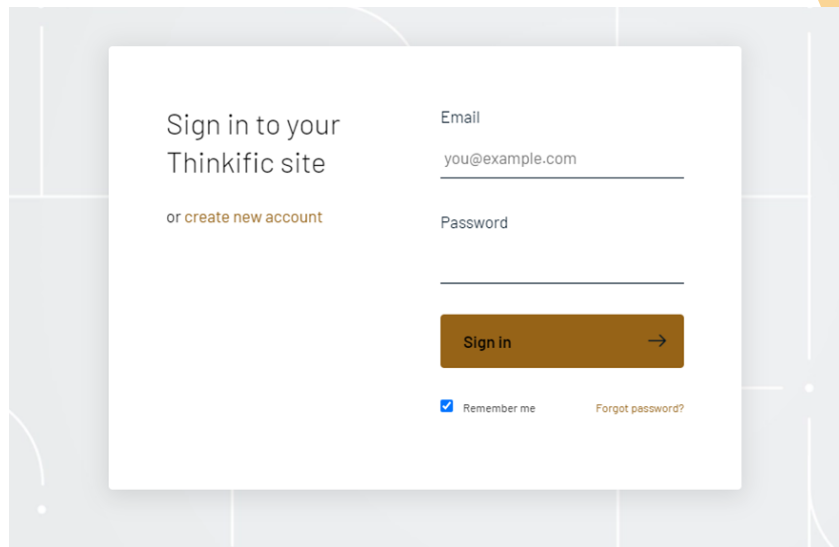
While the platform supports most of the browsers (Chrome, Firefox, Safari, Microsoft Edge), it is recommended using Chrome or Firefox on a desktop for best results while creating your courses.

For more information on minimum system requirements, please visit:

<https://support.thinkific.com/hc/en-us/articles/360030354954-System-Requirements-and-Supported-Browsers>

- **Creating an account on THINKIFIC**

All users (both educators and learners) on **THINKIFIC** need to create a user profile so as to get access to available courses and authoring tools. To create a new profile account, users must enter their full name, a valid e-mail address to use as the login and a profile name. The latter will be the name displayed on the platform.



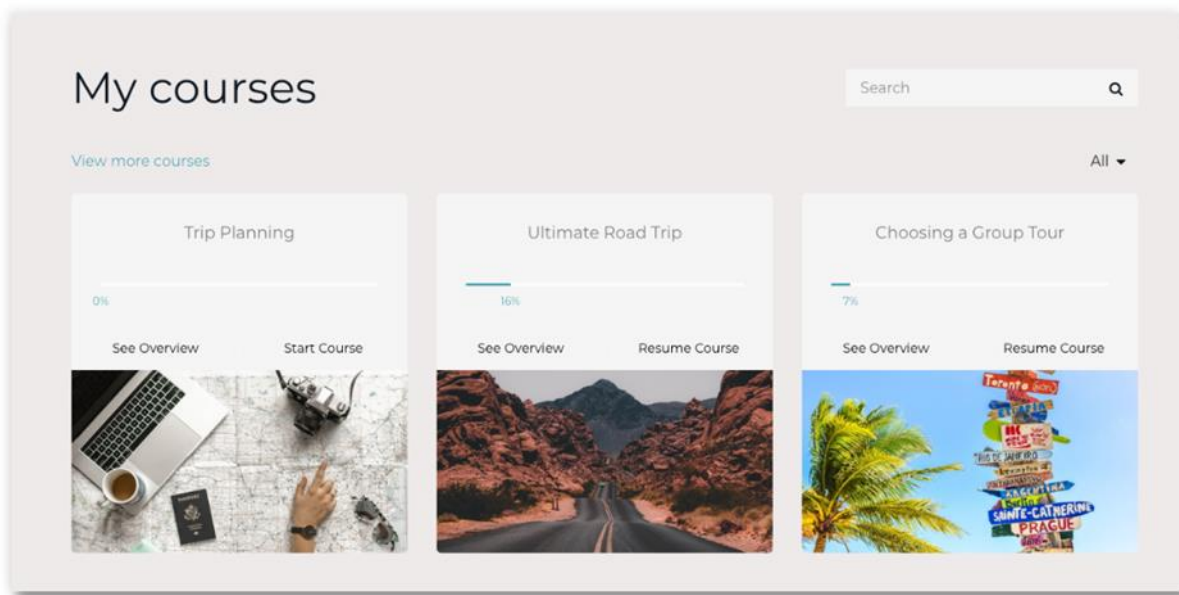
To sign up, an account password is also required. It is recommended that users should create a strong password that will include a mix of uppercase letters, lowercase letters, numbers, and symbols to prevent unauthorised access and keep their profile secure.

- **How to navigate within THINKIFIC**

Once the user is logged in to site, there are a few main areas that they will want to become familiar with as they begin building products and site. These areas include:

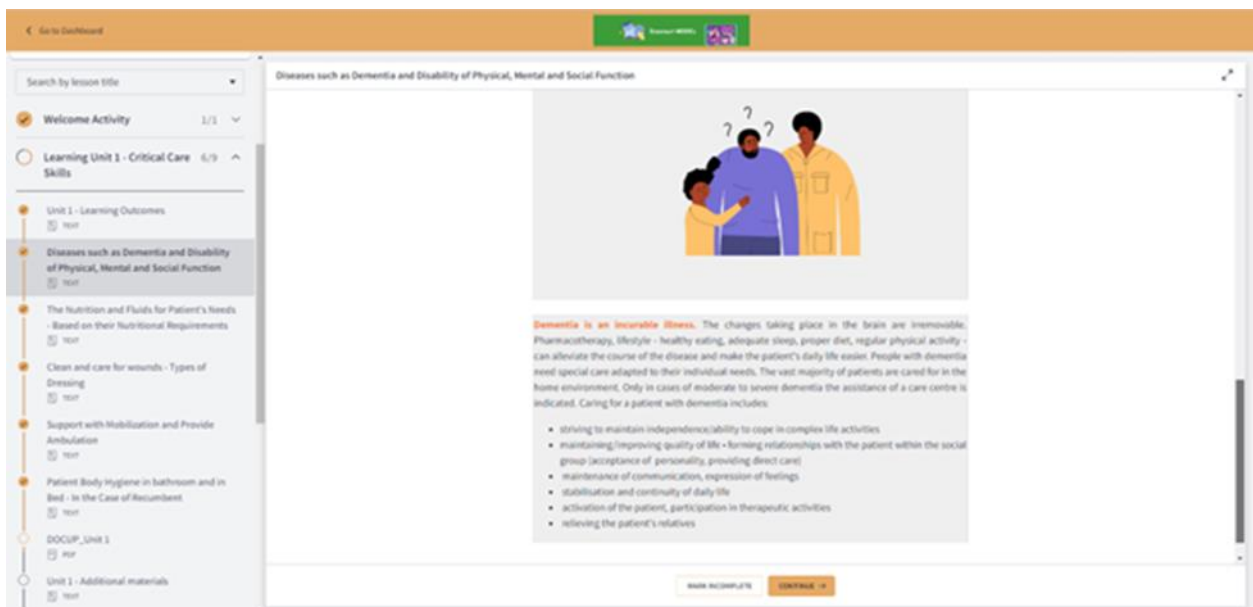
Student Dashboard

Students are immediately taken to their Student Dashboard when they login to your site. The Student Dashboard will display all product enrolments and students can simply click on any of the product cards available to access them or continue where they have left off!



### Course Player

The THINKIFIC Course Player is what enrolled students experience when they access the course via the Course Player. The Course Player is the course-taking environment itself - the part of the site where students can go to view the curriculum, watch videos, take quizzes, and more.



### Troubleshooting Student Issues

The vast majority of the time when students have questions, they're product-specific. When they aren't, they're almost always a local computer issue.

The first step is to deal with the issue on admin's end - if it works for the admin, it's likely device or browser-related. The Site Owner or Admin can first confirm the student's enrolment in the course from the [Users page](#). Check if the student may have just created an account on the site, and not fully enrolled themselves in the product (or just enrolled in a free preview).

Next, the student is asked what browser they're using and what device. If possible, have them send over a screenshot or two of what they see on their end.

Then, the following troubleshooting steps can be sent to the student - these should help resolve a lot of student issues!

1. Clear cache and restart the browser
2. Try a different browser (we like Google Chrome)
3. Try an Incognito / Private Window (this will rule out an issue with browser extensions)
4. Restart the device
5. If possible, try a different device
6. If possible, try a different internet connection

### How to facilitate the DOCUP MOOC

The DoCUp MOOC employs a learner-entered and personalised learning approach that places the learner at the heart of learning activities and educational process. Learner-centeredness is an educational approach that leads to high motivation and personal commitment to learn, deeper immersion in learning activities, and greater knowledge acquisition. In this context, learners can determine their own learning path, formulate individual goals, and select educational material and resources that address their distinct needs, preferences, and expectations.

When teaching with the use of a MOOC, educators need to abandon their traditional role, which is to be the main source of information, and become a facilitator and motivator of learning. They should be more focused on the development of skills, competences, and attributes and on comprehensive feedback, rather than on the dissemination of content. In MOOCs, the responsibilities of trainers include:

- Encouraging critical thinking.



- Fostering self-directed learning and curiosity.
- Motivating learners to engage in learning activities and collaborative mechanisms.

In addition, trainers should find ways to create a learning environment that stimulates all participants in the virtual classroom, generates deep understanding, and promotes collaborative learning throughout the course.

Consequently, the trainer in DoCUP MOOC has to assume the role of facilitator a) providing regular and consistent feedback on tasks and exercises delivered by MOOC participants, b) encouraging learners to participate in learning activities, c) pinpointing learners' weaknesses and misconceptions, and d) responding to learners' questions and requests.

In the given scenario, the facilitator, having successfully enrolled in the DoCUP, can effectively deliver the course by utilizing the platform **enrolled as a learner but acting as a facilitator**. It's important to note that while THINKIFIC allows multiple educators to collaborate and create training content in real-time (as long as they have a subscription), only site owners, site admin and course administrators are involved in the course design and therefore have the right to add new material and resources or edit course structure and visual elements. **PROMEIA, as the administrator of the DoCUP online course, retains the exclusive authority to provide rights to other users, upon consent and agreement from the consortium.**

To ensure a professional approach, the facilitator should consider implementing the following tips while delivering the DoCUP course:

- **Introduce yourself to the class**

Trainers are encouraged to introduce themselves to the class by presenting a short personal bio that demonstrates their educational background and area of expertise. From the very beginning, trainers need to set the tone for the course and describe their expectations in the virtual classroom. An interesting introduction will effectively increase participants' willingness to experience new learning opportunities and develop a sense of connection between trainer and learners. Trainers can prepare a welcome video to introduce the course and help learners get used to the format of the DoCUP MOOC. Introductory videos should answer initial questions and concerns and set the course expectations while assisting in creating a positive first impression.

- **Promote online discussions and collaborative learning**

The DoCUP MOOC highlights the value of peer assistance and collaborative learning through the incorporation of discussion boards, online chat, social media links, and a students' area. The students'

area (i.e., discussion forum) is the place where learners can share knowledge and information with other participants, discuss key concepts and problems associated with the course, exchange views and opinions with trainers, and cooperate with peers to complete tasks and exercises. Trainers should encourage learners to participate in the discussion forum by providing incentives (e.g., provision of access to additional learning materials and pedagogical resources). Also, trainers need to enhance learners' motivation by being explicit about expectations and ground rules for the online discussion forum, setting the framework for interaction, peer collaboration and dialogue. To moderate the forum, the trainer should become a facilitator and review the discussions without controlling or intervening in the dialogues. When it comes to questions, sometimes it is better to leave time for other participants to answer so as to encourage interaction among students.

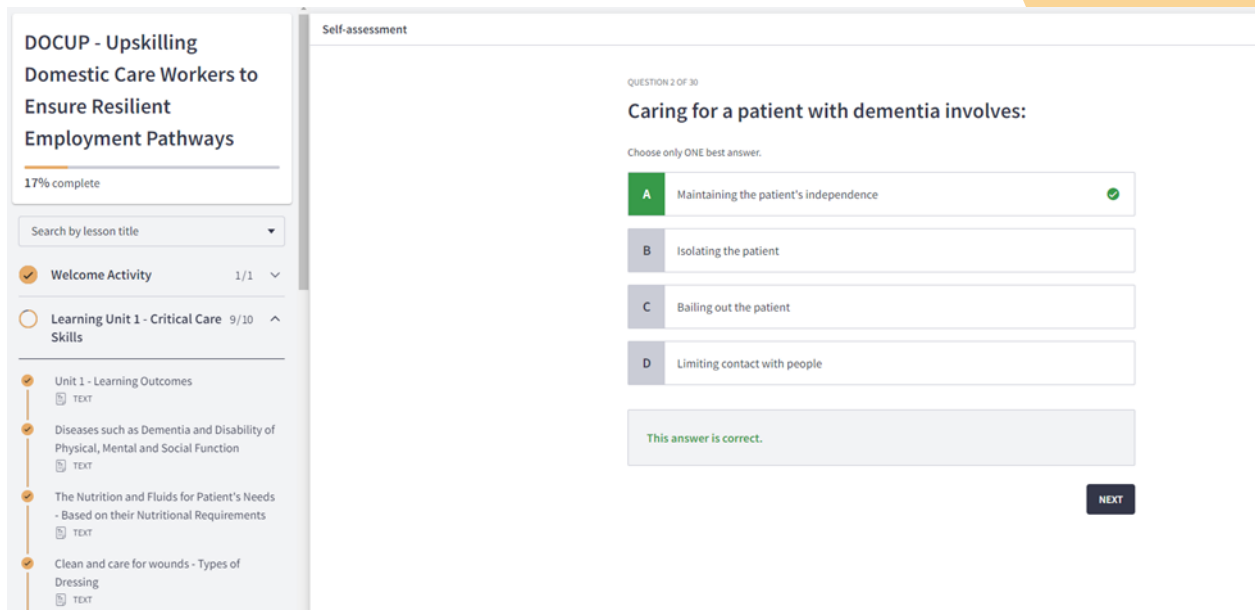
- **Establish a communication scheme**

Trainers should establish a well-defined communication scheme to facilitate interaction with learners and support learning throughout the course. In addition, Trainers and Facilitators are encouraged to set/schedule online office hours once a week through the announcement section or the online chat, to engage in active discussions with learners, and help and clarifications, where needed. Strategic structured communication through regular emails and messages, including weekly feedback, announcements, and reminders will assist to maintain the engagement and focus of learners on the course experience and enhance the perception of a “teaching presence” by participants. Another channel to interact and communicate with learners is through the DoCUUp student area (discussion forum). Trainers and facilitators need to monitor and interact in the forum as well.

- **Monitor learners' progress and engagement**

THINKIFIC provides several options to monitor learners' activity throughout the course, providing analytics for all students such as enrolment and completion date, active time spent in the course, overall progress status, and comments posted in discussion boards. This allows facilitators to extract aggregate statistics for the course (e.g., dropout rate, engagement, interactivity) and most importantly to identify which students lag behind or demonstrate a low engagement so as to take remedial actions that increase their willingness to complete the course. For instance, facilitators can send reminder messages to students, indicating their progress and encouraging them to complete all sections.

The performance of a learner can be tracked from the quizzes and the score achieved. To track the progress, every time a learner completes and continues to a next section, a progress bar appears on the top left sided (i.e., 17% completed), as shown in the following image.



- **Sharing the course**

There are several options for sharing and disseminating the DoCUp MOOC:

- You can invite students via email through the platform.
- You can share the course in social media (Facebook and LinkedIn).
- You can email the link of the course.
- You can embed the DoCUp MOOC into your own blog or website.

- **Tips for trainers and facilitators**

- Facilitate the course and help learners achieve their personal learning objectives.
- Login daily to interact with participants and/or monitor course activity.
- Monitor learners' progress and send reminder messages to students indicating their progress status and encouraging them to complete all sections.
- Moderate learners' interaction in the DoCUp student area and chat rooms, as well as the comment threads on each course page.
- Respond to learners' emails, messages, and discussion postings.
- Prior to DoCUp MOOC release date, trainers should proofread the entire course, review all educational material, and it is recommended to provide contact details and set online office hours.

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