ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

CASE STUDIES

Facilitator Guide: Module 18

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Contents

Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
    - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your own voice and experience in making this tool work for you. The 'Say' sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style.

Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Module 18: Case Studies

	Session Title:	**Case Studies**
	Timing:	55 minutes - 10 minutes for introducing the activity and providing instructions - 30 minutes for the activity - 15 minutes for reporting back
	Session Objectives:	• Develop a personalised care plan for an older person to address intrinsic capacity loss, underlying conditions, and social care needs.

Case Studies

Time: 55 min

Do:

- *Formal welcome*
- *Introduction of facilitator*

Show: Slide 1

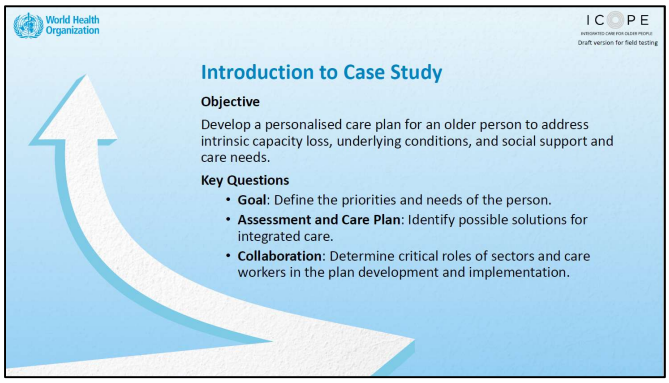
Say:

In this session, we will embark on an important and insightful activity that focuses on creating personalised care plans for older adults. As healthcare professionals, caregivers, and community workers, our goal is to holistically address the intrinsic capacity impairments, underlying conditions, and social care needs of older individuals.

Let's get started.

Introduction to Case Study

Show: Slide 2



Say:

Our Objectives for this Session:

1. **Develop Personalised Care Plans:** Each group will work on a different case study to craft a detailed care plan tailored to an older person's specific needs.
2. **Address Key Questions:**
    - **Goal:** Define the priorities and needs of the person in your case study.
    - **Assessment and Care Plan:** Identify possible solutions for integrated care that address health, psychological, and social aspects.
    - **Collaboration:** Determine the critical roles of different sectors and care workers in the development and implementation of the care plan.

Do:

- Ask the participants to form small teams (maximum 8 persons per team). It is recommended to create teams characterised by heterogeneity in the professional background.
- Hand out one case study sheet to each team.
- Each case study sheet contains personal information, daily activities, intrinsic capacity, underlying conditions, functional ability, support and interaction with the health care system of a fictional older person.

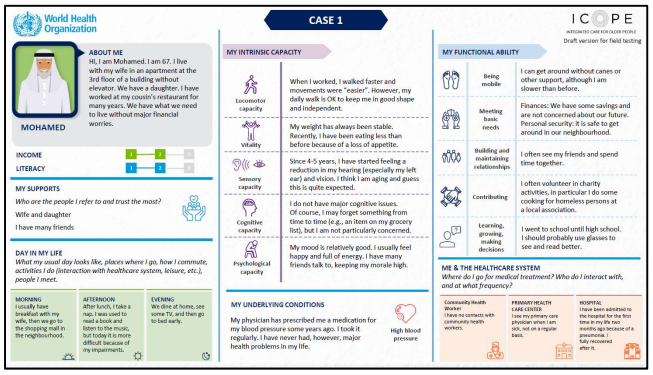
Say:

- Provide instructions on how to discuss and later report back on the assigned case study.
- Recommend that each team identify a notetaker (to record the teams' key decisions) and a *rapporteur* (to report back the team's discussion to the audience).
- Take a few minutes to read through an example case study thoroughly, mentioning the person's background, health status, and social context.

- Explain the importance to collaborate within the team to identify the needs and priorities of the case, create an integrated care plan, and outline roles for all stakeholders involved.
- Each group will present their care plan to the larger group. Be prepared to discuss your rationale and the thought process behind your solutions.

Example Case Study

Show: Slide 3



Say:

Let's dive into the activity. To help you get started, I will walk you through Mohamed's case study as an example. This will give you a clear understanding of how to interpret the case study sheet and develop a personalised care plan. Let's go through each section together.

First, let's meet Mohamed. This section provides a brief overview of his background, living situation, and family. Understanding these details helps us understand his everyday context and immediate support network.

Personal Information

Name: Mohamed
Age: 67 years old
Living Situation: Mohamed lives with his wife on the third floor of a building without an elevator. This detail is important because it highlights potential mobility challenges. They have a daughter and enjoy a relatively stable financial situation, having worked at his cousin's restaurant for many years.
Family: They have a daughter. Knowing about family members is crucial, as they can be part of the support system.

Supports

Identifying Mohamed's support network is essential for understanding who can assist in his care. His wife and daughter are his main supports, but he also has many friends.

Daily Life

Next, we examine Mohamed's daily life. This section describes his routine, which helps us understand his lifestyle and social interactions.

These activities reflect his current level of engagement and any changes in his abilities or interests.

Intrinsic Capacity

This section covers Mohamed's intrinsic capacity, which includes physical, mental, and emotional health.

- **Locomotor Capacity:** He walks slower than before but remains independent. Could this still an opportunity to improve mobility?
- **Vitality:** He's eating less due to a loss of appetite, potentially suggesting a need for nutritional support.
- **Sensory Capacity:** He has reduced hearing and vision over the last 4-5 years, which may require sensory aids.
- **Cognitive Capacity:** He experiences minor forgetfulness, which isn't a major concern now but should be monitored.
- **Psychological Capacity:** He is generally happy and energetic, with good morale, which is a positive aspect of his well-being.

Underlying Conditions

Understanding Mohamed's underlying health conditions is critical for creating a comprehensive care plan. In this case, Mohamed has high blood pressure and takes medication for it.

Functional Ability

This section assesses Mohamed's ability to perform daily functions and his overall independence. He can walk without support, though more slowly.

- He feels financially stable and safe in his neighbourhood. He enjoys spending time with friends and has a strong social network.
- He completed high school and might need glasses for better reading. This shows his capability to engage in cognitive activities and his potential need for sensory aids.

Me & the Healthcare System

This section outlines Mohamed's interactions with healthcare services. For example, it is here reported that he has no contact with community health workers, and he only sees his primary care physician when sick.

Now that we've gone through Mohamed's case study, let's see what we can propose to him as personalised care plan, taking into account his needs and priorities as well as the available care services and resources.

Personalised Care Plan

Show: Slide 29

Say:

To design and implement a personalised care plan, let's address these key questions that will guide the development of Mohamed's care plan.

1. **Goal:** What are Mohamed's main priorities and needs? For example, improving his mobility, addressing his nutritional needs, and managing his sensory decline.
2. **Assessment and Care Plan:** What possible solutions can we identify for integrated care? Consider interventions like physiotherapy for mobility, dietary consultations for appetite loss, and sensory aids for hearing and vision.
3. **Collaboration:** What are the critical roles of sectors and care workers in the plan development and implementation? Think about how family, healthcare providers, community workers, and social services can collaborate to support Mohamed effectively.

Now, here are the rules of the activity:

Each team will have a total of 30 minutes for the case study.

- Identify in your group a *rapporteur*, who will report back in the later session the results of the discussion, and a notetaker, who will support him/her by recording the key points.
- Then, **during the first 5-7 minutes,** read and understand the case study of the older person assigned to your team.
- **Subsequently, for 20-23 minutes,** collaborate to 1) identify and define needs and priorities, and 2) develop a personalised care plan for the older person.
- Finally, during the last **2-5minutes**, wrap up your discussions with support of the notes and prioritise with the *rapporteur* the main messages to present.

In the following session, the *rapporteur*, together or on behalf of the team, will present the results of the case study and share the hypothesised care plan with the other teams for discussion.

Be prepared to discuss your rationale and the thought process behind your solutions.

Do:

- After the presentation by each group, allow time for feedback and reflection.
- Encourage participants to share their key takeaways from working on the case study.

Say:

Thank you for your active participation. Through this activity, we have explored how the care needs of an older person are often diverse and not limited to the health sector. To develop a meaningful and effective personalised and integrated care plan, a multidisciplinary and comprehensive approach is recommended. Let's carry the insights and empathy gained today into our professional practice to enhance the quality of care for older people.