



UBC Department
of Family Practice

Facilitators Guide to Care for Elders Modules

Janet Kushner Kow
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Welcome to the COE Modules!

These COE (Care of Elders) modules have been written for and by interdisciplinary teams. We hope they will enable participants learn not only about elders but also about themselves- their roles and attitudes; other disciplines; their team and how to work as a team caring for elders.

This facilitators guide will introduce:

- A) Small groups
- B) Structure of the COE modules
- C) Recommended format for facilitation
- D) Style of facilitation

A) Small groups

The COE modules are designed for small groups of 6-10 participants. We have found that having more participants results in people feeling intimidated or unable to talk. Less participants results in less dialogue and interdisciplinarity. Ideally there should be a mix of people from various disciplines, eg. nursing, MD, physiotherapy, social work, etc. These modules can be used in unidisciplinary groups but much of the interdisciplinary content is often lost.

In all groups, be aware that every participant brings something to the group - discipline-specific knowledge, geriatric expertise, personal knowledge, questions and curiosity. One key function of the facilitator is to make sure all participants are acknowledged and participate.

B) Structure of the COE modules

Pre-reading:

The pre-reading is meant to give an overview of the topic. For novices, it will provide a good introduction. For experienced clinicians it will give a review and provide a few new concepts.

At the end of the pre-reading is included a list of references and resources that participants may find useful to access for further learning. Also many modules include appendices of information that is optional to review, such as readings or assessment scales.

Objectives:

The objectives are not necessarily in the order in which they are covered in the module. The primary objective for each of the modules is usually constructing an interdisciplinary care plan. It is recommended that the objectives be reviewed at least once during the small group learning session.

Case study (for Learners):

Each case is broken up into a number of sections. The case study should be handed out at the beginning of the learning session, and participants are discouraged from “looking ahead” to a subsequent section before finishing the one at hand. Each case concentrates on one family, and proceeds through a number of stages of disease. All necessary information on the patient, family or professionals involved in the case is provided in the case study. Please do not ‘add’ additional information which is not included in the case. However, we would welcome comments on information you or the participants feel should be included.

Case study (for Facilitators):

This version of the case study is almost identical to the learner’s version. It also includes a suggested timeline for the questions, possible ‘answers’ to the questions in the module, and suggested facilitation questions. The facilitation

questions and answers are meant to be used if the learners do not cover the particular point in their discussion.

The facilitation questions do not have to be used, neither do all the points suggested in the facilitator's guide have to be covered. You must use your experience and judgment as to the needs and time constraints of the group. However, be aware that the learning issues covered in these answers are those that the authors of the module were looking for when they wrote the questions.

Evaluation Form

C) Recommended format for facilitation

What follows is a recommended series of tasks that the facilitator should cover in the module.

Introductions:

- a) Context - project, health authority, funding, history of project, etc.
 - why learners are here

- b) Format of modules - Case based, problem based learning
 - primary goals: to learn about clinical topic and interprofessional teams
 - you will discuss the case as a team, but also will review some aspects of team function in the case

- c) Roles of the group
- facilitator will guide, but only if some points need to be brought up or reinforced
 - tasks of problem-solving will be taken on by some or all of group including: leader, scribe, time-keeper, decision-maker, etc.
- d) Individual introductions - go around group : name, discipline, geriatric interest or expertise, other fun ice-breaker if you want (hobby, favourite animal)

Case study

Evaluation: Please have the participants complete the evaluation form. It would also be valuable to have an informal face to face evaluation. The most important question is : What would make this a better module/ learning experience?

D) Recommended style of facilitation

The Care of Elders Modules are designed to need very little facilitation and didactic teaching. All the information needed to answer the questions should be included in the pre-reading. Variation in the answers given by participants will reflect their training, experience, and personal values and views. The goals of a good facilitator are to keep conversation flowing, to try to finish a majority of the objectives in the time allotted, to facilitate the group discussions and process.

The following style of facilitation works best for the COE modules.

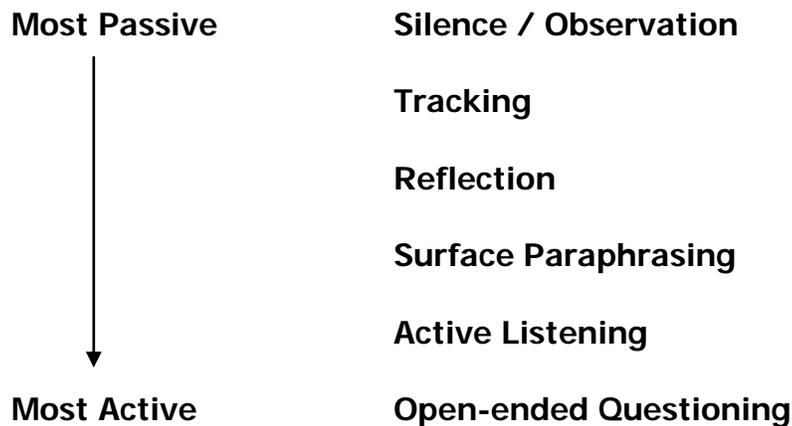
1. Talk as little as possible BUT talk as much as is necessary
2. Questions are one of the best forms of intervention. They can serve multiple purposes:
 - a. Challenge statements that are made.
 - b. Point out that there are preconceptions made that may not be supported.
 - c. Prompt for further answers that have not been raised.
 - d. Ask a question that leads to deeper understanding of an issue.
 - e. Ask for other interpretations of a prompting question.
 - f. Illuminate good or poor functioning of the group including communication, leadership, nurturing, decision-making, rigidity, rule-breaking, etc.
 - g. Illuminate tasks that have been fulfilled by one or more of the group.
This may be done to show that the task has been done or to point out who accomplished the task.

These modules are interprofessional in nature and ask specific questions about principles of interprofessional practice. However the learners will also be performing in an interprofessional group. Try to identify 'teaching moments' when you can ask learners to reflect on their groups functioning.

Eg. "Could anyone comment on how Joan just helped Larry's understanding of her professional role?"

"There was a difference of opinion there. Can you discuss why that occurred?"

Teacher Communication Styles (Whitman & Schwenk, 1997)



Silence/ Observation: Attentive, maintain eye contact, nodding, taking notes

Tracking: "I see", "OK", "Uh-huh"

Reflection: Restating or reflecting a learner's thought or expressed feeling

"You think the diabetes is the primary cause of the fall."

Surface paraphrasing: You want the learner to delve deeper but without requesting in-depth discussion.

"So you think the son should be involve in the discussion?"

Active listening: More dynamic probing whose purpose is to clarify, expand, justify, seek correlation.

"How would the physiotherapist you've consulted participate in this case?"

Open-ended questioning: Promote critical thinking, ask learners to analyze, critique, evaluate, interpret, predict, justify, correlate.

"Can you critique the plan that the group has come up with."

In general, you want to avoid the most active and confrontational methods of communication:

Summarizing : It is preferable to have one or more learners summarize and interpret the results of their group work.

Information giving and prescribing: Easily becomes lecturing

Critiquing, correcting: Puts the learner in a passive role instead of encouraging self-assessment.

Persuasion, confrontation: A technique better reserved for confronting 'problem behaviours'.