Training Model

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Contents

1. Objective of the Training programme

The objectives of the Training programme are:

- Create a training model for Co.N.S.E.N.So. nurses with a uniform content proposal
- Propose policies for Training for Co.N.S.E.N.So. nurses method
- Description references for common guidelines and e-learning platform to be developed.

2. Context

Co.N.S.E.N.So. Project

The Co.N.S.E.N.So. project "COmmunity Nurse Supporting Elderly iN a changing SOciety" aims to develop a care model that puts the older adults at the centre of health and social services, building on the crucial role of the family and community nurses. The project will focus on improving and promoting human relationships to allow the older adults to live at home as long as possible.

The project partners will not only develop a specific training for nurses, work on new business models, but will pilot a social and health care model in five areas in the Alpine Space territory.

The implementation of new public policies around this social innovation model is expected to be the main result of the project.

3. Alpine Space programme

The Alpine Space programme connects actors from various sectors and different policy levels from the programme's 7 countries. They cooperate to tackle common challenges, exchange ideas and develop new working methods, with the aim of influencing policy-making. Sharing their experiences and expertise they work towards improving the quality of life for 66 million people in one of the most unique areas of Europe. Actions supported by the programme help to make the Alpine Space more innovative, CO^2-friendly, better connected and they contribute to an improved governance.

The programme is financed through the European Regional Development Fund (ERDF) as well as through national public and private contributions of the partner states. Projects can be co-financed through ERDF at a rate of up to 85%. For the 2014-2020 period, the total budget is €139 million.

Project partners

The project brings together 10 partners from 4 Alpine Space countries (Austria, France, Italy, and Slovenia) and 7 observers representing governmental ministries, health authorities and professional associations from the Alpine Space area. The project leader is the Health Department of the Piedmont Region.

Partners

Austria	France	Italy	Slovenia
LAND KÄRNTEN	Le Département	Regione Piemonte Project lead	
	adec Technopole	A.S.L. TO1 Azienda Sanitaria Locale Torino	Inštitut RS za socialno varstvo
		Regione Liguria	
		ACC MED Accademia Nazionale di Medicina	

Observers

Baden-Württemberg

Republic of Slovenia
Ministry of Labour, Family
Social Affairs and Equal Opportunities

ars Agence Régionale de Santé Provence-Alpes Côte d'Azur

KABEG LKH Villach

Strategia Aree Interne

KABEG Landeskrankenanstalten -Betriebsgesellschaft – KABEG

KABEG Klinikum Klagenfurt am Wörthersee

4. Overall project objectives

People are living longer and most of them wish to grown old in their own homes. However, housing is often not adapted for the older adults needs and public health and social services are limited in remote rural and isolated areas. This is particularly the case in the Alpine space zone. The main idea behind the Co.N.S.E.N.So project is therefore to create the conditions to improve health and quality of life, enabling the older adults to stay at home as long as possible. This could be achieved through the development of a new model of care for senior citizens based on the Family and Community Nurse contribution in the Primary Care. Moreover, the project will work towards three specific objectives:

- Building, through training, an innovative model for health & social care for senior citizens
- Evaluating in 5 pilot areas the new model for health & social care for senior citizens
- Building capacity for entrepreneurship through stimulating social enterprise development by nurses.

The Training Report is prepared on the basis of the training week programme performed in Izola between 27 June and 1 July 2016 and on the training activities performed by each country partners.

5. Objective of the Training Model

The work package aims to develop and evaluate a joint trasnational training programme for Family and Community Nurses to foster active and healthy ageing in the present scenario of the European Countries. The advanced learning should increase the professional skills for the prevention of intrinsic capacities decline, the onset of frail conditions and disabilities in older adults. The training also aims to build capacities of planning and delivery appropriate services of general interest in a changing society.

6. Methodology

The Training Model has been developed following the ADDIE steps:
Analysis: assessing traditional curricula, assessing training needs, specifying objectives in each country, guiding training design and delivery, and developing success criterion.
Design: developing learning objectives, performance measures, and the progression of the training program.
Development: revising the training plan formulated in the design phase, and removing weaknesses.
Implementation: local training programme
Evaluation: assessing the effectiveness of the training.

7. Overview on health care education for professionals caring for older adults

The quality and success in caring for older adults relies on well trained professionals (WHO 2013). The WHO World reports on Healthy Ageing (2015) and the WHO Integrated Care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity (2017) highlighted that health professionals are unprepared to deal with the health-care needs of older adults. Many training programmes were developed in the 20th century, when acute infectious diseases were the prevalent health problems (Frenk et al 2010). Furthermore, curricula frequently overlook gerontological and geriatric knowledge and training, and may lack guidance on managing common problems, such as multimorbidity and frailty (Mateos-Nozal & Beard 2011). A holistic approach has been shown to be most effective when caring for older people, or to controlling and managing the consequences of chronic conditions. (Eklund 2009). Nevertheless, health workers at present are still not trained to proactively anticipate and counter changes in function, and are not prepared to work with older people, looking at older person's priorities and helping them to increase control over their own health (Pruitt & Epping-Jordan 2005). Bardach & Rowles (2012) emphasized that nurses traditional curricula at undergraduate level do not equip health professionals with the required knowledge to care for ageing people and consequently with the skills to consider in their daily activity effective preventive intervention. Moreover, ageist stereotypes could affect the assessment of the older adults' needs, if treatable disorders are dismissed as being normal parts of ageing (Center for Policy on Ageing. 2009; Chonody 2015). As frailty in older adults as a malleable and reversible condition is a new emergent and promising concept to prevent disability, the topic should be extensively explored in the training programme (Cesari et al 2016).

7.1. Community and family nursing as defined by the World Health Organisation

Co.N.S.E.N.So project accepts the challenge to develop a care model that puts the older adults at the centre of health and social services. It builds on the pivotal role of the Family and Community Nurse (FCN). The FCN plays an innovative role, linking health and social services with older people, their families and communities, becoming a key actor who shapes and manages personalised services for the community dwelling older adults and their families, particularly those living in isolated areas. The training programme should therefore focus on the development of competences, skills and knowledge to support older adults to live in their home as long as possible. Nurses should be trained to perform home visits to assess health conditions, evaluate risk factors, manage minor health and social needs and promote healthier lifestyles.

The first question that we have set ourselves in the process of the development of the training programme was: Which knowledge, skills and competences family and community nurses need to perform their role in the care of older adults?

The first part of the answer is in the roles, tasks and competences of community and family nursing as defined by the WHO Regional Office for Europe for the Family Health Nurse.

WHO Regional Office for Europe (1999) in the document "HEALTH21: The health for all policy framework for the WHO European Region" states that a well trained Family Health Nurse (FHN) " can help individuals and families to cope with illness and chronic disability, or during times of stress, by spending a large part of their time working in patients' homes and with their families. Nurses give advice on lifestyle and behavioural risk factors, as well as assist families with matters concerning health. Through prompt detection, they can ensure that the health problems of families are treated at an early stage. With their knowledge of public health and social issues and other social agencies, they can identify the effects of socioeconomic factors on health and refer them to the appropriate agency. They can facilitate the early discharge of people from hospital by providing nursing care at home, and they can act as the lynchpin between the family and the family health physician, substituting for the physician when the identified needs are more relevant to nursing expertise." (p. 139). The platform of FHN is the bio-psycho-socio-cultural model of health. Findelstein (2015) refers to the definition of health by the ICF (International Classification of Functioning, Disability and Health), which states that "health is experienced by people in their everyday environment where they learn, work, play and love". The author stresses that health is not just the presence or absence of bodily functions; it is reflected in everyday activities and in the social environment. Through education we can create a healthier living environment in which the physical and social dimension enables welfare and prosperity of its inhabitants (Findelstein, 2015). The priority of the FHNs work is not curative in its nature, but it is preventive. Health promotion and disease prevention focused on individuals and their families is the core focus of the FHN (Hennessy & Gladin, 2006).
HEALTH21 points out that "families" (households) are the basic unit of society where health care providers will not only be able to address patients somatic physical complaints, but also take into account the psychological and social aspects of their condition. It is important for Primary Health Care providers to know the circumstances in which patients live: their housing, family circumstances, work, and social or physical environment, which may all have

a considerable bearing on their illness (Ljubič, 2015). The FHN concept is based on the idea of the 'family unit', which may include (Ljubič, 2015):

- Individuals with geographically distant relatives;
- Friends who provide a supportive role in a similar way to a family member;
- A traditional nuclear family, with different generations being geographically close.

The core competencies of the family health nurses will be achieved through a process of developing the following competencies:

- identify and assess the health status and health needs of individuals and families within the context of their cultures and communities;
- make decisions based on ethical principles;
- plan, initiate and provide care for families within their defined caseload;
- promote health in individuals, families and communities;
- apply knowledge of a variety of teaching and learning strategies with individuals, families and communities;
- use and evaluate different methods of communication;
- participate in disease prevention;
- coordinate and manage care, including that which they have delegated to other people and personnel; systematically document their practice;
- generate, manage and use clinical, research-based and statistical information (data) for planning care and prioritizing health- and illness-related activities;
- support and empower individuals and families to influence and participate in decisions concerning their health;
- set standards and evaluate the effectiveness of family health nursing activities; work independently and as members of a team; participate in the prioritization of health- and illness-related activities;
- manage change and act as agents for change;
- maintain professional relationships and a supportive collegiate role with colleagues;
- and display evidence of a commitment to lifelong learning and continuing professional development (WHO, 2000).

The WHO vision of the FHN is: a multi-skilled generalist working as a coordinator of the different health and social care professions in a multidisciplinary team (Hennessy & Gladin, 2006) within home environments, families, across the lifecycle and within defined geographical areas. As a key professional, together with the (family) physician, FHN would give advice on lifestyle and risk factors, assist families with matters concerning health and illness, and take a proactive approach to health promotion, disease prevention, and early disease detection in the family environment (WHO, 2006). They would work in partnership with families, communities and other health professionals, acting as a health resource, be key health promoters in society and facilitate co-operation between the family, the community and the health care system (Hennessy & Gladin, 2006). FHN is perceived to have an important role throughout the course of life, at critical periods and life events, ensuring access to health care for all members of the community. They work in partnership with family physicians, ideally being a family's first point of contact with the health services, and serving as the link between the family and the physician, the social services and the resources of the communities (WHO, 2000; Macduff, 2006).

7.2. The needs of the older adults living at home

The World Health Organization (WHO) has prepared an action plan for healthy aging in Europe for the period 2012-2020. The vision of this strategy is based on an age-friendly European Region (WHO), where ageing is seen as an opportunity rather than a burden to society. This vision is based on the fact that the older adults are able to maintain their health, that are functionally capable, they feel good and live a decent life, without discrimination and with adequate financial resources in a safe, supportive environment, enabling them to have an active life, be socially included and have access to appropriate high-quality health and social services. Age-friendly European Region WHO helps the older adults to ageing in better health and to actively live according to their different roles, with a focus on employment and voluntary work (Strategy and action plan for healthy ageing in Europe 2012-2020, 2012).

In 2012 The European Commission launched the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA) to find a way to tackle the population ageing. The triple aims of the programme are: to enable EU citizens to lead healthy, active and independent lives while ageing; to improve the sustainability and efficiency of social and health care systems, and to boost and improve the competitiveness of the markets for innovative products and services (EIPonAHA, 2012).

According to Kaučič, Filej and Ovsenik (2016), we need a new strategy in health care and quality of life of the older adults in Europe. There are four strategic priority areas for action that are complementary to each other and connected with other strategies and action plans of the WHO (see. Action Plan for Implementation of the European Strategy for the Prevention and Control of Non Communicable Diseases 2012-2016, 2011). The older adults are often confronted with obstacles, such as the approach to high-quality health and long-term care, inadequate information and a high proportion of health care expenditure. Many health care systems have to confront the challenges of how to solve the problem of age discrimination, the integration of human sources and public funds. Special attention is paid to the training of a certain number of medical personnel with adequate knowledge of geriatrics and gerontology (Strategy and action plan for healthy aging in Europe 2012-2020, 2012). According to Ramovš (2015), the quality of life of the older adults is affected by many factors, among which family care during illness and functional decline plays a very important role. Kodrič (2014) states that before the modern form of the family, social care for the older adults was provided (vertically) by the extended family. Ramovš (2015) argues that in the last decade many countries with a long-standing legislation in the field of long-term care have been expanding programmes for family caregivers. Zupancic (2012) states that the integral care is an organized system of activities based on the needs of the people with a reduced level of self-sufficiency, taking into account the resources of the local community and in accordance with national guidelines. He states that it is a system that builds a network of different providers and appoints a key person – coordinator in order to guarantee a comprehensive fulfillment of patient's needs, especially in their home environment. At the same time, the person is provided with choices at all levels. Ramovš (2015) says that today all over the developed world, the institutionalized care of the physical, mental or social chronically ill, the age wearied and disabled people shows rapid development in new models that take their care back to a freer and more responsible coexistence in the community. The deinstitutionalization of long-term care in the European countries started to develop quicker when they started to prepare and adopt national systems and legislation of development and the sustainable functioning of modern long-term care. The WHO (2017) warns that the majority of health and

social care professionals has not the required knowledge and skills to intervene, promote health and prevent disease in older people.
Systematic care for the older adults living at home, must take into account the whole context in which the older adults live. The figure below shows the model of community and family nursing for the treatment of older adults living in their home environment, which is based on the understanding of the context of life of the older as an open system. The scheme presented in Figure 1 is developed upon the open system of community family nursing of older developed by authors Maurer and Smith (2013).

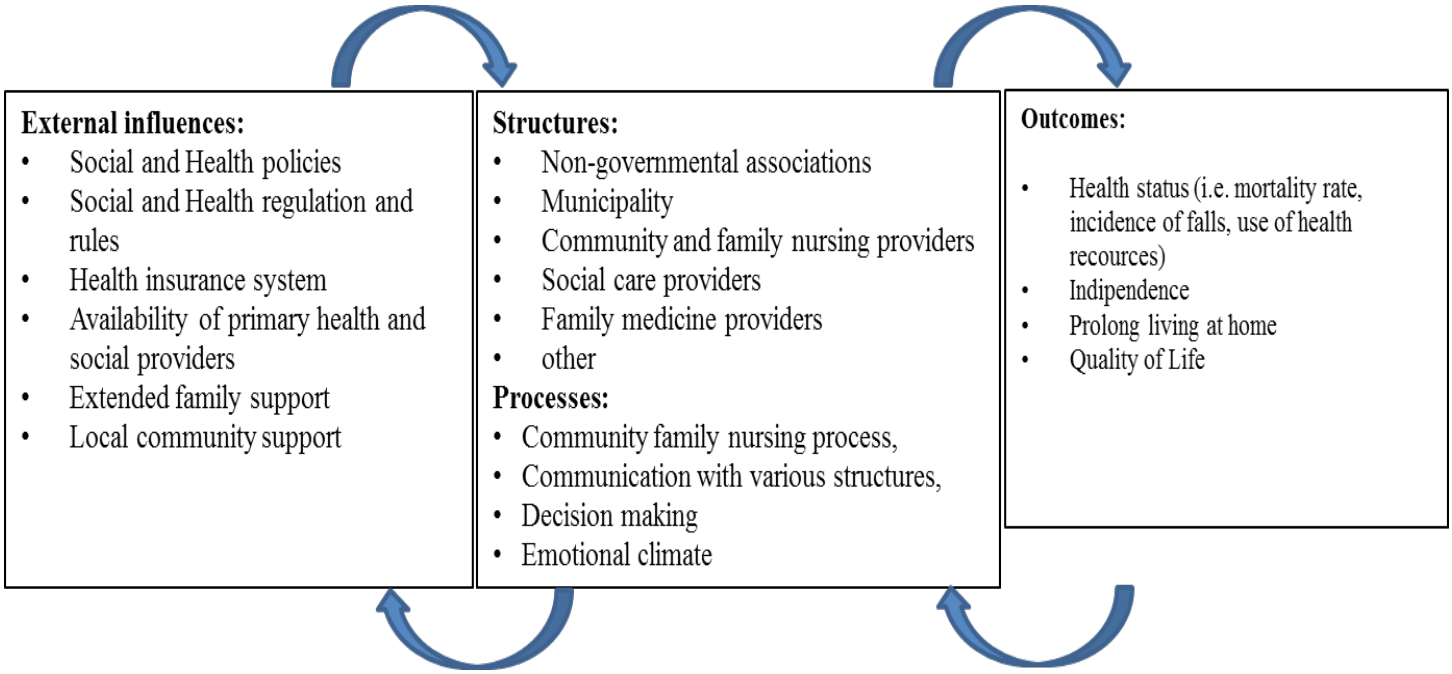


Figure 1: A system approach to community family nursing for older adults living at home
Source: Maurer and Smith 2013

1. Definition of the CoNSENSo Community Family health nurses supporting elderly Model

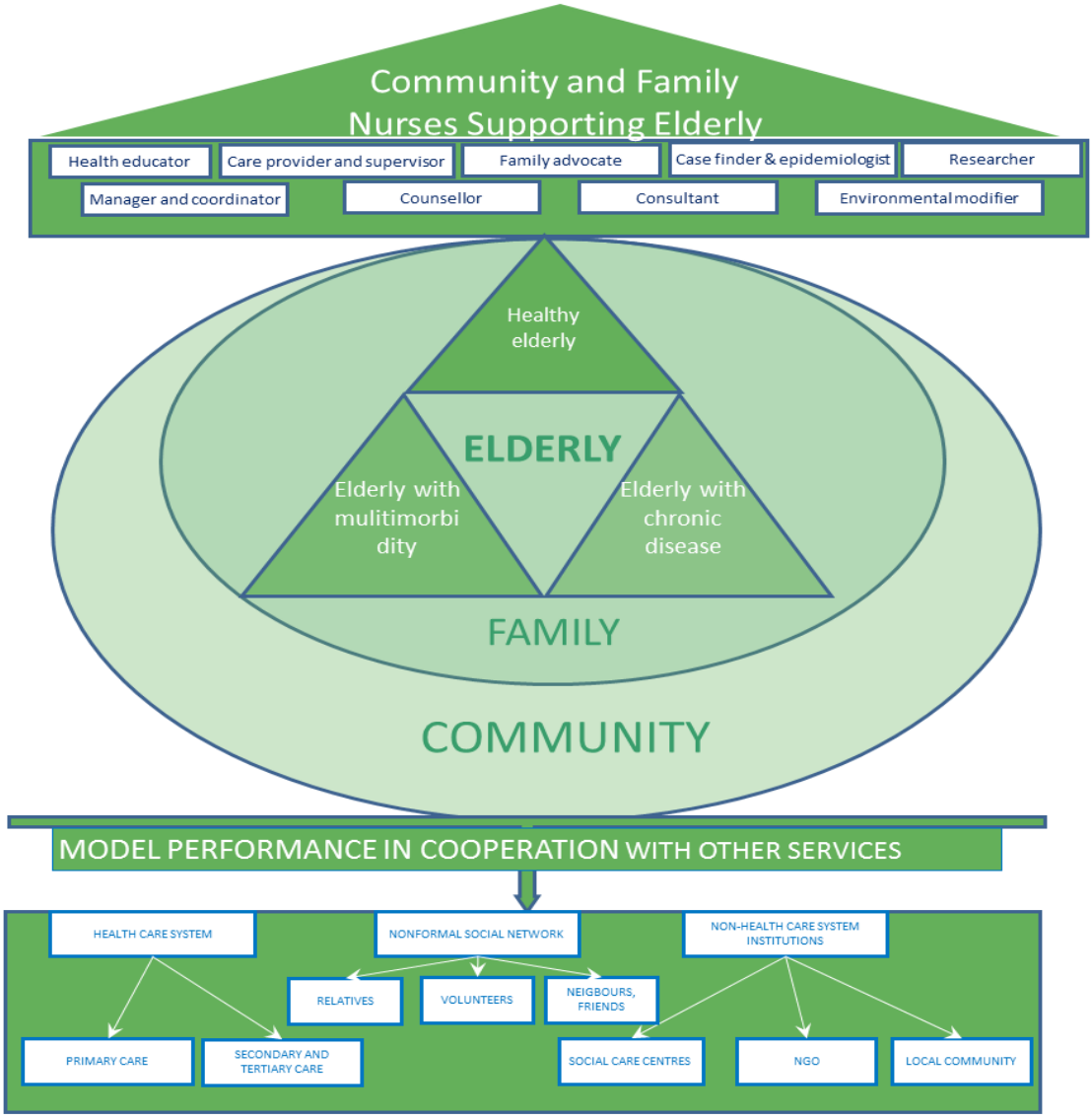


Figure 1: The theoretical model Community Family health nurses supporting elderly Model

In the following two pages the model of Community Family (hereafter C&H) Health Nursing Model that will be performed during the project is described. The Model defines three core steps:

1ST STEP: TEST OF THE MODEL GROUP

During the first visit the C&F Nurse will start a therapeutic relationship with the older adult and his/her family and perform health status assessment. This includes gathering data from three sources:

1. Collecting data from other sources: where possible the nurse will gather data from accessible medical files;

2. Collecting data during the visit: The C&F Nurse will evaluate the personal & family elderly health parameters. Data will be gathered personally (elderly household) or the data collection will be organised on a group level (in the local community). The type of data to be gathered will be defined in the CoNSENSo table App (to be presented during the training: *Suggested conceptual data model for the CoNSENS App.*). Two main approaches to data collection will be applied: (i) proposed questionnaires (CONSENSO UP FVZ Group, 2016©); (ii) physical test (screening). Tools battery includes the following questionnaires:

1. Demographic data
2. Nursing History
3. Medical history
4. Social and Family History
5. WHOQOL – BREF ©1
6. EDMONTON FRAIL SCALE ©2

The first four questionnaires (Demographic data; Nursing History; Medical history; Social and Family History) will serve as a source for personal & family history data; the last two questionnaires (WHOQOL – BREF ©[1]; EDMONTON FRAIL SCALE ©[2]) will serve as a source for evaluation of the project on the micro (personal) level to be compared with the control group. We propose the following physical tests (screening): height; weight; BMI; waist (cm); ECG; fasting blood sugar value (mmol/l); blood sugar value after a meal or any time during the day (mmol/l); blood pressure; blood fat level; Spirometry; Doppler, and Mini Nutritional Assessment©[3].

2ND STEP: CONTROL GROUP

The control group will be questioned twice (with WHOQOL – BREF ©; EDMONTON FRAIL SCALE ©): start of the model testing and in the end.

1

WHOQOL Group. Development of the World Health Organization WHOQOL-Bref quality of life assessment. Psychol Med 1998; 28:551–558.

2 Rolfson DB, Majumdar SR, Tsuyuki RT, Tahir A, Rockwood K. Validity and reliability of the Edmonton Frail Scale. Age Ageing 2006;35:526–529.

3 Mini Nutritional Assessment (Mna): Research and Practise in the Elderly, 1999. Editor(s): B. Vellas, P.J. Garry, Y. Guigoz; NNI Workshop Series; vol. 01: https://www.nestlenutrition-institute.org/resources/library/Free/workshop/Publication00059/Pages/publication00059.aspx

3RD STEP: COMMUNITY FAMILY NURSING PLAN & ACTION IMPLEMENTATION

On the basis of gathered data C&F Nurse will prepare an individual nursing plan according to the elderly classification: (I) healthy elderly, (II) elderly with health risk factors, (III) elderly with chronic disease, (IV) elderly in long term care. There are two nursing plans possible: raising community awareness and further community family nursing plan & action.

For the purposes of the comparison of data between the test and the control group, the C&F Nurse will once more (as during the first visit) evaluate the personal & family elderly health parameters: Nursing History; Medical history; Social and Family History; WHOQOL – BREF ©; EDMONTON FRAIL SCALE ©).

4TH STEP: PROJECT EVALUATION

The final step in the model testing will be the evaluation of the overall results of the C&F Nurses actions and activities.

Figure 2: Community family health nurses supporting senior citizens: model testing (1st part)

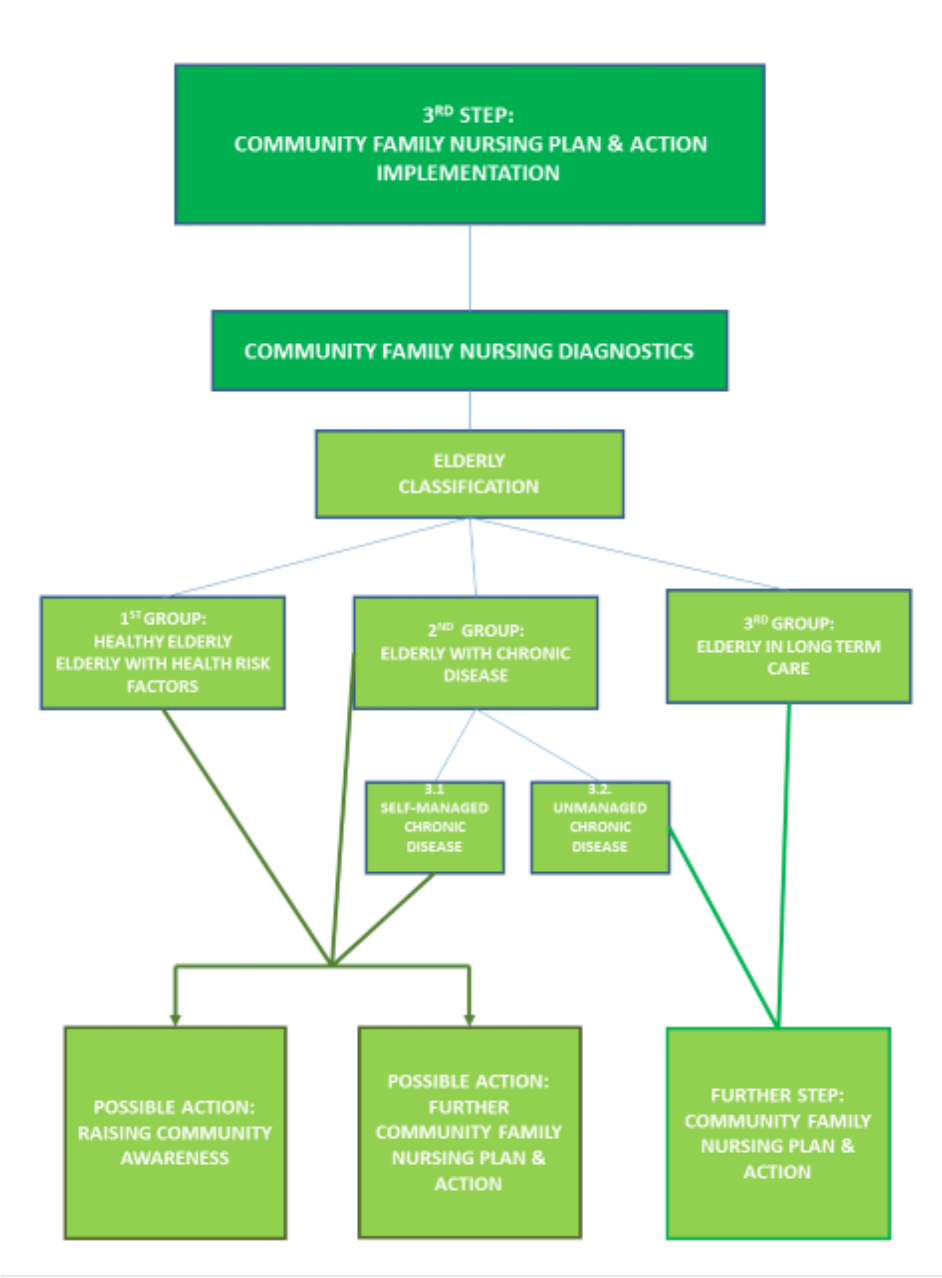
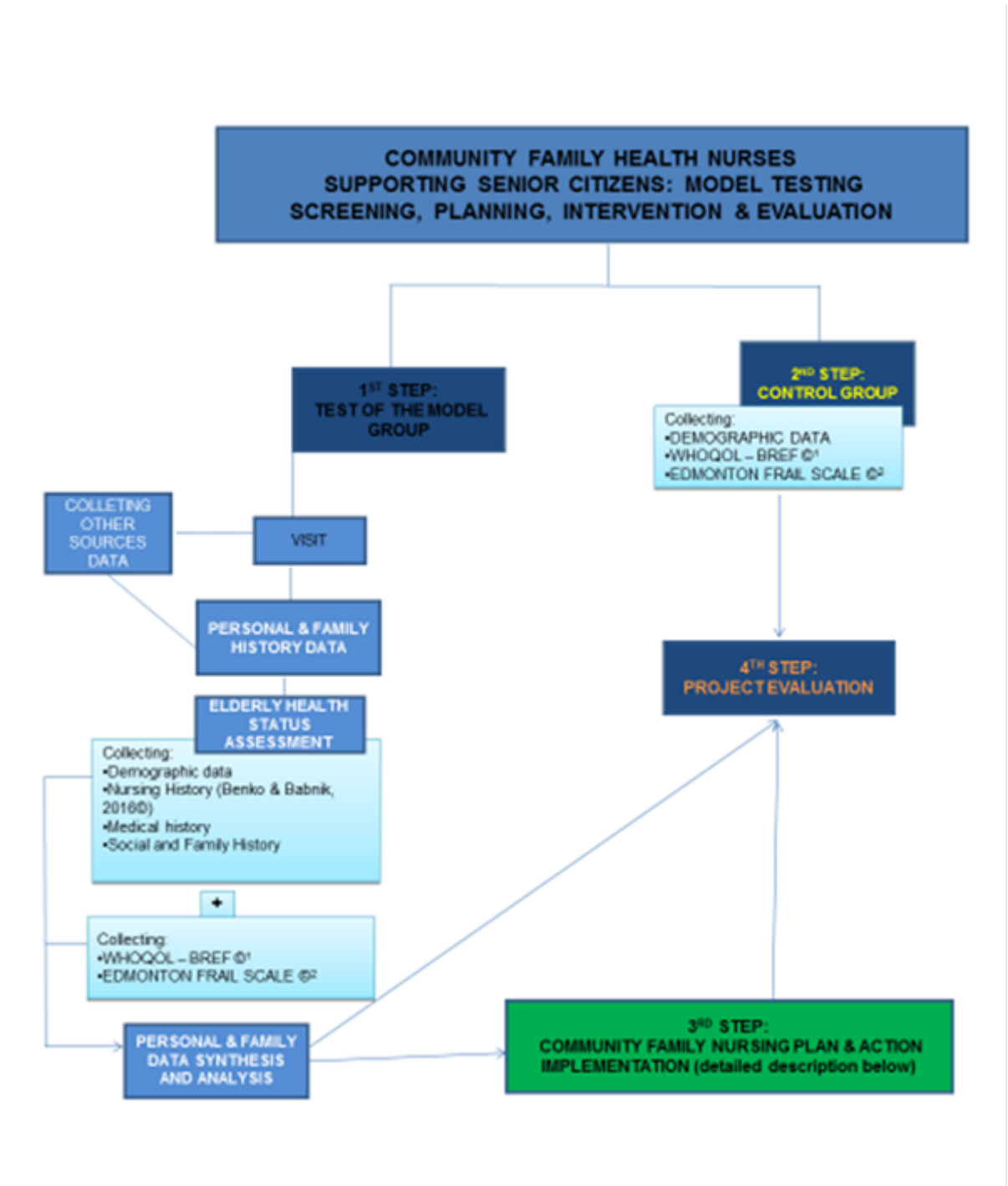


Figure 3: Community family health nurses supporting senior citizens: model testing (2nd part)



8. Process training preparation for the Co.N.S.E.N.So. nurses

In the initial phase of the Co.N.S.E.N.So. project the project partners PP7 and PP2, developed a draft model Training programme for all the countries involved in the Co.N.S.E.N.So. project. Basically, we divided the education into two parts for the period of 2016:

- A five-day training to the extent of 45 hours, carried out in Slovenia for all Co.N.S.E.N.So. nurses involved in the project implementation (Appendix 1). Finished by 1st July 2016 with a receipt of a Training Programme Certificate of Attendance (appendix 2) and of a Certificate with the number of study hours transformed into ECTS (appendix 3).

- A training designed as a post-graduate education programme for nurses carried out in each country according to local rules and opportunities (Appendix 2).

The training for nurses of Co.N.S.E.N.So. included:

- The Family and Community Nursing training,
- The e-learning platform contents,
- The social business planning and modeling.

The instructions of the leading partner on the education of the Co.N.S.E.N.So. nurses were to carry out the education within each Country according to the local policies. The performed training programme by participating Countries are presented in the appendixes (Italy (appendix 5), Austria (appendix 4), France (appendix 7), Slovenia (appendix 8).
The learning hours can be converted into ECTS (European Credit Transfer System) along with the rules of the Bologna system and are considered in the validation of the lifelong learning and for the acquisition of certificates of postgraduate education.

9. The training for the Co.N.S.E.N.So. nurses

The Co.N.S.E.N.So. training programme was developed on the bases of:

- The documents that propose the competences that the nurses should gain with the undergraduate studies of nursing: the European Commission Directive 2013/55/EU that amended the Directive 2005/36/EC; the European Federation of Nurses associations EFN guidelines for implementation of the Article 31 on the mutual recognition of professional qualifications, Brussels 2015; the Nursing and Midwifery Council Standards of Competence for Registered Nurses;.
- The Family Health Nurse Context, Conceptual Framework and Curriculum of the World Health Organisation (WHO, 2000), a curriculum designed to prepare qualified and experienced nurses for the new role derived from the WHO-EU Health 21 definition of the multifaceted role of the Family Health Nurse.
- The European Family Health Nursing Project (FamNrsE), funded by the European Union Lifelong Learning in 2011 that was a revitalized World Health Organization initiative involving Armenia, Austria, Germany, Italy, Poland, Portugal, Romania, Slovenia, Spain and Scotland. The project lead to a definition of family health nursing,

required core competencies and capabilities, and consequent education and training requirements to tackle the global health challenges. A MSc In Family Health has been launched in Scotland on the project results.

- The International Council of Nursing (ICN, 2002) guidelines for the community and family nurse
- Overview of the competences of nurses achieved thorugh undergraduate study programmes in some European Countries.
- Overview of postgraduate specialist study programme of nursing:
  1. The Spanish Family and Community Nurses specialty programme, a 2-year postgraduate education to become a specialist in family and community nursing (Rocco et al 2017).
  2. The PGD (Master of I level) of the University of Turin in Family and Community Nursing delivering 60 ECTS that has been launched since 2005 and has been recognised as good practice by the European Commission programme EIPonAHA since 2012.
  3. The Master of Science In Family Health launched in Scotland at the end the European Family Health Nursing Project (FamNrsE), has also been considered to modulate the programme as a University Master of Science degree.
  4. The Austrian PGD in Family and Community Nursing delivering 90 ECTS.
  5. The Australian training study programme, developed by Hua Mei Training Academy in Australia on Community Gerontological Nursing.
- The comparison among the local implemented Co.N.S.E.N.So. training programmes in the four Co.N.S.E.N.So. Countries: Italy, Austria, France, and Slovenia.
- The predicted competences that a community and family nurse older adults should have, defined by project partners through the questionnaire prepared by PP7.
- The Five day training for the Co.N.S.E.N.So. Nurses lead by the Primoska University in Izola.

9.1. Purpose and aim of the training

The basic aim of the training programme was to provide advanced education to the nurses in health care for the older adults. Specialist family and community nurses are able to operate independently in the community with the individuals and their families. The training provided in-depth knowledge in the field of health promotion, identification of risk factors, early detection of frailty in older adults, integration of care. The nurses acquired the competencies of case management, innovative strategies, and community networking to support the wellbeing of older adults and the possibility to live in their home as long as possible.

9.2 Family and Community Nurse competencies for the care of older adults

The competencies of nursing care in Europe are recognised to nurses trained accordingly to the European Commission Directive 2013/55/EU (that amended the Directive 2005/36/EC), the EFN (2015) guidelines for implementation of the Article 31 on the mutual recognition of professional qualifications, the Nursing and midwifery Council Standards of Competence for registered nurses.

Therefore, the entry requirements for this study program is the bachelor study programme in Nursing, developed and implemented in accordance to the European Commission Directive 2013/55/EU (that amended the Directive 2005/36/EC).

The general competences that a nurse acquires or deepens in the predicted postgraduate education are summarized from the ICN (International Council of Nurses - ICN) guidelines for community and family nurse (2002):

- Coordinating a territorial project,
- Researching: identifying practice problems and seeking answers and solutions through scientific investigation,
- Early detection and management of frailty in older people,
- Identifying the needs and nursing problems of the older adults, their families and the communities in which they live; early detection and management of frailty in older people, evaluation of the status of seniors living at home,
- Health promotion and education of the elderly and their families (formally or informally) about health and illness; acting as the main provider of health information,
- Care providing and supervising: providing direct care and supervising care given by others, including family members, nursing assistants and other professionals according to the needs of the older adults,
- Older adults and family advocating: working to support older adults and families and discussing issues such as safety and access to services,
- Case finding and epidemiology: tracking disease and playing a key role in disease surveillance and control,
- Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care,
- Counseling: playing a therapeutic role in helping to cope with problems and to identify resources, creating therapeutic relationship,
- Consulting: serving as consultant to older adults and families and agencies to identify and facilitate access to resources,
- Environmental modification: working to modify, for example, the home environment so that the older adults can improve their mobility and engage in self-care.

19.3. Needs defined by project partners

The Project Partner (PP7) developed an e-questionnaire to gather input from the Project Partners on nurses' educational needs to successfully perform the Co.N.S.E.N.So. care model (older adults care at home). The table presents training needs as defined by PPs. As defined by PPs, the core competencies needed for the nurses are: Family and Individual Centred Nursing; Assessment Tools; Health Prevention and Health Promotion, Therapeutic Relationship.

Austria	The four key (basic) contents for nurses carrying out the Co.N.S.E.N.So. care model are: - Family Centred Nursing; - Assessment Tools; - Public Health Focused On Families; - Health Promotion and Prevention. The four key contents for a successful execution of the project are: - Structure of the Health System; - E-Health; - Caregiver Burden and Coping Strategies;

	- Law (social and health).
Italy	The four key (basic) contents for nurses carrying out the Co.N.S.E.N.So. care model, which are also stressed as key contents for a successful execution of the project, are: Therapeutic relationship; Counseling; Health Promotion; Case Management.
France	The basic idea (purpose and objectives) of the training programme in France is based on the achievement of the three (basic) competencies for nurses carrying out the Co.N.S.E.N.So. care model in their country: Coordinating a territorial project; Evaluate the situation of the senior at home; Developing an educational posture. To develop these competencies, the action training was entrusted to the Regional Centre of Vocational Training (C.R.F.P.) of the French Red Cross. The aforementioned training additionally includes: Project Coaching; Analysis of Professional Practices.
Slovenia	The competencies that the graduate nurses will obtain in this training in order to carry out the Co.N.S.E.N.So. care model are prepared on the background of the ICN (2002) competencies model for family and community nurses and in accordance with a comparative training/ study programme, developed by Hua Mei Training Academy in Australia on Community Gerontological Nursing. In accordance to the Hua Mei Training Academy, Community and family nursing taking care of older adults at their homes have a very specific working environment and different home living conditions. A supportive care partnership should be built with each home-dwelling older person, considering the personal family and community circumstances and resources, «which are fluid and unpredictable». Therefore, the training should enable the nurses to perform primary and long-term care of older adults, independently, with the utilisation of a holistic approach, innovative strategies, and in cooperation with the available health and social care services and informal resources present in the community for supporting older adults. Coordinating a territorial project; Research: Identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, Early detection and management of frailty in older people; Identifying the needs and nursing problems of the older adults, their families and the communities in which they live, early detection and management of frailty in older people, evaluate the situation of the senior at home; Health promotion and education for older adults and their families (formal and informal) about health care and illnesses, acting as the main provider of health information; Care provider and supervisor: providing direct care and supervision of care provided by others, including family members, nursing assistants and other professionals according to the needs of the older adults; Older adults and family advocacy: working to support older people and families and

	talking about the issues such as safety and access to services; Case finder and epidemiologist: tracking disease and playing a key role in disease surveillance and control; Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care; Counseling: playing a therapeutic role in helping to cope with problems and to identify resources, creation the therapeutic relationship; Consulting: Serving as consultant to older adults, their families and agencies to identify and facilitate access to resources; Environmental modification: working to modify, for example, the home environment so that the disabled can improve mobility and engage in self-care.

9.4 The local training

Following the above core agreements and according with the local rules and possibilities, each country carried out the local advanced learning programme for the Co.N.S.E.N.So. Nurses. In Italy and in Austria the training was designed as a post-graduate diploma (PGD). The contents of each training programme are full provide in the Appendix 2.

The expected competences of the nurses partecipating to th training programme were:

- Identify the health and social needs of older adults, their families and the communities in which they live
- Assess the living context and, in case, propose proper improvements for increase safety and maintain in the mobility
- Identify care delivery problems and seeking answers and solutions through scientific investigation and team building and networking
- Apply health promotion and health education strategies with older adults and their families and communities
- Design and coordinate a territorial project to support the older adults and their families, improve health literacy and self care capabilities
- Serving as consultant to older adults and their families to identify and facilitate access to services and resources, to early detect frailty and to prevent intrinsic capacities decline.

10. Training activities performed by each country partner individually

Training activities performed by each country partner individually:

10.1 Italy

In Italy the training activities started on the 19th Sept. 2016 and completion is planned on the 25th Jan. 2017, in total 1500 of training hours will be performed, of these 480 hours represent lectures to Co.N.S.E.N.So. nurses and 1020 hours consist of Co.N.S.E.N.So. nurses'independent study hours. The training is carried by the University of Turin. The number of expected ECTS is 60. At the end a PGD In Family and community Nursing is achieved.

The competences that the graduate nurses will obtain in Italy in order to carry out the Co.N.S.E.N.So. care model are:

- Therapeutic Relationship;

- Counseling;
- Case Management (assessment, planning, facilitation, care coordination, evaluation, advocacy);
- Health Promotion;
- Empowerment Of Citizens;
- Integrated Care;
- Inter-Professional Relationship;
- Older People Disease Management;
- Early detection and management of frailty in older people.

The evaluation of the participants'knowledge during and after the completion of training will be performed with exams.
The basic idea (purpose and objectives) of the training programme was based on the fact that the epidemiological and demographic changes require generalist-specialist professionals who are able to identify and assess the health status and the needs of individuals and families in their cultural context and in the community. Furthermore the Co.N.S.E.N.So. nurses should be able to promote health and to support the empowerment of citizens, identify and propose appropriate e-health solutions, propose innovative and sustainable health and social care solutions and plan and provide assistance to families with special needs activating the network of services and fostering the integration of care. Italian partners see the potential of this training programme to be further developed as a transnational master or specialization study programme in the field of nursing and other health and social care professions.
The four key (basic) contents for nurses carrying out the Co.N.S.E.N.So. care model, which are also stressed as key contents for a successful execution of the project, are:

- Therapeutic relationship;
- Counseling;
- Health Promotion;
- Case Management.

The following contents were intended to be performed as e-learning courses:

- The Nursing in the context of Primary Care and Public Health;
- Nursing research;
- Prevention and management of chronic diseases;
- E-health.

The participants who will be involved in the model implementation in Piedmont region are:

- Lingua Arianna (Nurse);
- Ribero Martina (Nurse);
- Sansoni Francesca (Nurse);
- Chiapello Elisa (senior).

The participants who will be involved in the model implementation in Liguria region are:

- Fretto Antonella (senior);
- Poli Francesco (Nurse);
- Salvadori Lorenzo;
- Nigro Francesca.

10.2 Austria

In Austria the training activities started on the 4th May 2016 and completion is planned on the 30th Sept. 2017, in total 928 of training hours will be performed, of these 403 hours represent lectures to Co.N.S.E.N.So. nurses and 525 hours consist of Co.N.S.E.N.So. nurses' independent study hours. The number of expected ECTS is 90.

The competences that the graduate nurses will obtain in Austria in order to carry out the Co.N.S.E.N.So. care model are:

- Advanced Health Promotion And Prevention;
- Public Health;
- Case Management;
- Family Centered Nursing;
- Sociology;
- Science And Critical Thinking;
- Assessment And Screening Tools;
- Communication, Education, Coaching;
- Psychology And Crisis Intervention;
- E-Health And Telemedicine;
- Law (Concerning Health And Social);
- Advanced Nursing Practice (Chronic Diseases, Pharmacy and Examination).

The evaluation of the participants' knowledge during and after the completion of training will be performed at the University of Applied Sciences Upper Austria.

The basic idea (purpose and objectives) of the training programme was based on the four presented core modules of the University of Turin concerning the advanced nursing education in Family and Community Nursing:

1. FCN role in the primary care settings. Research for health and social care;
2. Communication skills in delivering care and promoting health; use of e-health and remote tools;
3. Proactive nursing and case management of long term conditions;
4. Case studies and ongoing training in family and community settings.

The four key (basic) contents for nurses carrying out the Co.N.S.E.N.So. care model are:

- Family Centred Nursing;
- Assessment Tools;
- Public Health Focused On Families;
- Health Promotion and Prevention.

The four key contents for a successful execution of the project are:

- Structure Of Health System;
- E-Health;
- Caregiver Burden And Coping Strategies;
- Law (social and health).

The following contents were intended to be performed as e-learning courses:

- Education, Coaching, Training Of Care Givers;
- Know-How Transfer Theory-Praxis;
- (Nursing) Diagnostic Process.

The participants who will be involved in the model implementation in Austria are:

- Ingrid Breithuber (FCN);
- Sandra Dobrounig (FCN);
- Claudia Gregorn (FCN);

- Judith Wistrela (FCN);
- Susanne Kofler (FCN);
- Eva Sachs-Ortner (FCN);
- Ingrid Pichler-Wagner (FCN).

10.3 France

In France the training activities started on the 12th Sept. 2016 and completion is planned on the 9th March 2018, in total 342 of training hours will be performed, of these 270 hours represent lectures to Co.N.S.E.N.So nurses and 72 hours consist of Co.N.S.E.N.So nurses' independent study hours. The training is not intended to be carried out as a formal study programme.

The basic idea (purpose and objectives) of the training programme in France is based on the achievement of the three (basic) competencies for nurses carrying out the Co.N.S.E.N.So care model in their country:

- Coordinating a territorial project;
- Evaluate the situation of the senior at home;
- Developing an educational posture.

To develop these competencies, the action training was entrusted to the Regional Centre of Vocational Training (C.R.F.P.) of the French Red Cross. The aforementioned training additionally includes:

- Project Coaching;
- Analysis of Professional Practices.

French partners see the potential of this training programme to be further developed as a transnational master or specialization study programme in the field of nursing and other health and social care professions as well as LLL-programmes.

The competences that the graduate nurses will obtain in Italy in order to carry out the Co.N.S.E.N.So. care model are:

- Understanding public health in different dimensions;
- Use public health methods and tool;
- Develop a Health Education approach;
- Develop a posture adapted to the mission;
- Develop a suitable communication;
- Know how to take care of chronic pathological situations at home;
- Reporting knowledge on major chronic diseases;
- Know how to take care of chronic pathological situations at home;
- Exchange on practices.

The evaluation of the participants will be implemented as follows. A survey will be used before the start of the training by the training provider. The first day of training an assessment of knowledge and about the awareness of the project have been done. A similar survey will be done at the end of the training.

The following contents were intended to be performed as e-learning courses. The content is still under preparation and it will be designed as two units:

- Project Coaching;
- Analysis of Professional Practices.

The following participants will be involved in the model implementation in France:

- Lucie RICHE (Student);
- Catherine Perot BOIRIN (Student);
- Marie-Christine Rigaud (Teacher).

10.4 Slovenia

In Slovenia the training activities started on the 15th Sept. 2016 and completion is planned on the 15th Dec. 2017, in total 1500 of training hours will be performed, of these 210 hours represent lectures and 680 hours clinical work to Co.N.S.E.N.So. nurses and 610 hours consist of Co.N.S.E.N.So. nurses' independent study hours and e-learning method. The number of expected ECTS is 60.

The competencies that the graduate nurses will obtain in this training in order to carry out the Co.N.S.E.N.So. care model are prepared on the background ICN competencies model for community nurses:

- Coordinating a territorial project;
- Research: identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, early detection and management of frailty in older people;
- Identifying the needs and nursing problems of the older people, their families and the communities in which they live, early detection and management of frailty in older people, evaluation of the situation of the senior at home
- Health promotion and education for older people and their families (formal and informal) about health care and illnesses, acting as the main provider of health information;
- Care provider and supervisor: providing direct care and supervision of care provided by others, including family members, nursing assistants and other professionals according to the needs of the elderly people;
- Elderly and family advocacy: working to support elderly people and families and talking about the issues such as safety and access to services;
- Case finder and epidemiologist: tracking disease and playing a key role in disease surveillance and control;
- Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care;
- Counseling: playing a therapeutic role in helping to cope with problems and to identify resources, creation the therapeutic relationship;
- Consulting: serving as consultant to older people, their families and agencies to identify and facilitate access to resources;
- Environmental modification: working to modify, for example, the home environment so that the disabled can improve mobility and engage in self-care.

The evaluation of the participants' knowledge during and after the completion of training will be performed with oral exams and preparation of scientific paper. Several interviews will be performed before, during and after the training.

Similarly as in Italy the basic idea the of the training programme is based on the fact that the demographic and epidemiological changes require a specific nursing profile – a generalist-specialist professional who is able to identify and assess the health status and the needs of elderly and families in their cultural context and in the community; to be able to promote health and to support the empowerment of citizens, identify and propose appropriate e-health solutions, propose innovative and sustainable health and social care solutions. This will help to provide assistance to elderly people families activating the network of services and fostering the integration of care. Slovenian partners see the potential of this training

programme to be further developed as a transnational master study, specialization for nurse, as well as life-long learning study programme for nurse and other stakeholders involved in the care of the elderly.
The four key (basic) contents for nurses carrying out the Co.N.S.E.N.So. care model, according to the Slovenian partners, are

- Research: identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, early detection and management of frailty in older people;
- Health promotion and education for elderly people and their families (formal and informal) about health care and illnesses, acting as the main provider of health information;
- Care provider and supervisor: providing direct care and supervision of care provided by others, including family members, nursing assistants and other professionals according to the needs of the elderly people;
- Counseling: playing a therapeutic role in helping to cope with problems and to identify resources, creation the therapeutic relationship.

Almost all of the aforementioned contents were intended to be at least partially included in the e-learning system. Content aimed at specific knowledge in the field of healthy living habits, control of chronic non-communicable diseases, palliative care and use Nanda NIC and NOC nursing diagnoses. It is also important that in the form of e-learning we will offer the possible health social network of stakeholders that will take care for elderly and their family in the specific country.
The participants who will be involved in the model implementation in Slovenia are:

- Jolanda Lamot,
- Katja Štajner,
- Tjaša Hrovat,
- Neli Kovšča,
- Nataša Kocijan,
- Cvetka Lorger,
- Ingrid Glažar,
- Alenka Sukič,
- Julka Križman.

Conclusions
The training in all partners' countries started between the 4th May 2016 and the 19th September 2016. The trainings are expected to be finished until 9th March 2018. The total number of training hours varies from 342 to 1500. Such variation can be explained due to the fact that Italian partners are planning to implement this training as a part of MSc course; hence, the planned number of training hours is tailored also for the implementation of this course in academic settings.
In all the partner countries, the common fields of competencies listed by the partners are:

- health promotion;
- public health;
- health education;
- communication.

Italian and Austrian partners noted also the importance e-health competencies. Slovenian partners stressed also the importance of information security. Austrian partners will include in their training the acquisition of competencies required to understand the health and social

legislation. Despite some differences in planned (and performed) training, the Co.N.S.E.N.So. nurses will, according to the presented trainings, acquire the required knowledge and gain the competencies required for the successful implementation of the model in practice.

10.5 The satisfaction of Co.N.S.E.N.So. nurses with the implementation of curricula

With the last questionnaire sent to CoNSENSo nurse via e-mail, we wanted to find out the satisfaction of nurses with the implemented programs in each country. The table below summarizes the results for all four countries.

Answer	Average	Standard deviation
Core modules contents	3.7	0.8
Contents relevance for the implementation of the CoNSENSo project	3.4	0.9
Contents diversity (was enough diversity of contents provided to keep your attention during the training programme?)	3.6	0.8
Training programme organisation (facilities, schedule, lectures and workshops duration)	3.4	0.7
Length of the programme	3.3	0.9
E-learning contents and facilities	3.2	0.9
Overall level of satisfaction with the training programme	3.5	0.8

Given the average evaluation of the answers to all the questions, we can say that nurses were satisfied with the education in individual countries.

11. E-learning topics

The CoNSENSo platform (https://lms.consensoproject.eu/) has been structured and projected by Accademia Nazionale di Medicina (AccMed) in order to be a valuable tool either for nurses or for partners of CoNSENSo project.

In fact, it has been designed as a storage instrument to collect e-learning contents (lectures, video, documents, presentations etc.), easily uploaded by teachers or tutors and to be at the same time a repository for project documents. The basic structure is composed by a home page where a user can choose its favourite language (Italian, German, Slovenian, French, English) and login with a personal ID. Through the access to the reserved part of the platform, the user can have access to:

- Personal page where documents or conversations can be stored and saved
- Nurse courses lectures and contents (uploaded by teachers or tutors)
- General contents of the projects (meeting minutes, general documents, deliverables and any other useful material.)
- The forum. In particular, it is possible to the access to the local forum (involving local nurses) or the general forums, which involves all nurses from each country.

By choosing one of the above mentioned section, the portal opens a new page where the selected documents can be found. Moreover, it is always possible to start a forum by proposing a topic or participating to an existing one, by adding personal comment or contribution.

After two years almost after the presentation of the platform at the meeting in Izola (Slovenia) in June 2016, we have noticed that not every partner used this tool as a real useful working instrument. This because we found that some partners have their own repository platform for e-learning contents, often linked to the University e-learning platforms, and forces users/nurses to use it. By the way, the partners who directly use CcNSENS platform express satisfaction on the usability, easiness, and functionality of it. The only part that did not work was the forum. We tried to investigate on the reasons of this failure and nurses underlined that it would be better and easier to use (and as a consequence, more useful) to have directly on the app, not in the platform.
Sometimes, they said, it would be nice to have in fact an immediate feedback from other users on a problem or situation while visiting an older person, without having to link to the portal, being not easy and quick.

From the project users'point of view, the portal has been useful to collect all project documents (minutes, lists, visibility identity material) in a single place, reducing the exchange of emails.

A detailed description of e-learning suitable contents for the care of older people could be found in appendix 8.

12. The Social Business Model

The 'Social' Business Plan model has been created within the framework of the Co.N.S.E.N.So. project by a team of expert of PP10 (ECECE) with the purpose of defining an easy-to-use tool for the same future 'social' entrepreneurs who become immediately the main experts and analysts of their own businesses.

As a matter of fact, the model comes to life by different training/consultancy experiences to business creation implemented by the authors themselves, having as main objective the dissemination of knowledge, and therefore awareness, for aspiring entrepreneurs with respect to the basic issues of doing business and operational management of their economic activities.

At the same time, however, this tool is fulfilling one of the basic functions of the Business Plan, which is the structured and analytical presentation of the business idea to third parties to which the nascent team caters for financial, economic and/or commercial purposes (with a specific insight into the social dimension of the referred business sector).

This model is thus centred on the exploration of the 'social dimension' of the business itself, starting from the mapping and engagement of the relevant stakeholders and then clearly stating, structuring and measuring the real social targets and impacts of the company's action.[4]

In details, the model consists of three separate tools which all contribute to the drafting of the final analytical document, namely:

- a **descriptive model** (*in Word format*) for the qualitative explanation of the entrepreneurial action,
- an **analytical model** (*in Excel format*) for the processing of the economic / financial investigation using all the information collected in the descriptive part, [5]
- **guides** / **studies** / **papers** (*in PDF*) to facilitate the understanding and therefore the use of the proposed tools.

[4] Purpose of this part of the analysis is to clearly state and measure (*even in economical terms*) the social impact of the company's services and then defining the proper strategy for the 'negotiation' with the public & private operators.

[5] All the charts & tables have been reported on the descriptive model to have a unique and complete tool for the Business analysis

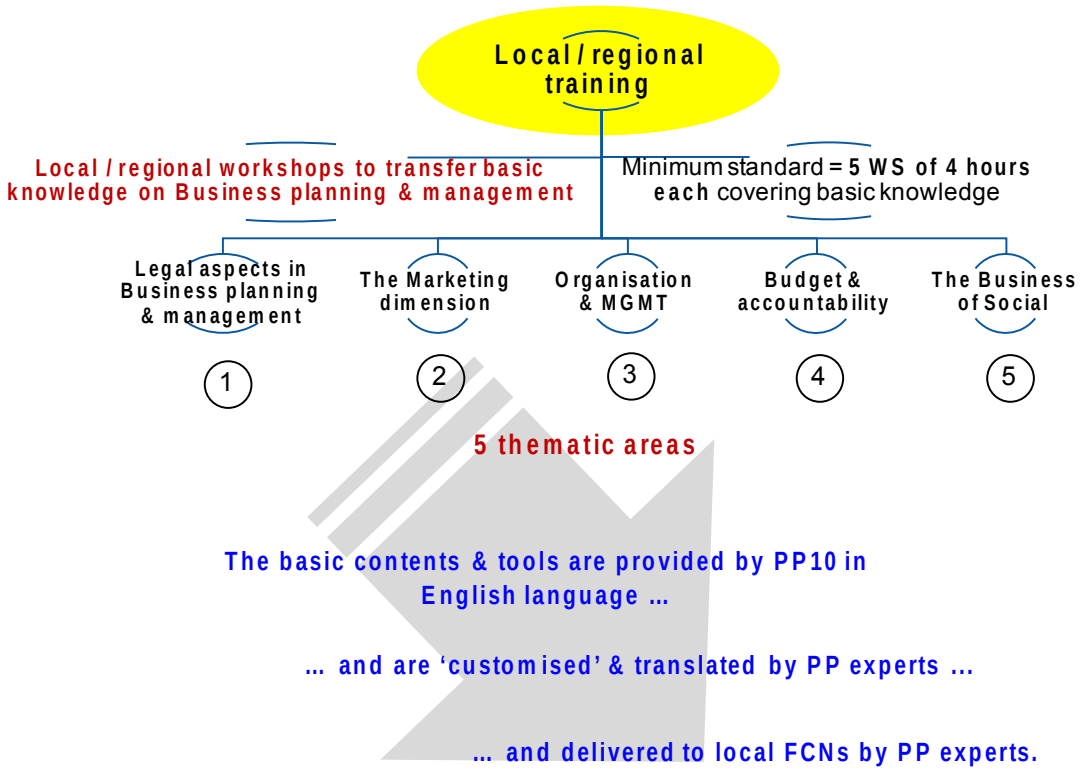
The same choice of commonly used tools is dependent upon the desire to provide a simple model truly addressed to the same aspiring entrepreneurs, in order to facilitate the evaluation of convenience and effectiveness of their business idea and thus support its "surfing" during the difficult first three years of activity.

12.1. Training objectives and contents

"Social entrepreneurship is about finding some stakeholders and creating value for them. And it doesn't matter whether it's for profit or not for profit. In this sense, a stakeholder entrepreneur is somebody who starts or improves an organization by making it responsive to a stakeholder's needs or a set of stakeholder's needs". [6]

The project CoNSENSo is intended to provide the target Family and Community Nurses with the basic knowledge to acquire and then master basic contents on social business planning and management, addressing their operation to existing business players in the social sector or to cooperate with them.
In this sense first the FCNs should receive a basic training on Social Business planning and management, tailored to regional peculiarities and needs, and then should be beneficiaries of tailored support to better test on the field the proposed Social Business Model to guide future social enterprise start-ups in the field.

Training contents & structure synopsis



[6] R. Edward Freeman for the MOOC course "*New Models of Business in Society*" by University of Virginia

12.2 Training structure

All in total the training structure consists of **6 seminars of 4 hours** each to be displayed at the project FCNs within February 2018, having in details the following structure. [7]

N°	Title	Duration	Date
Seminar 1	The idea, organisation and management	4 hours	dd/mm/2017

Contents:

- Introduction to the business plan as a tool for the analysis of the business idea
- Definition of the nature of the business and description of the products & services
- Setting the purpose and the target group
- Defining the production process and the role of suppliers and partners
- The company staff: need, roles and functions
- The idea of competitive advantage

Target: the FCNs should acquire a basic knowledge on the need and function of a Business Plan as well as a first insight on the main assets of the structure of the business idea.

N°	Title	Duration	Date
Seminar 2	The market and marketing dimension	4 hours	dd/mm/2017

Contents:

- The market *(a)*: features, dimensions and trend
- The market *(b)*: characteristics and size of potential targets
- Market penetration strategy: the social dimension in the forefront
- Pricing and gross margin targets: basic principles
- Communication & sales strategy: basic principles and tools

Target: the FCNs should acquire a basic knowledge on the market, its dimension and potentialities as well as the main tools and strategies to better enter the target market and exploit the company's potentialities.

N°	Title	Duration	Date
Seminar 3	Legal aspects in business start-up & management	4 hours	dd/mm/2017

Contents:

- Legal Forms of business start-ups: types and main differences
- Company statute, roles and responsibilities of members (*basic*)
- Formal procedures and formalities for start-up
- Agreements and contracts: manage business relationships
- Main fiscal duties in the country/region

[7] All the contents listed here are neither exhaustive nor formally applicable in full in each regional contest: on the contrary they must be adapted and customised according to regional/national peculiarities. Anyway both the overall structure [i.e. 24 hours of training + the 5 main field of intervention] and the basic target per seminar should be respected.

Target: the FCNs should acquire a very basic insight on the main legal aspects and procedures dealing with the start-up and the management of internal (i.e. the Statute) and external relationships.

N°	Title	Duration	Date
Seminar 4	Budgeting & accountability	4 hours	dd/mm/2017

Contents:

- Defining and implementing the cost structure
- Defining and setting the revenue streams
- The break even point
- Introduction to the profit & loss account
- The concept and function of the cash-flow
- Sources of financial coverage
- Understanding and measuring the economic performance end the business sustainability and profitability

Target: the FCNs should acquire a very basic insight on the concepts of revenues, company's costs, investments, economic & financial objectives, profit as well as the basic elements of the economic benefit analysis (starting from the structure and charts reported in the Social Business Model).

N°	Title	Duration	Date
Seminar 5	The business of social 1: testing the model	4 hours	dd/mm/2017

Contents:

- Detecting stakeholders: purpose of the engagement, profiling & identifying stake-holders, engaging stakeholders
- The main target group: beneficiaries v/s customers
- The business of social: customers v/s patients, setting and economic value of the service and identifying donors (profiling)
- The social dimension of the business: social outcomes and social impacts

Target:the last two seminars are intended to test and eventually validate the Co.N.S.E.N.So. Social Business Model profiting of the experience of the FCNs also acquired during the piloting phase.[8] This first part will be mainly centred in sharing & collecting the first inputs on the real '*social dimension*' of the business itself, starting from the mapping and engagement of the relevant stakeholders and then clearly stating, structuring and measuring the real social targets and impacts of the company's action.

N°	Title	Duration	Date
Seminar 6	The business of social 2: validating the model	4 hours	dd/mm/2017

Contents:

[8] The Model testing and validation will be the result of, firstly, a desk research implemented by the regional experts and then a joint collaboration with the FCNs providing their practical experience also acquired during the pilot phase. The main purpose of this activity is to detect *whether* and *under which conditions* this Social Business Model could be applied in each involved region.

- Mapping limit and constraints of the FCNs'action
- Inputs to the model: the family & community nurses social enterprise (simulating a real start-up collecting inputs & data) [9]
- Launching the model: detecting and eventually stimulating a possible start-up driven by the CoNSENSo FCNs
- Validating the model: summing up all the inputs

Target: this second part should provide a sort of validation of the proposed Model giving evidence of the limits and constraints under which it could be really applied in the region. After a desk validation by processing all the inputs collected during the previous seminar (and the previous research) this final workgroup should result in a sort of 'simulation' of a real start-up by the FCNs using the Model.

12.3 Feedbacks from the field

With the sole exception of the French partners, where the training that has taken place was not perfectly centred on the proposed Social Business Model,[10] all the other regions followed this training framework and contents with simple customisations as required by regional/national regulations, norms and peculiarities, as well as logistical elements.
In general, all the contents and the main analyses have been clearly 'acquired' by the nurses with, in particular, evidence of the following main feedbacks:

- all participants found the contents interesting and relevant for their activity, despite the fact that is not in their field of expertise (anyway the Model itself resulted as a valid and easy-to-understand reference for studying the social business),
- as usual more technical contents (i.e. legal aspects and economic & financial provisions) have been more critical and less practiced,
- as for the Marketing dimension more practical and day-by-day operations (e.g. word-of-mouth) have proved to be more effective rather than the theoretical approaches,
- Management skills and competencies needed to manage the business have raised some worries and probably confusion.

All these findings have been then processed to implement and release the updated & final version of Output 4.2 - The Social Business Model.

[9] Inputs and data collected on the field from the FCNs should be validated by desk researches according to regional/national experiences.

[10] Due to the status and actual business model of nurses in France, where if the National regulation will not change there's not a concrete opportunity for private action in this field, it became obvious that it would not be useful to carry out such a training to the French pilot nurses. Therefore the training with the VAR nurses have been centred on the following contents:

- Training on digital approaches to care and coordination for the FCN in particular through the platform Facilien;
- State of the art of public policy and the CoNSENSo business model
- State of the art of nurses training in France and needs of FCN

- Brainstorming on required competencies
- Benchmarking of existing diplomas in M1 and M2
- Conception of a diploma structure with modules, ECTS credits, budget

13. Training report and evaluation

Training report is prepared on the basis of the training programme performed in Izola between 27 June and 1 July 2016, participants lists, and written (pencil-paper questionnaire) evaluation of the training programme. The evaluation of the training was performed on the last day of the training (1st July 2016). The report includes three chapters: (i) training performance, (ii) training participants, (iii) training evaluation.

a.) Training performance

The training held in Izola between 27 June and 1 July was not specifically planned in the project documentation. Nevertheless, during the coordination with project partners, especially with the PP2 (Asl Città di Torino), the idea of unitary training week was developed and decided (on the meeting on 2 March 2016, held in UP FVZ), since otherwise the unitary idea of the project (transnational, transcultural) would not be achieved. Country specific training would not guarantee the idea of holistic alpine-space approach. The 5-days training programme held in Izola was a starting training programme for nurses that will work on CoNSENSo model implementation and/or country specific training providers. The training program consisted of 45 hours (60 minutes) of presentations, lectures and workshops. In Table 1 speeches, lectures and workshops included in the training programme are presented.

b.) Training participants

The target population of the training programme held in Izola were nurses that will participate in the implementation of the CoNSENSo model of care and country specific training providers. The training participants were also project partner's representatives, since they have the role as lecturers – training providers. All project partners Regions participated at the training – Slovenia, Italy, France and Austria. Table 2 presents the number of participants from each day of the training programme.

Table 2: Number of training participants for each day of the training programme

Monday 27th June	Tuesday 28th June	Wednesday 29th June	Thursday 30th June	Friday 1st July
57	50	58	56	55

c.) Training evaluation

For the purpose of the training programme evaluation UP FVZ has developed Participants' satisfaction evaluation questionnaire, presented in Appendix 1 of this report. The satisfaction evaluation questionnaire included three parts:

- Satisfaction evaluation of different satisfaction criteria: (i) contents intelligibility, (ii) contents usefulness for the implementation of the model in the frame of the project, (iii) contents diversity (was enough diversity of contents provided to keep your attention during the training programme?), (iv) training programme organization (facilities, schedule, lectures and workshops duration), (v) training programme location, (vi) overall level of satisfaction with the training programme. Participants evaluated their satisfaction with each of the satisfaction criteria on 5-point evaluation scale, ranging from 1 (very dissatisfied) to 5 (very satisfied).

- Open-ended questions upon: (i) additional comments, suggestions, or problems concerning the training programme in Izola; (ii) contents that should be deepened within national level education in the frame of the CoNSENSo project.
- Demographic information: (i) type of participation (three possible responses: a) nurse, who will carry out the project activities; b) a project partner representative, c) other), (ii) years of experience in the field of health care.

In the evaluation process 40 training participants rated their satisfaction with the training programme.

In table 2 the results of the evaluation of each satisfaction criteria is presented for the training participants that completed the questionnaires (N = 40). From marks given to each of the satisfaction criteria we calculated descriptive statistics: number of responses, minimum mark, maximum mark given to each of the criteria, average, standard deviation and median.

Table 2: Results of the satisfaction with training evaluation – evaluation criteria

Evaluation criteria	N of responses	Min	Max	Average	Standard deviation	Median
CONTENTS INTELLIGIBILITY	**40**	**2**	**5**	**3,98**	**0,80**	**4**
CONTENTS USEFULNESS FOR THE IMPLEMENTATION OF THE MODEL IN THE FRAME OF THE PROJECT	**40**	**1**	**5**	**3,20**	**0,97**	**3**
CONTENTS DIVERSITY (was enough diversity of contents provided to keep your attention during the training programme?)	**40**	**2**	**5**	**3,60**	**0,78**	**4**
TRAINING PROGRAMME ORGANIZATION (facilities, schedule, lectures and workshops duration)	**39**	**2**	**5**	**3,64**	**0,96**	**4**
TRAINING PROGRAMME LOCATION	**40**	**2**	**5**	**4,33**	**0,83**	**5**
OVERALL LEVEL OF SATISFACTION WITH THE TRAINING PROGRAMME	**40**	**2**	**5**	**3,73**	**0,75**	**4**

Table 3 shows that participants were the most satisfied with the »training programme location« (M = 4,33, SD = 0,83) and »contents intelligibility« (M = 3,98; SD = 0,80). Participants were the least satisfied with the criteria »contents usefulness for the implementation of the model in the frame of the project« (M = 3,20; SD = 0,97). Nevertheless, also this criteria was evaluated by participants with an average mark higher than 3,00. Overall satisfaction with the training program was evaluated with an average mark 3,73 that shows a positive (satisfactory) attitude towards the performed training.

Besides quantitative measures of satisfaction, we utilised also a qualitative approach to the satisfaction analysis. We asked the participants two open-ended questions: (i) remarks and comments about the training and (ii) contents that should be deepened within national level education in the frame of the CoNSENSo project. Participants'comments were transcribed and group in accordance to the repetition of certain themes presented in the participants'comments and opinions. Table 4 presents most frequent comments on the training performed in Izola.

Table 4: Most frequent comments on the training performed in Izola.

Comments	Nmb. of comments
More workshops and discussions	7
Translations – influence on timetables and understanding, lack of simultaneous interpreter	7
Taking more into account the time schedule of the training	4
Would like to have more comparisons of different realities related to the nursing care in different countries	2
More concrete information and work on CONSENSO project	2
More concrete information on how to do in practice the community nursing, assessment, visits, questionnaires	1
More clear distinction between decisions that have to be taken on the strategic level (project partner) and a group of nurses	1
The process of team building should be placed in the beginning of the training	1
It should be useful at the very beginning of the training to let the participants share their background model, expectations, desires, in order to build the team	1
Needed brochure for the training	1

The most frequent comment from participants was about the need to perform the training in more interactive manner – in workshops and in discussions that would allow for the exchange of the experience between nurses. The second most frequent comment was on simultaneous translation. Participants of the training were not familiar enough with English language, therefore UP FVZ organised the training programme in a way that all languages of participants (English, Italian, German, Slovene) were taken into account. Translation was performed by training participants and project partners in Italian, German, and frequently also in English language. Such translations sometimes extended the completion of lectures which influenced also the time schedule. Participants also commented on the need to get familiar with country-differences in the field of community and family nursing and to get more knowledge on how they will concretely work in the field during the phases of CoNSENSo Model of care implementation.

Table 5 presents the gathered answers on the open-ended question on which contents should be depended within national level education programs.

Table 5: Contents to be deepened within national level education

Comments	Nmb. of comments
Questionnaires to use	2
Frailty	1
Specific competences related to the CoNSENSo nurses role	1
The role and specific competences of the community and family nurse	1
Health prevention	1
Administration – utilisation of the APP on the PC	1

The most frequently proposed content to be applied on the level of country specific educational program was the questionnaires to be utilised during the home visit of the CoNSENSo community family nurse (diagnostic/screening tools, evaluation criteria and measures). Other contents were also: the concept of frailty, competences of the CoNSENSo community family nurse and competences of the community and family nurse in general, health prevention and administrational task of CoNSENSo community and family nurses during the implementation of the CoNSENSo Model of care (training in PC and APP utilisation). The core content to be applied on the country-specific level of education is the implementation of the CoNSENSo Care mode and specific roles that the nurses have in this process.

The evaluation of the training shows that the training was on average successful and satisfactory for participants. Nevertheless, the evaluation shows also the need for carefully planning of the country (national) level education for nurses that will work on the

implementation of CoNSENSo Model of care, especially in the part of concrete nursing processes and activities to be implemented during the elderly home health visit. UP FVZ (PP7) would like to stress that the provided training programme was prepared with the cooperation of project partners (especially PP2, PP3, PP4, PP8, PP9). Three different version of training programme were prepared between March and June 2016. Each proposed training programme was presented to the project partners and corrected in accordance to their feedback. The first training programme for the training week in Izola was presented in Acceglio (Piedmont region, Italy) on 13th and 14th April 2016 by UP FVZ team members. The last and the implemented training program was revised during the meeting held in Izola on 22nd June 2016 with project partners (PP1, PP2, PP7, PP8, PP9).

14. Conclusion and recommendations. The Family and Community Nurses: the Co.N.S.E.N.So. project recommendation for an advanced learning programme

During the CoNSENSo project the training has been focused on the needs of older adults.

However, we do recommend a more comprehensive training for family and community nurses in order to achieve the general competences defined by ICN guidelines for community and family nurse (ICN, 2002), and the core training needs defined by project partners: Individual, Family and Community centred Nursing; Assessment Tools; Health Prevention and Health Promotion, Therapeutic Relationship.
Drawing upon the results of the European Family Health Nursing Project (FamNrsE),
is designed to carry out a postgraduate modular education.

At the end of the first two modules the Nurses can achieve a **Post Graduate Diploma in Family and Community nursing.**
Completing the further four modules the nurses can achieve a Master of Science in Family and Community Nursing

The programme should be e-delivered as:

- Lectures up to 1/3
- E-learning up to 1/3
- Clinical training up to 1/3

Contents of the programme

The programme consists of core mandatory modules and elective modules.

The training programme consists of six modules. The first year includes two modules:

1. Core courses on primary care, family community and care and health promotion mandatory courses give to nurses basic knowledge and skills on modern community care and care of older adults. The theoretical bases of the first module are upgraded by

clinical practices in real-life situations of older adults care at home. The first module consists of 40 ECTS.

2. **Clinical practice in community and family nursing**: The clinical practice module delivers 20 ECTS .

The second year of training consists of four modules:

1. **Core contents:** the salutogenic approach and the management of primary care services delivering 18 ECTS
2. **Elective contents**: Students can choose 4 elective courses to deepen on subjects of personal interest. The module consists of 10 ECTS.
3. **Clinical practice in community and family nursing**: The clinical practice module delivers 20 ECTS
4. **Enquire and Dissertation module:** In the last semester of the training/ study programme students prepare a final thesis. Depending on the national specific organisation of primary and nursing care and on the national specific system of nursing care education the finalisation of the study could be performed also as final examination (final exams). This module delivers 12 ECTS

15. The Family and Community Nursing Post Graduate education ECTS and contents

1st year	ECTS
Mandatory: Public health, community and family nursing and older adults care	40
Mandatory: Clinical practice in family and community nursing internship	20

2nd year	ECTS
Mandatory courses: The Salutogenic approach. The Management of primary care services	20
Elective contents: deepen knowledge on relevant topics	10
Mandatory: Clinical practice in family and community nursing internship	20
Enquire and dissertation	10

1st Year of training/ study programme	ECTS (1 ECTS=30 contact hours)	CONTENTS
Mandatory contents:	40	Public health, community and family nursing
Health promotion and European policies in healthcare of the population	6	The European health policy framework to support action across government and society to improve the health and well-being of populations. WHO global report on non-

		communicable diseases, WHO global action plan for prevention and control of non-communicable diseases, international and national public health policies; activities supporting well-being and healthy ageing
Family and Community care	12	The WHO-EU Health 21 Programme: the family and community nurse role in the primary care context. The social determinants of health and their impact on people in the life course. The case management methodology The nursing assessment within the context of individuals and families cultures and communities. Evaluation methods and scales; the systemic reading of the communications in the family network: the genogram; the narrative collection of people's health story. Case studies of integrated care good practices. E-health and the ens4care guidelines.
Research Methodologies	10	Literature search: definition, aims and methods, bibliographic databases; scientific journals; critical reading of a scientific article; analysis of guidelines; systematic reviews and meta-analysis. Social Medicine and Epidemiology Quantitative research. Epidemiological studies and data significance . Qualitative research
Concepts and principles of health promotion and health communication	12	Individual and family counseling; principles and methods of health promotion, health education and therapeutic patient education (TPE); the construction of a therapeutic education project; the psychological, organisational, social and community empowerment; patient engagement, methods and tools for empowerment evaluation; methods and tools for improving therapeutic adherence and resilience; self-help groups; home visiting first interview: tools and methods; motivational interview; telephone interview and phone call follow-up; e-health tools.

Mandatory	20	Clinical practice
Internship	20	Individual clinical practice in community and family nursing project.
2nd Year	ECTS (1 ECTS=30 contact hours)	
Mandatory courses	20 ECTS	CONTENTS
Salutogenesis in the life course	10	Healthy start of life Health of young people Health of adult people Healthy ageing, prevention and management of capacities decline, early detection of the frail condition in older people The environment and the long term diseases. The prevention and management of long term diseases Multi morbidity and polypharmacy. Clinical pathways and guide lines: their use in the clinical practice.
Management of primary care services	10	Entrepreneurship and social business management Management models in primary care Team working in primary care Integrated care models Workforce management
Elective courses	10 ECTS	Students can choose one of the following courses to achieve 10 ECTS
Intercultural	10	

communication in health care		
Older people Care	10	
Healthy start of life	10	
E-health and technology for primary care	10	
Mandatory courses	30ECTS	
Interniship	20	Individual clinical practice in community and family nursing project
Final Thesis	10	Research in the family and community care context Dissertation and paper publication

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17.Appendix

Appendix 1: Five-day training to the extent of 45 hours, carried out in Slovenia for all Co.N.S.E.N.So nurses involved in the project implementation

Content	Lecturers
Project Co.N.S.E.N.So.: purpose, objectives and activities Project Partners' Presentations (Management and Organization of Community and Family Nursing in the participating countries)	Giuseppe Salamina, Tamara Štemberger Kolnik , Dalibor Müller (A), Marie Christine Rigaud (FR)
Community and family nurse supporting Elderly Model and implementation of the Model	Tamara Štemberger Kolnik, Ester Benko
Community and family nurse supporting Elderly – nurse's competences	Ginetto Menarello, Pasquale Giuliano
Workshop on community and family nurse supporting Elderly-Home visit (1st Part): Nurses assessment, plan, intervention and reassessment: presentation of a case study and discussion in small groups	Ester Benko, Suzana Zugan, Katarina Merše Lovrinčević
Workshop on community and family nurse supporting Elderly-Home visit (2nd Part): Nurses assessment, plan, intervention and reassessment: presentation of a case study and discussion in small groups	Ester Benko, Suzana Zugan, Katarina Merše Lovrinčević
Integrating health and social care to improve quality of life of the elderly	Mirko Prosen
Non-profit health and social organisations in Slovenia:	Helena Videtič, Nataša Kocjan, Helena Hostnikar, Anja Kovač
Workshop on community and family nurse supporting Elderly-Home visit (3rd Part): Nurses assessment, plan, intervention and reassessment: presentation of a case study and discussion in small groups	Ester Benko, Suzana Zugan, Katarina Merše Lovrinčević
Ergonomics of elderly living environment	David Ravnik
Spiritual care of the dying and their families	Doroteja Rebec, Katarina Babnik
Frailty: concept definition, its interrelation with individual and social determinants of health	Paola Obbia, Ernesto Palummeri

Appendix 2: Training Programme Certificate of Attendance

This is to certify that
name and surname
has participated as a lecturer (or participant, member of organization staff) in a five-day training entitled:

Five-day training programme for Community and family nurses for elderly

organised by University of Primorska, Faculty of Health Sciences, from June 27th to July 1th 2016

Earning our gratitude for making significant contribution towards:

- challenge oriented interdisciplinary and multi-cultural group-work
- lectures and workshops of international experts
  "Project Co.N.S.E.N.So: purpose, objectives and activities"
  "Community and family nurse supporting Elderly Model"
  "Community and family nurse supporting Elderly – nurse's competences"
  "Workshops on community and family nurse supporting Elderly Model - Home visit: Nurses assessment, plan, intervention and reassessment: presentation of a case study and discussion in small groups"
  "Integrating health and social care to improve quality of life of the elderly"
  "Ergonomics of elderly living environment"
  "Spiritual care of the dying and their families"
  "Frailty: concept definition its interrelation with individual and social determinants of health"
  "Evaluation of the model implementation and the concept of Quality of life"
  "Training for e-learning and APP utilisation (tablet and applications)"

In order to develop competences in the field of:

- Community and family nursing
- Elderly nursing care
- Utilisation of e-learning platform of CO.N.S.E.N.SO project and CO.N.S.E.N.SO project App.

Annexed training programme

Partner

1. Leader Regione Piemonte, Direzione Sanità, Assessorato Sanità
2. Azienda Sanitaria Locale Città di Torino
3. Regione Liguria
4. Accademia Nazionale di Medicina
5. Département du Var
6. Association pour le Développement des Entreprises et des Compétences
7. Univerza na Primorskem Fakulteta za zdravstvene vede
8. Inštitut RS za socialno varstvo
9. Amt der Kärntner Landesregierung
10. European Center of Entrepreneurship Competence & Excellence

Giuseppe Salamina
Technical Coordinator

Tamara Štemberger Kolnik
UP Faculty of Health Sciences

Appendix 3: Annex to the Certificate of Attendance

Annex to the certificate of attendance in a five-day training programme for Co.N.S.E.N.So Community and family nurses for elderly, organised by University of Primorska, Faculty of Health Sciences, from 27 June to 1 July 2016

UP Faculty of Health Sciences is a partner in the project Co.N.S.E.N.So., responsible for the Training programme (WT1) for nurses working on the implementation of Co.N.S.E.N.So. family and community nursing care model. UP Faculty of Health Sciences organised a five-day training programme for Co.N.S.E.N.So. Community and family nurses for elderly from 27th June to 1st July 2016. The training programme, consisted of 45 hours (60 minutes) of presentations, lectures and workshops, was held by taking into account the direct contact hours of lectures, group workshops and participants'independent work we estimate that the performed training programme for Co.N.S.E.N.So. Community and family nurses for elderly could be evaluated with 6 European Credit Transfer and Accumulation System (ECTS) points.

This annex is valid jointly with the Certificate of attendance in a five-day training programme for Co.N.S.E.N.So. Community and family nurses for elderly.

Tamara Štemberger Kolnik, M.Sc.
Coordinator of the
Co.N.S.E.N.So. project at
UP Faculty of Health Sciences

Assoc. Prof. dr. Nejc Šarabon, Dean
UP Faculty of Health Sciences

Appendix 4: Training programme in Italy

University of Turin
Department of Clinical and Biological Sciences
and
Department of Psychology

"Master in Infermieristica di Famiglia e di Comunità"
Post Graduate Diploma in Family and Community Nursing

Programme of the Post Graduate Diploma in Family and Community Nursing "on demand" for the Alpine Space Project Co.N.S.E.N.So. 60 ects

This new innovative educational programme focuses on working with older adults in rural areas and on the critical thinking skills required to fostering ageing at home. The programme acknowledges the health challenges of an increasingly ageing population, the need of early detection of frailty in older adults and the long term diseases management complexity. It builds on the past experience of the Turin University that since 2005 delivers PGD in Family and Community Nursing, as well as on European Family and Community Health experiences and international literature.

The PGD aims to provide participants the following core competencies:

- Activation of health promotion interventions and strategies oriented to self-help management and empowerment of citizens to influence and participate in decisions concerning their health;
- Role of "helper and counselor": the nurse helps the individual, the family and the community to assess their health needs and promotes the access to the available resources
- Role of case manager: assessing needs, planning care, advocating for the patient and acting as a link between individual, family, community and health and social systems;
- Facilitation of safe and effective transitions across levels of care and care sites, including acute, community-based, and long-term care for individuals and families;
- Activation of informal resources in the community networks (neighborhood, parental groups and associations in the community, parish, etc.) and promotion of social inclusion interventions;
- Orientation for the access and use of services offered by the local health and social services;
- Facilitation the integration of services and professionals across levels of care and care sites;
- Early detection and management of frailty condition in older adults;
- Planning, coordinate and manage care, including that delegated to other people and personnel (home care assistants, family members, etc.) and evaluation of the outcomes;
- Clinical monitoring and management of long-term diseases through innovative strategies, including e-health;
- Working in team with other professionals and enhancing trans-professional collaboration.

The programme 5 Modules are delivered part in class and part on-line through the Virtual Learning Environment "Moodle".

MODULE 1: THE NURSING PRACTICE IN THE PUBLIC HEALTH AND IN THE PRIMARY CARE CONTEXT	E-learning 25 hours	Class 42 hours

Health 2020: the new European health policy framework to support action across government and society to improve the health and well-being of populations	MOODLE
Strategy and action plan for healthy aging in Europe 2012- 2020 WHO – Regional Office for Europe	
WHO Global report on non-communicable diseases	
WHO Global action plan for prevention and control of non-communicable diseases 2013-2020	
International and national public health policies	CLASS
The family and community nurse role in the primary care context	CLASS
The social determinants of health and their impact on people living in rural areas	CLASS

LEARNING OUTCOMES
Understand the historical development of Primary Care.
Understand local laws and rules related to primary care organisation and management.
Critically analyse the role of the Family and Community Nursing in different primary care contexts.
Analyse the major determinants of health and critically evaluate global, national and local policies improving public health.
Understand the demographic, environmental, cultural and socio-economic factors influencing the health of people living in mountain areas.

MODULE 2: RESEARCH	E-learning 75 hours

Literature search: definition, aims and methods	MOODLE
Bibliographic databases	
Scientific journals	
Critical reading of a scientific article	
Analysis of guidelines	
Systematic reviews and meta-analysis	
Historical notes on the development of the epidemiology	
Definition of epidemiology	
The cause and effect relationship	
Accuracy and precision of an epidemiological study	
Frequency measurements	
The statistical significance	

LEARNING OUTCOMES
Understand research studies and epidemiological study designs
Acquire skills in literature search and evaluate research findings related to evidence based practice
Critically appraise health and social care scientific literature
Collect, manage and use clinical, research-based and statistical information (data) for planning care and prioritizing health- and illness-related activities
Plan and take part in qualitative studies
Understand and use the methods of collecting qualitative data: individual interview, in depth interview, narrative interview, focus groups.

MODULE 3: CONCEPTS AND PRINCIPLES OF HEALTH PROMOTION AND HEALTH COMMUNICATION Class 86 hours

The counseling to individuals and families	CLASS
Principles and methods of health promotion, health education and therapeutic patient education (TPE)	CLASS
The construction of a therapeutic education project	CLASS
The psychological, organisational, social and community empowerment	CLASS
Methods and tools for empowerment and outcomes evaluation	
Methods and tools for improving therapeutic adherence and resilience	CLASS
Self-help Group	CLASS
Home visiting first interview: tools and methods	CLASS
Motivational interview	CLASS
Telephone interview and phone call follow-up	CLASS

LEARNING OUTCOMES
Apply the basic principles of individual and family counseling
Assess the educational needs of those assisted
Understand the principles and methods of health promotion, health education and therapeutic patient education (TPE)
Design and implement interventions of therapeutic patient education (TPE) with individuals, caregivers and family members
Improve the adherence to treatments through informative / educational interventions and regular supervision
Apply strategies to enhance people's resilience and empowerment
Use of motivational interviewing to strengthen the people's motivation to change and engagement in health behaviours
Apply engagement strategies and activate actions of support in the community network of formal and informal care

MODULE 4: TAKING CARE OF COMMUNITY DWELLING OLDER ADULTS	Class 42 hours

The nursing assessment: evaluation methods and scales	CLASS
The systemic reading of the communications in the family network: the genogram	CLASS
The narrative collection of people's health story	CLASS
The case management	CLASS

LEARNING OUTCOMES
Implement a nursing multidimensional assessment
Collect people's health story trough the narrative approach
Make a systemic reading of the older adults family relationships
Apply the principles and methods of case management for the care of older adults

MODULE 5: PREVENTION AND MANAGEMENT OF FRAILTY AND LONG TERM DISEASES	Class 52 hours E- learning 118 hours

Early detection, prevention and management of the frail condition in older people	CLASS
Multi morbidity and polypharmacy	CLASS
The environment and the chronic diseases	CLASS
The clinical pathways and guide lines: their use in the clinical practice	CLASS
Health promotion for physical activity and healthy nutrition	CLASS
Smoking and excessive alcohol consumption	CLASS
Home safety	CLASS
The person affected by dementia	MOODLE
The person with heart failure	MOODLE
The person with respiratory diseases	MOODLE
The person with diabetic disease	MOODLE
E-health for older people and the evidence based guidelines for Nursing and Social Care on eHealth Services: the ens4care guidelines	MOODLE

LEARNING OUTCOMES
Understand the concept of frailty in older people and the importance of the early detection and evaluate the feasibility of proactive and preventive interventions

Evaluate risky behaviour

Analyse the living environment and identify possible risks
Assess the home safety and evaluate possible interventions
Acquire in depth knowledge of long term diseases and their clinical management
Understand the principles, tools and ethics of e-health for older people

Total programme hours	1500
E-learning	228
Class	222
Placement	500
Thesis	50
Individual study	500

Appendix 5: Training programme in Austria

1. Semester

Block 1								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Mittwoch	4.5.2016			Welcoming address				
Mittwoch	4.5.2016		Health- and social policy	Role of Advanced Nurse Practitioners in society and organisations	4	4	0,5	0,5
Mittwoch	4.5.2016		Health- and social policy	Models and concepts of advanced nursing practice	4	8	0,5	1
Mittwoch	4.5.2016		Science	Working with scientific reviews	2	10	0,5	1,5
Feiertag								
Freitag	6.5.2016							
Samstag	7.5.2016		Assessment und Diagnostic	Handling documentation and documentation systems	8	18	3	4,5
Block 2								
Izola	27.06.2016 - 01.07.2016		Outcome measurement	Data and data quality	8	26	1	5,5
Izola	27.06.2016 - 01.07.2016		Outcome measurement	Outcome measurement of quantitative and qualitive analysis	8	34	2	7,5
Praktikum				Selecting, initiating and implementing of knowledge into practice			3	10,5
Block 3								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Montag	4.7.2016		Introduction	Demographic and epidemiological trends and their impact on family care systems	8	42	1	11,5
Dienstag	5.7.2016		Science	Deepening into methods: data collection and analysis	10	52	1	12,5

Mittwoch	6.7.2016		Health- and social policy	Multicultural images of human beings	8	60	0,5	13
Donnerstag	7.7.2016		Introduction	Basic principles of the systems theory	8	68	1	14
Freitag	8.7.2016		Health- and social policy	International care-concepts	8	76	1	15
Block 4								
Dienstag	20.9.2016		Intervention	Surveying questions from former experience, developing solutions, realising it to practice	4	84	2	17
Mittwoch	21.9.2016		Assessment und Diagnostic	Handling documentation and documentation systems	8	92	2	19
Donnerstag	22.9.2016		Assessment und Diagnostic	Diagnostic process	8	100	1	20
Freitag	23.9.2016		Health- and social policy	Structure of health and social welfare systems	8	108	0,5	20,5
Blended Learning G:			Counselling	Education of patients and relatives (informing, training, counseling)			1	21,5
Blended Learning G:			Counselling	Counseling, coaching of informal carers and stakeholders			2	23,5
						∑ UE		**∑ ECTS**
						108		**23,5**

2. Semester

Block 5								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Mittwoch	12.10.2016		Assessment and Diagnostic	E-Health	8	8	2	2
Donnerstag	13.10.2016		Outcome measurement	Cross-linking of data inside and outside the organisation	8	16	1	3
Freitag	14.10.2016		Empowerment	Empower patients	8	24	1	4
Samstag	15.10.2016		Introduction	Familial sociology	8	32	1	5

Praktikum			Research application	Selecting, initiating and implementing of knowledge into practice			2	7
Block 6								
Montag	21.11.2016		Science	Statistics in order to understand research results	4	36	0,5	7,5
Dienstag	22.11.2016		Science	Statistics in order to understand research results	8	44	1	8,5
Mittwoch	23.11.2016		Counselling	Education of patients and relatives (informing, training, counselling)	8	52	2	10,5
Donnerstag	24.11.2016		Counselling	Counselling, coaching of informal carers und stakeholders	8	60	2	12,5
Freitag	25.11.2016		Science	Evaluation research	8	68	1	13,5
Block 7								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Montag	12.12.2016		Specialization	Models and concepts of caring for families	8	76	1	14,5
Dienstag	13.12.2016		Science	Deepening into methods: data collection and analysis	2	78	0,5	15
Dienstag	13.12.2016		Research application	Development of practice concepts	8	86	1	16
Mittwoch	14.12.2016		Science	Critical thinking	8	94	1	17
Mittwoch	14.12.2016		Science	Working with scientific reviews	2	96	0,5	17,5
Donnerstag	15.12.2016		Health- and social policy	Health promotion, prevention, public health	8	104	1	18,5
Freitag	16.12.2016		Specialization	Culture-specific phenomena in families	8	112	1	19,5
Blended Learning G:			Assessment and Diagnostic	Diagnostic process			2	21,5
Blended Learning G:			Intervention	Clinical practice - theory - practice-transfer under the aspect of a process-oriented criteria			2	23,5
Einzel-termine			Counselling	Individual coaching	3	115	1	24,5
						∑		**∑ ECTS**

					UE 115		**24,5**

3. Semester

Block 8								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Montag	23.1.2017		Outcome measurement	Development of key figures	4	4	1	1
Dienstag	24.1.2017		Intervention	Use of clinical expertise under the aspect of effectiveness and efficiency criteria	8	12	2	3
Mittwoch	25.1.2017		Introduction	Public health, focusing families	8	20	1	4
Donnerstag	26.1.2017		Empowerment	Empower patients	8	28	1	5
Block 9								
Dienstag	21.2.2017		Intervention	Feelings and identity work	8	36	1	6
Mittwoch	22.2.2017		Professional development in nursing	Prioritization on behalf of the aims of an organization	4	40	2	6
Mittwoch	22.2.2017		Introduction	Role, partners, settings in caring for families	6	46	0,5	8,5
Donnerstag	23.2.2017		Introduction	Role, partners, settings in caring for families	2	48	0,5	8
Donnerstag	23.2.2017		Specialization	Needs and requirements of children, youth, adults and older people in a family unit	8	56	2	11
Freitag	24.2.2017		Specialization	Needs and requirements of children, youth, adults and older people in a family unit	8	64	2	13
Block 10								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Montag	20.3.2017		Empowerment	Prof. Empowerment: Networking, Lobbying, Product marketing of ANP, Policy making, Media work	8	72	0,5	13,5
Dienstag	21.3.2017		Empowerment	Prof. Empowerment: Networking, Lobbying, Product marketing of ANP, Policy making,	8	80	0,5	14

				Media work				
Mittwoch	22.3.2017		Specialization	Methods of family centered care	8	88	2	16
Donnerstag	23.3.2017		Specialization	Methods of family centered care	8	96	2	18
Praktikum			Research application	Selecting, initiating and implementing of knowledge into praxis			4	22
						∑ UE		**∑ ECTS**
						96		**22**

4. Semester

Block 11								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**
Montag	24.4.2017		Research application	Development of practice concepts	8	8	1	1
Dienstag	25.4.2017		Health- and social policy	New developments in health and social law	8	16	1	2
Mittwoch	26.4.2017		Specialization	Case- and caremanagement	4	20	1	3
Mittwoch	26.4.2017		Specialization	Interface management	4	24	1	4
Donnerstag	27.4.2017		Specialization	Special forms of communication in caring for families	8	32	2	6
Praktikum			Research application	Selecting, initiating and implementing of knowledge into praxis			4	10
Block 12								
Montag	29.5.2017		Professionell development in nursing	Needs assessment, identification of feasible occupations	4	36	2	12
Montag	29.5.2017		Professionell development in nursing	Nursing reporting	4	40	1	13
Dienstag	30.5.2017		Specialization	Poverty of famlies	8	48	1	14
Block 13								
Wochentag	**Datum**	**Uhrzeit**			**UE**	**∑ UE**	**ECTS**	**∑ ECTS**

Montag	3.7.2017		Specialization	Prevention in families	8	56	1	15
Dienstag	4.7.2017		Specialization	Prevention in families	4	60	1	16
Dienstag	4.7.2017		Health- and social policy	New developments in health systems	4	64	1	17
Mittwoch	5.7.2017		Specialization	Decision making process in a family unit	4	68	1	18
Mittwoch	5.7.2017		Specialization	Caregiver burden and coping strategies	6	74	0,5	18,5
Donnerstag	6.7.2017		Specialization	Caregiver burden and coping strategies	2	76	0,5	19
Donnerstag	6.7.2017		Specialization	Education and training of family members, informal carers concerning performing care	8	84	1	20
						∑ UE		**∑ ECTS**
						84		**20**

Appendix 6: Training programme in France

TRAINING A TEAM OF STATE CERTIFIED NURSES
IN ONE OR MORE TERRITORIES OF THE VAR
ACCORDING TO THE TEACHING METHODS OF THE
"FAMILY AND COMMUNITY NURSES" MODEL

JULY 2016 CURRICULUM
Draft

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CONTENTS

As part of the Co.N.S.E.N.So. project, the Regional Professional Training Center (C.R.F.P.) of the Red Cross Regional Health and Social Training Institute (I.R.F.S.S.) took part in a 5 day training course in Slovenia organized by the University of Primorska in Izola, in June 2016. Following this participation, and as stipulated in the special technical clauses, Direction Var Europe should be provided with a training curriculum (Part 1b).

This document presents:

- The skills of the Co.N.S.E.N.So. nurses and the training course
- The various areas of expertise and the support system
- The training course organization

SKILLS OF THE Co.N.S.E.N.So. NURSES AND THE TRAINING COURSE
The training action is aimed at developing the 3 areas of expertise of

Co.N.S.E.N.So. nurses in their territorial medical-social coordination mission

Coordinating a territorial project
Evaluating the situation of seniors living at home
Developing an educational posture

In order to achieve this goal, a support system has served the Co.N.S.E.N.So. over the past 18 months. It is composed of:

- Project coaching
- Analysis of Professional Practices

The table below compares the organization of the "Family and community nurse" master's program with the University of Turin and our curriculum for the C.R.F.P..Var. Co.N.S.E.N.So. Project.

FAMILY and COMMUNITY NURSE MASTER'S DEGREE			curriculum Project Co.N.S.E.N.So. CRFP Var	
	TITLE	VOLUME 455 hours	TITLE	VOLUME 342 hours
IN-CLASS		88 %	IN-CLASS	78 %
MOD 1	Public Health		Coordinating a territorial project	96
MOD 2	Health education		Developing an educational posture	108
MOD 3	Communication		Evaluating the situation of seniors living at home	66
MOD 4	Care			
MOD 5	Chronic disease			

MOD 6	Workshop			
DISTANCE LEARNING			DISTANCE LEARNING	
COURSE 1	Changes in primary care in an international context		Areas of expertise 1, 2, and 3	Included in each module
COURSE 2	Research methodology			
COURSE 3	Advanced clinical study			
SUPPORT	ADV + work in representative situations	12 %	ADV + Project coaching	21 %

In our training course, the focus is placed on the role of coordination in connection with national and territorial medical/social policies.
Project support is emphasized, since 21 % of the training is dedicated to it.

AREAS OF EXPERTISE:

AREA OF EXPERTISE 1: COORDINATING A TERRITORIAL PROJECT

Objectives:

- Learning about public health in various dimensions.
- Specifying the modalities for caring for persons over 65 years old in the Var and the project experimentation territory.
- Developing a posture adapted to the coordination mission.

Content elements:

- Presentation of the Co.N.S.E.N.So. project.
- Determinants of health according to the WHO.
- International and national public health policy.
- Local information networks and the role of the community nurse in primary care.
- Demographic, cultural, economic and social factors, and their impacts on health in the various territories.
- WHO reports: World Health Report 2008: Primary Health Care (Now More Than Ever), 2008 WHO report
- Gaining health. Analysis of policy development in European countries for tackling noncommunicable diseases, World Health Report 2008
- Social determinants of health and public health programs, 2010 WHO report
- Building primary care in a changing Europe, 2015 WHO report 2016 Health Act.

Act No. 2015-1776 of December 28, 2015 regarding society's adaptation to aging.

- Departmental Plan 83 for Autonomy 2014-2018.
- 2015 study report from the Department of the Var Quality Mission – "Study on the elderly receiving the personalized autonomy allocation and on a social intervention in the Department of the Var."
- Studies and evaluations conducted by the Department's Autonomy Section on the subject of maintaining the elderly at home.
- List of home support arrangements funded by the Department of the Var.
- Arrangements funded by the Autonomy Section, home support budgets and funding.
- 2013-2015 commitment plan for the Department of the Var.

- CLIC, MAIA.
- PAERPA and presentation of PAERPA Eastern Var.
- Collaboration, cooperation, partnership, coordination: definitions and characteristics.

Coordination: role and missions within the CO.N.S.E.N.SO project.
Position regarding Project partners and local players.

Duration:
78 hours, i.e.,13 days
60 hours in initial training, i.e.,13 days
18 hours in ongoing training, i.e., 3 days

Teaching methods:
17/NOV/2016 = Participation in the "Cooperation in Health and Social services" conference organized by I.R.F.S.S. at the IAE Nice site
In-class
Distance learning: E LEARNING / CO.N.S.E.N.SO tablet
Mapping the territories of Grimaud, Gassin, La Garde Freinet, La Môle, Le Plan de la Tour, and Le Rayol Canadel
Territory:
Social development, issues, limitations, strengths, and weaknesses
Local health and medical/social structures, existing networks, home-support associations, independent professionals, etc.

Population of the territory: age pyramid, morbidity and mortality rates, accident rates, hospitalization rates, average income, etc.

This representation of local characteristics was begun in September by the Co.N.S.E.N.So. nurses and is added to as the project progresses.

Participants:
Stéphan Jakob: medical/social policies in the Var
Jocelyne LAFFON: coordination

Participants from the General Council:
Direction Var Europe
Noel Felten special adviser, Co.N.S.E.N.So. project
Autonomy Section
Sophie Sarano or a representative
Territorial Social Department:
Philippe Loubet Del Par or a representative
Gerontology Support and Coordination Service:
Géraldine Gerfaud or a representative
Departmental Home for Disabled Persons:
Jean Paul Faure or a representative
Autonomy Evaluation and Benefit Service:
Frédéric Gastou or a representative
Department 83 Regional Health Agency
Dr. Anne de Coppet
C.C.A.S. Grimaud

Anne Charlotte Salvi
C.O.D.E.S. 83
Pierre Coupat Deputy Director

AREA OF EXPERTISE 2
DEVELOPING AN EDUCATIONAL POSTURE

Objectives:

- Health education
- Developing the expertise of teaching caregivers
- Dispensing a program of Therapeutic Patient Education (E.T.P.)
- Building an educational approach within the framework of multi-disciplinary care
- Implementing a therapeutic learning program
- Leading individual and collective learning sessions
- Coordinating a program of Therapeutic Patient Education (E.T.P.)
- Uniting a team around the E.T.P. approach
- Evaluating in order to help evolve
- Communicating in order to optimize
- Empowerment and Counseling
- Developing communications and a suitable relationship with the elderly at home and with territorial partners

Content elements:

- Concepts of: health, prevention, promotion, health education, disease education and therapeutic education
- Knowledge of regulatory frameworks
- Accounting for the affective condition, life, experience, and representation of people in educational care
- Recognition of the person's needs
- Empathetic communication and communication techniques
- Concepts in therapeutic education
- Representations of chronic disease
- The concept of skills
- The educational program: project methodology
- Identifying the steps of an educational approach
- Educational diagnostic and objectives in the respect for the personal project
- Selection and use of relevant educational techniques and tools
- Evaluation of the therapeutic effects of education
- Building a therapeutic educational approach within the framework of multi-disciplinary care
- E.T.P. implementation
- The role of the professional in therapeutic education
- The position of the care-giving educator
- The educational diagnosis or shared educational assessment
- Observance
- Educational methods and techniques

- Facilitation techniques
- The role of facilitator within groups
- Family counseling
- Psychological, organizational, social, and community empowerment
- Instruments and methods for evaluating empowerment after a prevention/promotion intervention
- Therapeutic adherence and resilience: methods and tools for development
- Identifying the skills of team members suited to the needs of the program, and to individual needs
- Developing the conditions favorable to motivating teams (material conditions, team training, human resource management, organization in institutional environments, etc.)
- Capitalizing on the team's experience and the expertise of other teams, in order to improve the program's operation
- Discussing the involvement of a patient participator
- Analyzing the context of the project in therapeutic education
- Building a Therapeutic learning approach
- Working with the team to design a relevant assessment system for running the program
- Coordinating the annual assessment and drafting a quadrennial assessment report
- Promoting the program based on the assessment
- Raising awareness of research in the E.T.P.
- Identifying communication issues
- Selecting the significant information and lessons learned over the course of the program
- Knowing the ad hoc communications channels and vectors
- Developing a communication plan
- Developing arguments (oral and written) to arouse the interest of the public, partners, and institutions

Duration:

- 108 hours, i.e.,18 days:
- 6 hours: health education
- 42 regulatory hours: dispensing therapeutic training to the patient (curriculum under May 31, 2013 Order)
- 42 regulatory hours: coordinating a therapeutic training with the patient
- 18 hours: empowerment, counseling….

Teaching methods:

- In-class interventions
- Distance learning: E LEARNING / CO.N.S.E.N.SO tablet
- Participants:
- Christine Dutheil: E.T.P.
- Patricia Cohen Solal: E.T.P.
- Martine BALAYN: counseling, empowerment

AREA OF EXPERTISE 3
EVALUATING THE SITUATION OF SENIORS LIVING AT HOME

Objectives:

- Learning the frailty indicators for the elderly.
- Updating knowledge on the principles of chronic diseases.
- Updating knowledge on home-care in the context of chronic pathologies.
- Knowing the ergonomic design options and aids to help with everyday actions.
- Knowing how to train the elderly at home in appropriate movements and postures.
- Developing appropriate communications with the elderly and their friends and family at home
- Developing appropriate communications with the territorial partners of the Co.N.S.E.N.So. project

Content elements:

- Concepts of frailty: assessment and anticipation
- Prevention and early diagnosis of frailty of the elderly through the use of specific measurement scales
- Loss of autonomy
- Good treatment and prevention of mistreatment
- Pharmacology and the elderly
- Epidemiology of chronic diseases over different territories
- Impact of lifestyle on the onset of chronic diseases and their complications
- Support for caregivers
- If advanced clinical knowledge is needed:
- Physiopathology
- Chronic bronchitis and asthma
- Cardiovascular decompensation
- Cardiac arrhythmia
- Stroke
- Arterial hypertension
- Diabetes
- Cognitive disorders in old age
- Senile dementia
- Alzheimer's disease and related diseases
- Ergonomic household modifications
- Aids for everyday living
- Movements and postures
- "Fall prevention" course, balance workshop
- Conducting interviews
- Phone interviews and follow-up interviews
- Motivational interview
- Life stories, data collection
- Group dynamics
- Role, functions, and tasks
- Different types of meetings
- Leading a cross-disciplinary team

- Cross-disciplinary communication

Duration:
66 hours, i.e.,10 days

Teaching methods:
- In-class interventions
- Distance learning: E LEARNING / Co.N.S.E.N.So. tablet
- Possible use of:
- Guide for autonomy (Department of Bas Rhin)
- Serious game: University of Toulon[11] (pétanque game, cooking game)

Participants:
- Sophie ABULKER: cognitive disorders
- Nicolas BROCANDEL: ergonomics
- Mikael DEBONO: communication
- Dr. Robert MARZIALE: fragility

SUPPORT SYSTEM

PROJECT COACHING

Objective:
Supporting nurses through the 18 months of the Co.N.S.E.N.So. project

Duration:
46 hours, 2 hour coaching sessions

Methods:
- In-class
- Presentation of the project and the roles of the various participants
- Presentation with D.V.E. of the CO.N.S.E.N.SO tablet and the L.M.S.
- Initial assessment quiz with evaluation of level of English fluency (CO.N.S.E.N.SO tablet)

11 "Serious games for active aging." A Abellard, P. Aellard laboratoire 13 M, University of Toulon, La Garde , in Année gérontologique Communications orales et affichées, Thursday March 17, 2016, 2016 page 65

- Assessments at mid-term (June 2017) and at the end of the project (March 2018) of the nurses' knowledge and skills
- Collection of personal plans, expectations, and needs of nurses at the start and over the 18 months of experimentation
- Evaluation of nurses' satisfaction at the end of training (French Red Cross satisfaction survey + oral assessment)
- Distance learning

Coaches: Marie Christine RIGAUD; Agnès PARIS

ANALYSES OF PROFESSIONAL PRACTICES

Objectives:

- Analyzing the professional situations encountered as part of the CO.N.S.E.N.SO, both in meeting the elderly and their friends and loved ones, as well as meeting with territorial players.
- Developing a reflexive posture enabling the connection between knowledge and professional situations

Duration:
26 hours total, i.e., 13 x 2 hour A.P.P. sessions

Methods:
Distance learning

Participant:
Sophie ABULKER

3 TRAINING COURSE ORGANIZATION

DURATION OF AREAS OF EXPERTISE AND OF THE SUPPORT SYSTEM

AREAS OF EXPERTISE	TITLE	DURATION	TOTAL
1	Coordinating a territorial project	96 hours	270 hours
2	Developing an educational posture	108 hours	
3	Evaluating the situation of seniors living at home	66 hours	
SUPPORT SYSTEM	TITLE	DURATION	TOTAL
	Project coaching	42 hours	72 hours
	Analysis of Professional Practices	26 hours	
			342
Co.N.S.E.N.So. PROJECT: A.E. and SUPPORT			

PROGRESSION

- Initial training, weeks 37 and 40
- Ongoing training after that until March 2018

- The initial training begins with Area of Expertise 1 "coordinating a territorial project."
- Indeed, it is essential for Co.N.S.E.N.So. nurses to be enlightened on the national and departmental medical/social policy measures in order to best handle the coordination function.
- This first step promotes understanding of and adherence to the Co.N.S.E.N.So. by local health and medical/social players.
- This is whyCo.N.S.E.N.So. nurses are asked to establish a precise map of the local players connected to the target population in the 5 towns involved. The many studies and interventions of AE 1 promote this thorough inventory work.
- Next, the ongoing training develops the 2 other Areas of Expertise:
- "Developing an educational posture"
- "Evaluating the situation of seniors living at home"
- Through this theoretical background, the nurses should better understand their encounters with seniors from the territory and coordinate at-home interventions in a personalized manner.
- The "frailty of the elderly" study and appropriating health education approaches are proposed. In fact, *"the condition of frailty is a reversible condition and this reversibility implies, among other things, the involvement of the subject. Therapeutic education...appears to be an essential support in the area of fragility."* [12]
- Educational skills are increased through training "dispensing therapeutic training to the patient" (curriculum under May 31, 2013 Order). It is supplemented by another arrangement: "coordinating a therapeutic learning program."
- Following these 2 programs, the nurses receive a training certificate for each of them.

ADAPTABILITY

This training project action serves the Co.N.S.E.N.So. project.
Thus, based on its developments in the territories concerned and based on the needs of the nurses, it can be adjusted.

PROVISIONAL TIMETABLE

The training is organized with 2 weeks of initial training in September and October 2016, and continues until March 2018 through ongoing training.
This ongoing training features complementary methods: in-class and distance learning (E-learning using the Co.N.S.E.N.So. app for tablets, coaching, and APP).

It includes:

- Participation in the conference organized by the Red Cross Training Institute and I.A.E. Nice, "Cooperation in Health and Social services," November 17, 2016,
- Participation in the Direction Var Europe days starting in June 2017,
- Initial, mid-term, and final assessments.

Taking into account vacation periods, the table below proposes the provisional 2016/2018 timetable

[12] Therapeutic education and frailty: a way to remain autonomous? Zueras, A.Perrin, S.Sourdet, C. Dupuy, M. Pedra, H. Villars, F. Nouhashemi, B. Vellas, Gérontopôle Toulouse, in Année gérontologique Communications orales et affichées, Thursday March 17, 2016, 2016 page 65

NUMBER OF HOURS	IN-CLASS		DISTANCE LEARNING			TOTAL
	IT	OT	COACHING	APP	E LEARNING	
SEPTEMBER DECEMBER 2016	60	30	14	4	10	118
JANUARY JUNE 2017		60	16	10	12	98
JULY DECEMBER 2017		60	10	6	4	80
JANUARY MARCH 2018		30	6	6	4	46
TOTAL	60	180	46	26	30	342
No. DAYS IN-CLASS	10	30				
Co.N.S.E.N.So. PROJECT: PROVISIONAL TIMETABLE 2016 / 2018						

The following table proposes a week-by-week view of the training from September 2016 to March 2018.

Co.N.S.E.N.So. PROJET PROVISIONAL TIMETABLE BY WEEK					
		TITLE	METHODS	DURATION	
sept-16	week 37	FI	IN-CLASS	30	PRESENTATION OF THE Co.N.S.E.N.So PROJECT INITIAL ASSESSMENT EXPECTATIONS
	week 38	OT	DIST	4	
	week 39	OT	DIST	4	
oct-16	week 40	FI	IN-CLASS	30	
	week 41	OT	DIST	4	

	week 42	OT	IN-CLASS	6	
	week 43	OT	DIST	4	
nov-16	week 44	OT	IN-CLASS	6	
	week 45	OT	DIST	4	
	week 46	OT	IN-CLASS	6	Participation in "Cooperation in Health and Social services" conference, IRFSS site Nice + IAE Nice 9 am - 4:30 pm
	week 47	OT	DIST	4	
	week 48	OT	IN-CLASS	6	
dec-16	week 49	OT	DIST	4	
	week 50	OT	IN-CLASS	6	
jan-17	week 1	OT	DIST	2	
	week 2	OT	IN-CLASS	6	
	week 3	OT	DIST	4	
	week 4	OT	IN-CLASS	6	
	week 5	OT	DIST	4	
feb-17	week 6	OT	IN-CLASS	6	
	week 7	OT	DIST	2	SCHOOL VACATION
	week 8	OT	DIST		SCHOOL VACATION
	week 9	OT	IN-CLASS	6	
march-17	week 10	OT	DIST	4	
	week 11	OT	DIST	4	
	week 12	OT	IN-CLASS	6	
	week 13	OT	DIST	4	
apr-17	week 14	OT	IN-CLASS	6	
	week 15	OT	DIST	2	SCHOOL VACATION
	week 16	OT	DIST		SCHOOL VACATION

	week 17	OT	DIST	4	
may-17	week 18	OT	IN-CLASS	6	
	week 19	OT	DIST	2	
	week 20	OT	DIST	2	
	week 21	OT	IN-CLASS	6	MID-TERM ASSESSMENT VAR EUROPE DAYS PREPARATION
	week 22	OT	DIST	2	
june-17	week 23	OT	IN-CLASS	6	VAR EUROPE DAYS PREPARATION
	week 24	OT	DIST	2	
	week 25	OT	DIST	2	
	week 26	OT	IN-CLASS	6	VAR EUROPE DAYS PARTICIPATION
jul-17	week 27	OT	IN-CLASS	6	
	week 28	OT	DIST	2	
	week 29	OT	IN-CLASS	6	
	week 30	OT	DIST	2	
	week 31	OT	DIST	2	
sept-17	week 36	OT	IN-CLASS	6	
	week 37	OT	DIST	2	
	week 38	OT	IN-CLASS	6	
	week 39	OT	DIST	2	
oct-17	week 40	OT	DIST	2	
	week 41	OT	IN-CLASS	6	
	week 42	OT	DIST	2	
	week 43	OT	IN-CLASS	6	
	week 44	OT	DIST	2	
nov-17	week 45	OT	IN-CLASS	6	
	week 46	OT	DIST	2	

	week 47	OT	IN-CLASS	6	
	week 48	OT	DIST	2	
dec-17	week 49	OT	IN-CLASS	6	
	week 50	OT	IN-CLASS	6	
jan-18	week 1	OT	IN-CLASS	6	
	week 2	OT	DIST	2	
	week 3	OT	DIST	2	
	week 4	OT	IN-CLASS	6	
	week 5	OT	DIST	2	
feb-18	week 6	OT	DIST	2	
	week 7	OT	IN-CLASS	6	
	week 8	OT	DIST	2	
	week 9	OT ?	IN-CLASS?	6	SCHOOL VACATION
march 2018	week 10	OT ?	IN-CLASS?		SCHOOL VACATION
	week 11	OT	DIST	2	
	week 12	OT	DIST	2	
	week 13	OT	IN-CLASS	6	EVALUATION ASSESSMENT
				342	
Co.N.S.E.N.So. PROJECT: PROVISIONAL TIMETABLE BY WEEK					

PLACE

Training takes place in the training room provided by the Departmental Council of the Var in Grimaud, over 6 hour days.

Appendix 7: Training programme in Slovenia

Problem definition

Community Health Care across the globe as well as in Slovenia is rapidly and intensively developing. With the aging of the population (longer life expectancy) the incidence of chronic non-communicable diseases in people aged 65 years and over is increasing, and the common needs of the elderly, assessed according to elderly frailty, are discusses progressively. Nursing healthcare in Slovenia is organized on the basis of the WHO (Community AN Family Nurse) model, allowing preventive action in the field of elderly care in the home environment with a view to early detect risk factors for CND and elderly frailty. Preventive action is also aimed at the timely creation of social networks for the elderly, which, in turn, offer a longer and better quality of life in the home environment and, above all, support for family members who care for the feeble elderly. Nurses'preventive activity for the elderly in the home environment is based on extensive anamnestic data, used by a nurse for an integrated and individually oriented health care, which provides support to the patient and his family in changing lifestyle habits in terms of maintaining health, disease control or peaceful death. The community and family nurse also acts as a social network coordinator, creating it individually, according to the identified needs of the patient. In the frame of the undergraduate education the nurse acquires insufficient knowledge to carry out this type of patient care, that is why it is necessary to design special areas of care for the treatment of the elderly at home.

The basic aim of the proposed training program is to further educate nurses in health care for the elderly in community nursing. With the new in-depth knowledge specialized nurses would be able to operate independently in the community, family and individually with the patient. Training participants will gain in-depth knowledge in the field of identification of risk factors, support in changing lifestyles, recognition of elderly frailty signs and response to their occurrence, ability to form social networks and equal participation in it for the welfare of the elderly.

Undergraduate nursing programmes offered in the European Union should be designed taking into consideration the following documents: The International Directive 2005/36 / EC; the EFN guidelines for implementation of Article 31 on the mutual recognition of professional qualifications, Brussels 2015; the Nursing and Midwifery Council, the Standards for registered nurses'competences; the International Directive 2013/55/EU (which replaces the Directive 2005/36/EC) – the Directive on recognition of professional qualifications. Slovenian higher education institutions offering nursing programmes have already launched the redesign of their study programmes, taking into account some additional documents: the Criteria for Accreditation and external evaluation of higher education institutions and study programmes within the National Agency for Quality Assurance in Higher Education in the RS (NAKVIS, 2014), the Criteria for credit evaluation of study programmes under ECTS (2010); the Resolution of the National Programme for the Development of Higher Education 2011-2020; the Principles of professional ethics (Code of Nursing and Care Ethics in Slovenia, 2014); National demands for nursing personnel and Strategy of Health Care Development in Slovenia for the period 2011-2020 (Ministry of Health, 2012). Resulting from these data graduate nurses in Slovenia will demonstrate acquired general competences in the fields of:

Culture, ethics and values

The promotion and respect for human rights and diversity in the light of physical, psychological, spiritual and social needs of autonomous individuals, taking into account their opinions, beliefs, values and culture, and international and national professional codes of ethics, as well as the ethical aspect of the provision of health care; guaranteeing the right to privacy and confidentiality in medical treatment.

Taking responsibility for their own careers and identify limitations in the scope of their own practices and competencies.

Health promotion and prevention, guiding and education
The promotion of healthy lifestyles, preventive measures and care for their own health by strengthening the authority to promote health and improve the behavioral and therapeutic compliance.
Individual health care and the well-being of individuals, families and groups in health care, ensuring their safety and promote their autonomy.
Integration, promotion and application of theoretical, methodological and practical skills, enabling the promotion and development of health care in long-term care, serious diseases, and in a situation of dependence and to assist the individual to maintain personal autonomy and relationship with the environment in health or disease.

Decision making
The ability to critically think and use a sistematic approach in problem solving and decision making in health care in the context of professionalism in the delivery of health care.
Implementation of the measures after a preliminary identification and analysis of problems, which facilitate finding the best solution for the patient, family and community, achieving goals, improve results and maintain the quality of work.

Communication and team work
The ability to fully communicate, interact and work effectively with colleagues on an interdisciplinary level and on the therapeutic work with individuals, families and groups.
Delegating activities to others depending on their abilities, fitness level, competence and legal basis.
The indipendent use of electronic medical records documenting assessments of nursing, nursing diagnoses, interventions and outcomes, based on the comparable classification systems for nursing and nursing taxonomies.
The independent acquisition, use and exchange of information between patients and health care professionals in health care facilities and social environment.
The ability to independently, in a coordinate way take care of patients and work interdisciplinarily towards a common goal of providing quality health care and patient safety.

Research, development and management
Implementation of scientific results into practice, supported by evidence.
Consideration of equity and sustainability principles in medicine and aspiration to a rational use of resources.
Adapting leadership styles and approaches to various situations that arise in nursing. To promote and maintain a positive image of nursing.

Nursing
Demonstrating sufficient knowledge and skills to ensure professional and safe health care, adequate for the needs of individuals, families and groups/communities for which the nurse is responsible, taking into account the development of scientific and technical knowledge, as well as the requirements of quality and security, adopted in accordance with regulations and rules of the professional conduct.
The ability to self assessment, assessment, planning and provision of integrated, personalized care, which focuses on health results, obtained by evaluating the impact of the situation, the

environment, and the provided medical care, as well as through the guidelines for clinical care.
The guidelines describe the processes for determining nursing diagnoses, perform health care and making recommendations for further care.
Understanding and implementing the theoretical and methodological foundations and principles of nursing and the use of emergency measures based on scientific evidence and available resources.
The independent establishment of the assessment mechanisms and the processes for continuous quality improvement in health care in relation to the scientific, technical and ethical development.
Understanding the social and cultural frameworks in the behavior of individuals and to comply with them and their impact on the health of individuals within their cultural social context.
Understanding the importance of health care systems, which focus on individuals, families and groups and simultaneously evaluating their effects.
Appropriate and timely responses to unexpected and rapid changes in the situation.
Independent implementation of effective measures in emergencies or in case of natural and other disasters, which ensure the maintenance of life and its quality.

The above mentioned general competencies are required for nurses entering postgraduate education aimed at acquiring specific competencies needed for elderly care in the home environment.
Adopting the ICN competencies for community and family nurses (2002) we summed up the specific competences of community and family nurses as follows:

- Coordinating a territorial project.
- Researcher: Identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, early detection and management of frailty in older people.
- Identifying the needs of the older people, their families and the communities in which they live, early detection and management of frailty in older people, Evaluate the situation of the older people in the home environment.
- Health promotion and educator for older people and families formally or informally about health and illness and acting as the main provider of health information.
- Care provider and supervisor: providing direct care and supervising care given by others, including family members, nursing assistants and other professionals according to the needs for the elderly.
- Elderly and Family advocate: Working to support elderly and families and speaking up on issues such as safety and access to services.
- Case finder and epidemiologist: Tracking disease and playing a key role in disease surveillance and control.
- Manager and coordinator: managing, collaborating and liaising with family members, health and social services and others to improve access to care.
- Counselor: playing a therapeutic role in helping to cope with problems and to identify resources, establishing the therapeutic relationship.
- Consultant: werving as consultant to elderly and families and agencies to identify and facilitate access to resources.
- Environmental modifier: working to modify, for example, the home environment so that the disabled can improve mobility and engage in self-care.

According to the preliminary education carried out by nurses at the undergraduate academic program, we anticipated the content, which will deepen the knowledge and skills of nurses in the area of community nursing care, nursing care of older people, integration and coordination of social networking, which is created to support older people in the home environment. This will provide additional input to the planned competencies. The program of education in Slovenia takes the form of lifelong education. We divided it into five phases:

- Initial five-day training for all partners (45 hours),
- 4 months in-depth training (811 hours, including participants' individual work),
- One year e-learning (1 January 2017- 31 December 2017),
- One year clinical training with home visits and
- Training on the topic of social entrepreneurship

Table 2 presents the contents of the second part of education – a four month period of in-depth training (811 hours, including participants' individual work)
Table 2: Substantive overview of the in-depth training for CO.N.S.E.N.SO nurses

Planned topics for the following three phases are in the pipeline:

- a one-year e-learning (1st January 2017-31st December 2017), including contents on a healthy lifestyle, management of chronic non-communicable diseases, palliative care, use of NANDA nursing
- diagnoses and NIC and NOC classifications of interventions and outcomes of health care treatment. Throught the e-classroom nurses will have a chance to meet the stakeholders who can contribute to the creation of the key social networks for the health and social support for the elderly and their families in their home environment.
- a one-year clinical training with home visits nurses will carry out according to the project instructions.
- Training on the topic of social entrepreneurship, which will be implemented in the form of workshops and advice on the preparation and realization of the participants in the project for self-employment.

Completion of education:

The training will be completed with a certificate stating the number of training hours, after the completion of an exam and preparation of a professional article.

Table 2: Contents of the second part of education – a four month period of in-depth training

Contents to support the implementation of health education and interviews with the users	Contact hours	Indipendent work
1. Specific nursing care for the elderly	20	20
2. Communication with the elderly: relationship building, motivational interview, feedback, giving information	5	20
3. Changing of life-style in relation to the role of health literacy	5	20
4. Intercultural issues in the elderly treatment	5	20
5. Nutrition of the elderly	5	20
6. Prevention measures for cancer diseases prevention	5	20
7. Use of Hendling in dealing with the elderly and delibitated	5	20
8. Basics of Ergonomics and the elderly living, workshop	5	20
Home visits procedure and cooperation with social networks offering support to the elderly		
1. Presentation and instructions for use of process based working methods, nursing diagonses and activities to carry out home visits in the frame of the project	5	20
2. Identification of elderly needs and evaluation of treatment effects	5	20
2. Identification of the elderly mobility needs and needs to adapt the living environment	5	20
3. Training for the first visit of the elderly in their home environment	5	20
4. Training for nursing care planning – nurse activities	5	20
5. Training for subsequent visits	5	20
6. Training for the final visit in the frame of the CO.N.S.E.N.SO model	5	20
7. Establishing contacts and relationships with the elderly social network stakeholders in the frame of the CO.N.S.E.N.SO module	5	20
8. Use of IT for anamnestic data collection	5	20
9. Protection of personal data in the CO.N.S.E.N.SO model	5	20
Specific contents related to care of the elderly in the home environment		
1. Dementia and presentation of the Spominčica association	5	20
2. Mental disorders and dependency of the elderly	5	20
2. Elderly incontinence	5	20
3. Elderly wound care	5	20
4. Treatment of patients with chronic diseases at primary health care level	5	20
5. The role of reference clinics and CINDI programme workshops in elderly care at primary health care level	5	20
6. Presentation of medical-technical aids and patients' rights	5	20
7. Strategies of health promotion in the elderly family community	5	20
8. Alternative and complementary approaches to treatment : dangers and benefits	5	20
9. Violence against the elderly in the home environment	5	20
Joint start with a short presentation of guidelines for health and social care of the elderly in their home environment		
Introductory training with a focus on the elderly community health care and presentation of the conceptual model *Community and family nurse for elderly* (from 27 June till 1 July 2016 in Izola)	46	50
	201	610

Appendix 8

The proposal of e-learning topics in this document will be suggested for the future study programme.

The e-content suggestions were created on the basis of a review of the design content for the implementation of nursing education programmes in the countries involved in the project (Austria, Italy, France and Slovenia). Proposal for e-content is divided into three thematically different contents:

Regulation

Title	Content	e-link to document
GENERAL DECLARATION OF HUMAN RIGHTS	It means recognizing the innate human dignity of all members of human society and their equal and inalienable rights, the foundation of freedom and justice and peace in the world.	http://www.ohchr.org/EN/UDHR/Documents/ UDHR_Translations/eng.pdf
EUROPEAN CONVENTION ON THE PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS	It provides everyone with equal human rights and fundamental freedoms regardless of age as a personal circumstance: allows older people to remain full members of society for as long as possible, allows older people to freely choose their lifestyle and live independently in the home environment for as long as they want and can, with the help of: accommodation tailored to their needs and their state of health or appropriate assistance in adapting their accommodation; health care and services they need according to their condition.	http://www.echr.coe.int/Documents/ Convention_ENG.pdf
INTERNATIONAL PACT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS	The Pact obliges States Parties to provide economic, social and cultural rights.	http://www.ohchr.org/Documents/ ProfessionalInterest/cescr.pdf
INTERNATIONAL PACT ON CITIZENSHIP AND POLITICAL RIGHTS	Everyone has the right to self-determination. With this right, they freely determine their political status and freely provide their economic, social and cultural development.	https://treaties.un.org/doc/publication/unts/ volume%20999/volume-999-i-14668-english.pdf
EUROPEAN SOCIAL CHARTER	The European Social Charter provides social and economic human rights.	https://rm.coe.int/168048b059
FUNDAMENTAL RIGHTS IN THE EUROPEAN UNION	The Charter of Fundamental Rights sets out a wide range of rights, freedoms and principles, resulting in responsibilities and duties with regard to other persons, to the human community and to future generations.	http://www.europarl.europa.eu/RegData/etudes/ IDAN/2015/554168/ EPRS_IDA(2015)554168_EN.pdf
LEGAL PROTECTION OF RIGHTS OF THE ELDERLY	It gives older people the right kind of assistance that enables them to effectively protect their rights. The European Social Charter of the Council of Europe guarantees a range of rights that are of great importance for the elderly and for their enjoyment of the right to healthcare.	https://social.un.org/ageing-working-group/ documents/fourth/Rightsofolderpersons.pdf

Legal basis of public health

Title	Content	
INTERNATIONAL HEALTH REGULATIONS	Health and social services	https://cursos.campusvirtualsp.org/pluginfile.php/33425/mod_resource/content/1/International%20Health%20Regulations.pdf
EU HEALTH PROGRAMME: WORKING TOGETHER TO IMPROVE PUBLIC HEALTH IN EUROPE	The role of WHO at promoting health policy.	https://ec.europa.eu/health//sites/health/files/programme/docs/eahc_hp_working_together_en.pdf
THE ECONOMICS OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES: a resource book	The health of the individual depends on his life style. Determinants of health constitute a range of personal, social, economic, and environmental factors.	http://apps.who.int/iris/bitstream/10665/84213/1/9789241548625_eng.pdf
2015 INTERNATIONAL PROFILES JANUARY 2016 OF HEALTH CARE SYSTEMS PRIMARY HEALTH CARE AND PUBLIC HEALTH: FOUNDATIONS OF UNIVERSAL HEALTH SYSTEMS	Primary health care is the first point where an individual comes into contact with the healthcare system, where most of their health needs are met, but at the same time they are like a door to the rest of the system. In this regard, primary health care plays a key role in how patients appreciate a health system that responds to their needs and expectations.	http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf https://www.karger.com/Article/Pdf/370197.
WHO: MENTAL HEALTH ACTION PLAN 2013 - 2020	Mental Health Plan WHO 2013-2020. The World Health Organization described the new Action Plan for Integrated Mental Health 2013-2020 as a milestone: it focused on international attention on a long-standing problem and is firmly anchored in human rights principles. The Action Plan requires changes. It calls for a change in relations to the stigmatization and discrimination that has been isolating people for a long time, and calls for the expansion of services in order to encourage greater efficiency in the use of resources.	http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf
MEDNARODNA KLASIFIKACIJA ZDRAVSTVENE NEGE (INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE - ICNP®)	It sets out an international standard to facilitate the description and comparison of nursing practice at local, regional, national, and international level.	http://www.icn.ch/what-we-do/icnp-download-redirection/
THE FAMILY HEALTH NURSE CONTEXT, CONCEPTUAL FRAMEWORK AND CURRICULUM	HEALTH21, the health policy framework for the European Region of WHO introduces a new type of nurse, the Family Health Nurse, who will make a key contribution within a multidisciplinary team of health care professionals to attainment of the 21 targets for the twenty-first century set out in that policy	http://www.euro.who.int/__data/assets/pdf_file/0004/53860/E92341.pdf
WHO FAMILY HEALTH NURSE MULTINATIONAL STUDY	The WHO Family Health Nurse Multinational Study reflects the intention of the Munich Declaration: Nurses and Midwives – a force for health to enhance the role of nurses particularly in the field of public health. The outcomes of the Multinational Study on the Family Health Nurse are intended to inform policy-makers on the most effective way of developing community nursing and related services in the future.	http://apps.who.int/iris/bitstream/10665/107486/1/E79369.pdf

COMMUNITY HEALTH NEEDS ASSESSMENT	This document describes the ways in which health needs assessment can identify priority health needs, target resources to address inequalities and involve local people. The process of undertaking health needs assessment is described and the important contribution of nurses explored. The document also includes a pack for training the trainers in the use of the assessment tool.	http://www.euro.who.int/__data/assets/pdf_file/0018/102249/E73494.pdf

Support for older people outline

DEMENTIA

WHAT IS:

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.

SCREENING TESTS FOR DEMENTIA:

The mini-mental state examand the mini-cog test tare two commonly used tests.

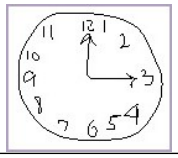
Mini-mental state exam (MMSE)

During the MMSE, a health professional asks a patient a series of questions designed to test a range of everyday mental skills. The maximum MMSE score is 30 points. A score of 20 to 24 suggests mild dementia, 13 to 20 suggests moderate dementia, and less than 12 indicates severe dementia. On average, the MMSE score of a person with Alzheimer's declines about two to four points each year.

Mini-cog

During the mini-cog, a person is asked to complete two tasks:

Remember and a few minutes later repeat the names of three common objects. Draw a face of a clock showing all 12 numbers in the right places and a time specified by the examiner. The results of this brief test can help a physician determine if further evaluation is needed.



TREATMENT:
Medications: cholinesterase inhibitors, memantin
Therapies: occupational therapy, modifying the environment, modifying tasks
Lifestyle and home remedies: enhance communication. encourage exercise. encourage activity. establish a nighttime ritual, encourage keeping a calendar, plan for the future
Here are some suggestions you can try to help yourself cope with the disease:
Learn as much as you can about memory loss, dementia and Alzheimer's disease.
Write about your feelings in a journal.
Join a local support group.
Get individual or family counseling.
Talk to a member of your spiritual community or another person who can help you with your spiritual needs.
Stay active and involved, volunteer, exercise, and participate in activities for people with memory loss.
Spend time with friends and family.
Participate in an online community of people who are having similar experiences.
Find new ways to express yourself, such as through painting, singing or writing.
Delegate help with decision-making to someone you trust.
Caregiver support
Providing care for someone with dementia is physically and emotionally demanding. Feelings of anger and guilt, frustration and discouragement, worry, grief, and social isolation are common.
If you're a caregiver for someone with dementia:
Learn as much about the disease as you can and participate in caregiver education programmes.
Find out about supportive services in your community, such as respite care or adult care, which can give you a break from caregiving at scheduled times during the week.
Ask friends or other family members for help.
Take care of your physical, emotional and spiritual health.
Ask questions of doctors, social workers and others involved in the care of your loved one.
Join a support group.

FRAILTY SYDROME

WHAT IS:
Frailty is a common geriatric syndrome. The occurrence of frailty increases incrementally with advancing age, and is more common in older women than men, and among those of lower socio-economic status. Frail older adults are at high risk for major adverse health outcomes, including disability, falls, institutionalization, hospitalization, and mortality.

SCREENING TESTS FOR FRAILTY:
The frailty syndrome requires at least three of the following five characteristics:
• unintentional weight loss, as evidenced by a loss of at least 10 lbs or greater than 5% of body weight in the prior year;
• muscle weakness, as measured by reduced grip strength in the lowest 20% at baseline, adjusted for gender and BMI;
• physical slowness, based on measured time to walk a distance of 15 ft;
• poor endurance, as indicated by self-reported exhaustion; and
• low physical activity, as scored using a standardized assessment questionnaire.

Frailty Screening Tests

Recommendations from Fit for Frailty - consensus best practice guidance for the care of older people living in community and outpatient settings - a report from the British Geriatrics Society 2014[1]

Gait Velocity
Greater than 5 sec for 4 metres or <0.8m/s = increased risk of frailty

- Assess gait speed over a 6 metre course, time the middle four metres
- Calculate gait speed (metres/seconds)
- Slow gait is correlated with frailty

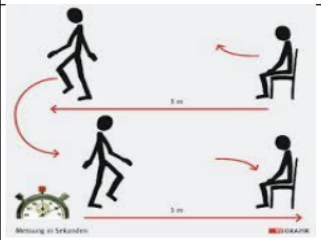
Timed Up and Go Test
>10 sec = increased risk of frailty
> 13.5 sec = increased risk of falls[2]

On "Go" patient:

- Stands up from chair
- Walks to line on floor (3m or 10ft)
- Turns
- Walks back to chair
- Sits down

Observe sit to stand, gait, stability

TUG is a recommended test by GPSC and MOH for assessing mobility and can also be predictive of risk of falling.[3]



PRISMA 7 Questionnaire[4]
Score of 3 or more = increased risk of frailty

Self-report Questionnaire

Note: questions 2 and 6 are worded correctly – see reference #4 for additional information.

CLIENT QUESTION	YES	NO
1.Are you older than 85 years?	□	□
2.Are you male?	□	□
3.In general, do you have any health problems that require you to limit your activities?	□	□
4.Do you need someone to help you on a regular basis?	□	□
5.In general, do you have any health problems that require you to stay at home?	□	□
6. If you need help, can you count on someone close to you?	□	□
7.Do you regularly use a stick, walker or wheelchair to move about?	□	□
Total Checked	□	□

TREATMENT:
Nutritional Considerations for Frailty
Nutrition is an important component to consider in the evaluation of frailty.
Many factors contribute to poor nutritional status in the elderly. Weight loss often occurs secondary to an underlying condition that may be either physical or psychological and can affect a patient's ability to consume adequate calories or protein on a daily basis to maintain optimal functional status.
Treating Frailty
Unrecognized drug side effects as well as drug-drug interactions can cause unexpected adverse effects that can predispose patients to weakness, slowness (both physical and mental), and falls. Frequent medication review can identify opportunities for medication reduction and avoid polypharmacy.
A comprehensive exercise programme and increased physical activity have been shown to benefit the frailty syndrome. Muscle weakness and muscle disuse atrophy resulting from a sedentary disposition and chronic illness respond well to physical therapy.

NONCOMMUNICABLE-OR CHRONIC-DISEASES

WHAT IS:
A non-communicable disease (NCD) is a medical condition or disease that is not caused by infectious agents (*non-infectious* or *non-transmissible*) such as:

- autoimmune diseases,
- heart diseases,
- stroke,
- cancers,
- diabetes,
- chronic kidney disease,
- osteoporosis,
- Alzheimer's disease,
- cataracts, and others.

RISK FACTORS

Risk factors such as a person's background; lifestyle and environment are known to increase the likelihood of certain non-communicable diseases. They include age, gender, genetics, exposure to air pollution, and behaviors such as smoking, unhealthy diet and physical inactivity which can lead to hypertension and obesity, in turn leading to increased risk of many NCDs.

The WHO's World Health Report 2002identified five important risk factors for non-communicable disease, these are:

- raised blood pressure,
- raisedcholesterol,
- tobacco use,
- alcohol consumption,
- overweight and
- social determinants of health.

CARDIOVASCULAR DISEASE

WHAT IS:

Cardiovascular disease (CVD) is a class of diseases that involve the heart or blood vessels. Cardiovascular disease includes coronary artery diseases (CAD) such as angina and myocardial infarction (commonly known as a heart attack).

Other CVDs include:

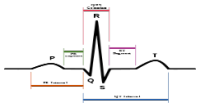
- stroke,
- heart failure,
- hypertensive heart disease,
- rheumatic heart disease,
- cardiomyopathy,
- heart arrhythmia,
- congenital heart disease,
- valvular heart disease,
- carditis,
- aortic aneurysms,
- peripheral artery disease,
- thromboembolic disease andvenous thrombosis.

RISK FACTORS

There are many risk factors for heart diseases:

age, gender, tobacco use, physical inactivity, excessive alcohol consumption, unhealthy diet, obesity, genetic predisposition and family history of cardiovascular disease, raised blood pressure (hypertension), raised blood sugar (diabetes mellitus), raised blood cholesterol (hyperlipidemia), psychosocial factors, poverty and low educational status, and air pollution.

SCREENING TESTS FOR CARDIOVASCULAR DISEASE:



Screening ECGs

Some biomarkers may add to conventional cardiovascular risk factors in predicting the risk of future cardiovascular disease. Future preventative screening appears to shift toward applying prevention according to randomized trial results of each intervention rather than large-scale risk assessment.

PREVENTION

Up to 90% of cardiovascular disease may be preventable if established risk factors are avoided. Currently practiced measures to prevent cardiovascular disease include:

Tobacco cessation and avoidance of second-hand smoke.

A low-fat, low-sugar, high-fiber diet including whole grains and fruit and vegetables.

At least 150 minutes (2 hours and 30 minutes) of moderate exercise per week.

Limit alcohol consumption to the recommended daily limit.

Lower blood pressure, if elevated. A 10 mmHg reduction in blood pressure reduces risk by about 20%.

Decrease non-HDL cholesterol.

Decrease body fat if overweight or obese.

Decrease psychosocial stress.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

WHAT IS:

Chronic obstructive pulmonary disease (COPD) is a type of disease characterized by long-term breathing problems and poor airflow. The main symptoms include shortness of breath and cough with sputum production.

RISK FACTORS:

smoking (the primary risk factor for COPD globally is tobacco smoking), air pollution (poorly ventilated cooking fires, often fueled by coal or biomass fuel ssuch as wood and dung, lead to indoor air pollution and are one of the most common causes of COPD), occupational exposures (intense and prolonged exposure to workplace dusts, chemicals and fumes

increase the risk of COPD), genetics (genetics play a role in the development of COPD), other.

DIAGNOSIS AND SCREENING TESTS FOR COPD:
spirometry severity
The modified British Medical Research Council questionnaire (mMRC) or the COPD assessment test (CAT) are simple questionnaires that may be used to determine the severity of symptoms.

GOLD grade[15]

Severity	FEV_1 % predicted
Mild (GOLD 1)	≥80
Moderate (GOLD 2)	50–79
Severe (GOLD 3)	30–49
Very severe (GOLD 4)	<30

MRC shortness of breath scale[17]

Grade	Activity affected
1	Only strenuous activity
2	Vigorous walking
3	With normal walking
4	After a few minutes of walking
5	With changing clothing

PREVENTION:
Most cases of COPD are potentially preventable through decreasing exposure to smoke and improving air quality. Annual influenza vaccinations in those with COPD reduce exacerbations, hospitalizations and death. Pneumococcal vaccination may also be beneficial. The non-typable Haemophilus influenzae vaccine (NTHi) when taken by mouth does not appear to reduce exacerbations in people with COPD. Prevention include:

- smoking cessation,
- occupational health,
- air pollution.

DIABETES MELLITUS TYPE 2
WHAT IS:
Diabetes mellitus type 2 (also known as type 2 diabetes) is a long-term metabolic disorder that is characterized by high blood sugar, insulin resistance, and relative lack of insulin.

RISK FACTORS:
The development of diabetes is caused by a combination of lifestyle and genetic factors:
lifestyle (lifestyle factors are important to the development of diabetes, including obesity and being overweight : defined by a body mass index higher than 25, lack of physical activity, poor diet, stress, and urbanization), genetics and medical conditions (there are a number of medications and other health problems that can predispose to diabetes)

DIAGNOSIS AND SCREENING TESTS FOR DIABETES MELLITUS:
The World Health Organization's definition of diabetes (both type1 and type2) is for a single raised glucose reading with symptoms, otherwise raised values on two occasions, of either:
fasting plasma glucose ≥ 7.0mmol/l (126mg/dl) or with a glucose tolerance test, two hours after the oral dose a plasma glucose ≥ 11.1 mmol/l (200 mg/dl)

Diagnostična merila za diabetes WHO [45] [46] edit

Pogoj	2 uri glukoze	Postenje glukoze	HbA_{1c}	
Enota	mmol / l (mg / dl)	mmol / l (mg / dl)	mmol / mol	DCCT%
Normalno	<7,8 (<140)	<6,1 (<110)	<42	<6,0
Slabo poslabšanje glikemije	<7,8 (<140)	≥ 6,1 (≥110) in <7,0 (<126)	42-46	6.0-6.4
Slabost tolerance	≥ 7,8 (≥140)	<7,0 (<126)	42-46	6.0-6.4
Sladkorna bolezen	≥11,1 (≥200)	≥ 7,0 (≥ 126)	≥48	≥ 6,5

Slabo poslabšanje glikemije

PREVENTION:
Onset of type 2 diabetes can be delayed or prevented through proper nutrition and regular exercise.

MUSCULOSKELETAL DISORDERS
WHAT IS:
Musculoskeletal disorders are among the most common problems affecting older people. The resulting loss of mobility and physical independence can be particularly devastating in this population.
With age, musculoskeletal tissues show increased bone fragility, loss of cartilage resilience, reduced ligament elasticity, loss of muscular strength, and fat redistribution decreasing the ability of the tissues to carry out their normal functions.

RISK FACTORS:
MSDs can arise from the interaction of physical factors with:

- ergonomic,
- psychological,
- social and
- occupational factors.

PREVENTION:
There are evidence-based interventions that can be used to educate the public on the prevention of these disorders. Examples are as follows:
Osteoporosis prevention programmes.
Fall prevention programmes.
Public education programmes resulting in reduced resource utilization.
Programmes addressing back pain or increased physical activity.[1]
Safe lifting programmes for health care workers.

Workplace ergonomics programmes for both primary and secondary prevention.

LONELINESS AND SOCIABILITY IN OLD AGE

WHAT IS:

Loneliness might be described as negative feelings or sadness brought on by a lack of communication, companionship or relationships with other people. Loneliness can affect anyone of any age, but older people are particularly vulnerable to feeling lonely. Loneliness is not the same as being alone, and has nothing to do with how many people your relative sees. It's the quality of social contact that makes all the difference. It's possible to be in a relationship, or live with family, and still feel lonely. Your relative might be surrounded by carers but still feel lonely if they are missing friends, family or a partner, or if they can't be as active as they used to.

MAIN CAUSES OF LONELINESS:

Retirement: people might miss day-to-day contact with work colleagues, plus the routine of getting ready and going out to work.

Bereavement: chronic loneliness can unfortunately set in after the loss of a partner. Similar feelings of loneliness can arise if one relative moves to a care home and the other is left alone at home. Lack of friends and companions: friends may have passed away, no longer live in the same area or have restricted mobility that stops them from getting out and about.

Poor physical health: ill health or loss of mobility can make it more difficult to socialise.

Location: your relative may not live near family and friends, particularly if they are living in a residential care home where choices of location might be limited. Modern life means that families are often more 'geographically scattered' – living further apart due to jobs or family break ups.

Lack of transport: your relative may no longer be able to drive for health reasons, or no longer own a car. If they live in a rural area public transport might be limited. Financial problems can also limit travel. Not being able to leave the house as often as they'd like reduces opportunities for social contact and can lead to feelings of social isolation.

Financial difficulties: in addition to causing stress, financial problems can also limit travel. Not being able to leave the house as often as they'd like reduces opportunities for social contact and can lead to feelings of social isolation.

PREVENTION:

Most people who are lonely want to increase the quality or quantity of their contact with other people. There are many ways you can help your relative overcome loneliness, and you can find suggestions here on this page, including:

- strengthening family ties,
- changing living arrangements
- spending time outside home,
- finding transport solutions,
- getting online,
- making new friends,
- befriending services,
- helping others and
- animal companions.

SUPPORT AND SERVICES FOR CARING FOR OLDER PEOPLE AT HOME

Most of us want to live at home for as long as we can. This is often possible with a little extra help and support. This doesn't necessarily mean they need to move in to an aged care home or you need to start doing all these things for them. There are lots of support services that can help.

Support for the essentials:

The basic level of home-care assistance involves ensuring homes are safe and clean and that gardens are tidy and free from hazards. Meals on Wheels delivers economical meals to people who can't cook for themselves. For those who find it doesn't meet their needs, care workers can also come to their homes to prepare meals.

Community transport is available for taking the elderly to medical appointments. It also often runs shopping trips and other excursions. Trained home-care workers are able to help with bathing and personal care. They can also help ensure medications are being taken and in the prescribed doses, while also keeping an eye on the clients. "Care workers are trained to notice changes in the clients' condition and report back to family.

If a loved one has dementia you don't necessarily need to move them in to aged care straight away. With some careful management and the right help, people living with dementia can live safely at home for longer.

PRESENTATION OF HEALTH CARE SOCIAL NETWORK SHAREHOLDERS IN EVERY COUNTRY IN WHICH THE EDUCATION IS IMPLEMENTED