

September 2025

CNE on Care for the Elderly

Module 1: Concepts &
Principles in caring for
older adults

Trainer Notes



Elderly Care in India

India is experiencing a demographic transition with a steadily growing elderly population. As per the India Ageing Report 2023, the proportion of people aged 60+ is projected to rise from 10.5% in 2022 to over 20% by 2050. By 2036, India is expected to have nearly 194 million elderly citizens, and by 2050, this number could cross 300 million. Life expectancy has improved significantly, but healthy life expectancy has not kept pace, leading to a higher prevalence of chronic illnesses and disability in later years.

Non-communicable diseases (NCDs) such as cardiovascular ailments, diabetes, cancer, and dementia dominate elderly morbidity patterns. While initiatives like the National Programme for Health Care of the Elderly (NPHCE) exist, geriatric services remain unevenly distributed, with rural areas facing acute shortages of trained personnel and infrastructure. Depression, loneliness, and cognitive decline are rising concerns, compounded by stigma and lack of accessible mental health services. Joint family systems are declining; more elderly are living alone or with only a spouse, increasing vulnerability. Reports indicate physical, emotional, and financial abuse, often underreported due to fear, dependence, or social norms.

Importance of Elderly Care in India

Older persons have the right to live with dignity, free from neglect and abuse, as recognised in the UN Principles for Older Persons and India's constitutional values. Respecting and caring for elders is deeply rooted in Indian cultural ethos, but requires systemic reinforcement in modern contexts.

Effective elderly care reduces the burden on tertiary healthcare by focusing on preventive, primary, and community-based interventions. Integrated care models can address multimorbidity, improve quality of life, and reduce healthcare costs. Healthy, active elders can contribute through mentorship, caregiving, and community leadership. Neglect of elderly care can lead to increased dependency ratios, economic strain on families, and higher public expenditure on crisis-driven interventions. Elderly care fosters stronger family and community bonds, transmitting values, skills, and cultural heritage to younger generations.

Role of Nurses in Elderly Care in India

Nurses, as the largest segment of the healthcare workforce, are uniquely positioned to address these challenges through holistic, person-centred care. Some of the strategic recommendations for effective engagement of nurses may include:

- Empowering nurses to manage elder care clinics for preventive and follow-up care.
- Training of nurses in all aspects of elderly care, including counselling, wellness and healthy aging.
- Positioning nurses as coordinators between doctors, physiotherapists, other care providers and families.

Nurses are the backbone of elderly care in India. This is not limited to only delivering clinical services but also safeguarding dignity, independence, and emotional well-being. With a targeted approach in training, policy support, and community-based models, nurses can lead a transformative shift towards dignified, inclusive, and sustainable elder care.

About the Course

This nine-module Continuing Nursing Education (CNE) course on Elderly Care is designed to empower nurses with the knowledge, confidence, and cultural sensitivity needed to support aging populations with dignity and grace. The content is drawn from a Needs assessment conducted on Care for the elderly currently available and provided in India. It addresses the felt needs and gaps of the elderly, staying alone or within families.

Each module offers interactive sessions, practical strategies and real-world scenarios that reflect the diverse realities of elder care in India and beyond. From managing chronic illness, addressing ageism, home care and safety and elderly abuse, to mental health to communication and healthy aging, the course builds a holistic foundation for compassionate caregiving.

Why complete all nine modules?

Because elder care is not one-size-fits-all. Each module adds a vital layer, whether it's understanding age-related changes, navigating family dynamics, or promoting psychological safety. Though stand-alone, each module has cross-cutting and overlapping content. Completing the full course ensures participants are not just informed, but truly equipped to lead with warmth, clarity, and professional excellence.

The modules provided are competitively priced and affordable to all. The sessions are tailored for the convenience of busy nurses, who can pick a date and time for attending, well in advance.

This INC accredited course of 9 modules will provide you with a 30 CNE credit hours. This certificate will add value to your capability and credentials and open up new opportunities for providing elderly care in the country and beyond.

Let's honour our elders by becoming the caregivers they deserve. Your full participation matters.

Dr S N Misra
Senior Technical Advisor
Health and Beyond Consultants

Copyright Instructions

© [Health and Beyond Consultants LLP], [2025]. All rights reserved.

The content of our website and the training material—including all text, visuals, slides, assessments, and media—is the intellectual property of [Health and Beyond Consultants LLP]. Unauthorized copying, distribution, adaptation, or publication of any part of this material is strictly prohibited under the Indian Copyright Act, 1957.

This content is intended solely for educational and non-commercial use by registered participants of this Continuing Nursing Education (CNE) program. Any reproduction, translation, or use in another program or platform requires prior written permission from the content owner.

Violation of copyright may result in legal action.

Disclaimer: All images and graphics featured in this site and training material are AI-generated and are intended for illustrative purposes only. Any resemblance to actual persons, living or deceased, is purely coincidental.

Trainer Instructions

1. **Understand the Curriculum and Objectives**
 - Review the all the 9 modules thoroughly. The modules cover all major aspects of Elderly care and overlapping content. Apart from the assigned modules, it's important to scan the other topics for a comprehensive knowledge on Care for the elderly
 - Align learning outcomes with national guidelines and participants' professional background.
2. **Use Adult Learning Principles**
 - All modules are designed for participatory learning. Encourage case discussions, group work, and peer sharing.
 - Respect learners' prior experience and invite real-world examples. (A profile of the enrolled students will be made available to you before the sessions).
3. **Emphasize Emotional Intelligence and Empathy**
 - Train your participants to recognize emotional cues in elderly patients.
 - Discuss psychological safety, grief, and dignity in care.
 - Use storytelling to humanize elder care challenges.
4. **Familiarise yourself with the Interactive Components in the modules**
 - Recap breaks and case scenarios and group activities are interspersed into the theory components. The content is a mix of recorded voice-over and additional trainer input requirements.
 - Use the interactive sessions effectively with the involvement of all participants. All participants will be assigned a Roll Number for convenience.
5. **Plan your availability for the sessions well in advance.**
 - A designated calendar is available for planning your training sessions. All trainers will be provided with individual login and access to the LMS for Training material access.
6. **Ground Rules during Session**
 - Get accustomed to the PPTs and Trainer instructions in each slide. Please pause, whenever there is a hand raised or any further clarifications required for any participant.
 - The sessions are timed as per the content. Please ensure that the sessions start and end on time (with minor extensions, when necessary).
 - IT support and technical trouble-shooting, will be provided for coordination during the session.
 - Emphasise the ground rules as laid down for participants and monitor for adherence for a smooth training session.

"Nursing is a progressive art such that to stand still is to go backwards"

-Florence Nightingale

Slide 1



Health And Beyond
Consultants

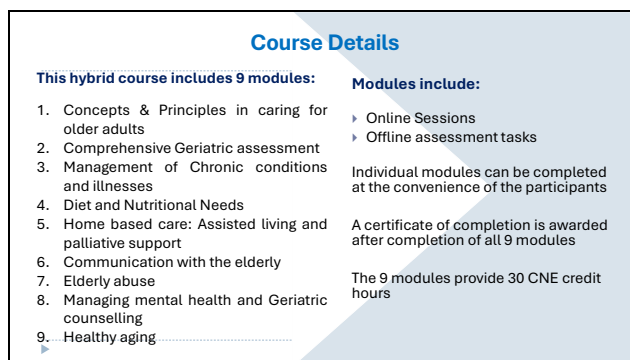
Jodhpur School
of Public Health

Care for the Elderly

INC ACCREDITED CNE COURSE

Greetings and Welcome to the Continuing Nurse Education or CNE on Care for the elderly. This INC accredited course is designed to equip you, as nursing professionals, with the practical knowledge and tools necessary to care for the elderly or older adults.

Slide 2



Course Details

This hybrid course includes 9 modules:

1. Concepts & Principles in caring for older adults
2. Comprehensive Geriatric assessment
3. Management of Chronic conditions and illnesses
4. Diet and Nutritional Needs
5. Home based care: Assisted living and palliative support
6. Communication with the elderly
7. Elderly abuse
8. Managing mental health and Geriatric counselling
9. Healthy aging

Modules include:

- ▶ Online Sessions
- ▶ Offline assessment tasks

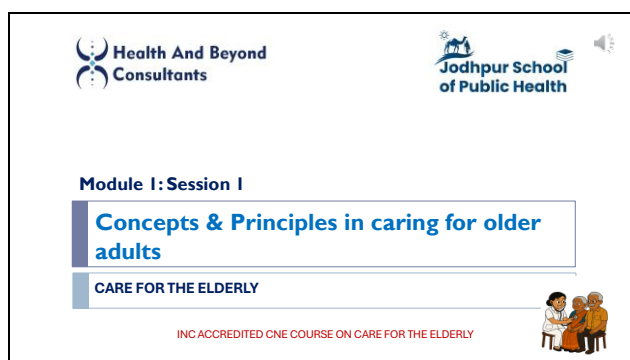
Individual modules can be completed at the convenience of the participants

A certificate of completion is awarded after completion of all 9 modules

The 9 modules provide 30 CNE credit hours

Course details
There are 9 separate modules on this training series contributing to 30 CNE credit hours
The modules include online sessions and offline assessment tasks
A certificate of completion is awarded after completion of the individual modules.
Individual modules can be completed at the convenience of the participants over a couple of months

Slide 3



Health And Beyond
Consultants

Jodhpur School
of Public Health

Module I: Session I

Concepts & Principles in caring for older adults

CARE FOR THE ELDERLY

INC ACCREDITED CNE COURSE ON CARE FOR THE ELDERLY

Module 1 today is on Concepts and Principles in caring for older adults.

Slide 4

Module details

The module is divided into –

- ▶ Online Session 1 - 2 hours
- ▶ Offline assessment - 1 hour
- ▶ Online Session 2 - 1 hour

Total duration - 4 credit hours

The module is divided into an Online Session of 2 hours, followed by an offline assessment task and then the second online session starts which is of 1 hour duration.
The Total number of credit hours for this module is that of 4 hours.

Slide 5

Ground Rules

1. Keep phones on silent and attend only for emergencies
2. Keep necessary tools ready (notebook, pen, headset, device charger)
3. Mute yourself when not speaking
4. Switch off video when not speaking
5. Use chat box for raising questions or clarifications including IT related issues
6. All content is under copyright protection. Avoid screenshots or recordings which will amount to legal violation
7. Respect confidentiality and privacy of patients/clients, when narrating personal experiences (keep names anonymous)

Ground Rules


These are the ground rules for the sessions. All are requested to adhere to these instructions for the smooth completion of this module.

Trainer Instructions:

Read out the 7 ground rules and pause for any clarifications

Slide 6

Setting the Stage: Introduction & Icebreaker



Think about what you enjoy most about being a nurse...

“Let us never consider ourselves finished nurses. We must be learning all of our lives.”
- Florence Nightingale

Setting the stage: Introduction and Ice breaker.

Trainer Instructions:

Welcome all participants and introduce yourself as the Trainer and facilitator for this session.
Give a short description about yourself keeping elderly care in mind. (1 minute)
Mention the total number of participants in today’s session.
Ask participants to think about what they enjoy most about being a nurse.(Participants may write down their response in one word/sentence in the chat box)
Now, we will start the session.

Time: 5 minutes

Slide 7

Learning objectives

By the end of this module, participants will be able to:

1. **Define** the key concepts of ageing and ageism and illustrate examples relevant to nursing practice. *(Remembering, Understanding)*
2. **Identify** and categorize common physical, functional, and sensory changes associated with ageing. *(Remembering, Analyzing)*
3. **List** prevalent chronic illnesses in older adults and their impact on care needs. *(Remembering, Understanding)*
4. **Explain** the role and value of multidisciplinary care in promoting comprehensive, person-centred elder care. *(Understanding)*
5. **Demonstrate** awareness of the professional role, ethical responsibilities, and core nursing competencies in caring for older adults. *(Applying)*

Learning Objectives:

This course uses the Bloom's Taxonomy for defining SMART Learning objectives for all of its 9 modules. Bloom's Taxonomy is a widely used educational framework that classifies learning into cognitive levels, from simple recall of facts to higher-order thinking like analysis, evaluation, and creation. It was originally developed by Benjamin Bloom in 1956 and later revised to focus on *action* verbs that describe what learners should be able to *do* after a learning session.

Notice the action verbs used here are: Define, Identify, List, Explain and Demonstrate. These reflect your learning progression.

Reference:

Bloom, B. S. (Ed.). (1956). Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain. New York, NY: David McKay Company.

McDonald, M. E. (2018). The nurse educator's guide to assessing learning outcomes (4th ed.). Burlington, MA: Jones & Bartlett Learning.

Slide 8

Journey of Aging

➤ Video clip of the aging couple

Our journey through this course begins with this short clip, designed to set the stage for a meaningful discussion on elderly care. In the beginning, it is crucial to recognize and understand the diverse challenges faced by older adults. Aging brings physical, emotional, and social changes, each requiring specialized attention. From mobility limitations and health concerns to mental well-being and companionship, acknowledging these aspects helps us provide care that is effective as well as compassionate. This course will explore solutions tailored to their unique experiences, ensuring that caregiving is holistic, thoughtful, and respectful. Lets watch the video.

Trainer Instructions:

Ask Participants to identify the issues faced by the elderly in their daily life as seen in the clip.

Time: 5-7 minutes

Slide 9

	Global data	India data
Population aged +60years (2023)	13.9% of total global population	10.5% of total India population
Projected 60+ population (2050)	22% of total global population	20.8% of total India population
Gender ratio among elderly	Women outnumber men globally	Increasing feminisation of aging in India

Understanding ageing and ageism

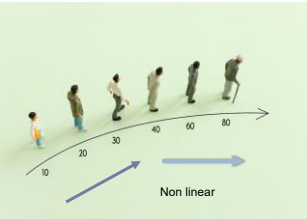
Ageing is an inevitable process of life. Every country in the world is experiencing increase in the number and proportion of older persons in their population. According to the World Population Prospects 2022: population above the age of 65 years is growing more rapidly than the population below that age. The percentage of the global population aged 65 and above is expected to rise from 13.9% in 2023 to about 22% in 2050. In India, it is expected to rise from 10.5% to 20.8%. This is due to the rapidly falling fertility rates and increasing life expectancy across the countries. And, women will outnumber men.

Reference:
<https://www.un.org/en/global-issues/ageing>; *Integrated care for older people (ICOPE): Guidance for person-centred assessment and pathways in primary care. Geneva: World Health Organization; 2019.*

Slide 10

What is Ageing?

- ▶ Ageing is a natural, universal process
- ▶ WHO defines ageing as:
"The result of the accumulation of molecular and cellular damage over time, leading to a gradual decline in physical and mental capacity"
- ▶ Ageing is not linear. The graph shifts trajectory after 40 years
- ▶ it varies among individuals



What is aging ?

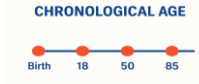
Ageing is a natural, universal process. WHO defines ageing as:
"The result of the accumulation of molecular and cellular damage over time, leading to a gradual decline in physical and mental capacity."
Ageing is not linear. The ageing graph shifts its trajectory after 40 years. Ageing varies among individuals.

Reference:
<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

Slide 11

Process of Ageing


CHRONOLOGICAL AGE



Number of years a person lives..

- Growing old can be accompanied by loss and limitations
- Aging process is slow and adaptation to new situations is constant and gradual

BIOLOGICAL AGE



Overall physical and mental fitness one has...

Ageing process is described in two ways. The Chronological age. This is the number of years a person has lived. People of the same chronological age often may not biologically age to the same extent. Then there is the something known as your "biological age," Biological age is based on how healthy you are overall, as well as your physical and mental fitness. Growing old can be accompanied by loss and limitations, and the challenge of having to adapt to new circumstances repeatedly. But the aging process usually happens slowly and this adaptation is constant and gradual.

Reference:
What happens when you age?:
<https://www.ncbi.nlm.nih.gov/books/NBK563107/>

Slide
12

Challenging Common Myths	
Myths	Reality
All older people are frail.	Many remain active and independent.
Older adults can't learn new skills.	They continue to learn and adapt throughout life.
Ageing is the same for everyone.	Each person's experience is unique.
Aging means inevitable memory loss.	Mild forgetfulness is common. Staying mentally active and socially engaged can help maintain cognitive health.
Older people need less sleep.	Require the same amount of sleep as younger adults (around 7-9 hours)

We will now discuss some common myths associated with aging and older people.

Trainer instructions:

Read out each myth and use discussion mode to bring out facts from common myths and misconceptions. Encourage the participants to bring out their own myths and misconceptions about elderly population.

Time – 8 mins

Slide
13

Honoring our elders: Pillars of strength

Elders Enrich Society

- ▶ Providing wisdom and guidance
- ▶ Supporting families and communities
- ▶ Sharing cultural traditions and values
- ▶ Volunteering and civic engagement

OLDER PERSONS ENRICH SOCIETY



Honoring our elders

Our elders are our pillar of strength. They are a source of strength and continuity in society and enrich our society by:

- Providing wisdom and guidance
- Supporting families and communities.
- Sharing cultural traditions, values
- Volunteering and empowering families, communities, and future generations.


Trainer Instructions:

Trainer may add own experiences (2 minutes)
Ask participants to think about their experiences on enriching older adults.
1-2 participants may be asked to share a few lines (total 2 minutes each)

Time: 6-7 minutes

Slide
14

RECAP AND CLARIFICATION



Trainer instructions

Pause and Recap, and ask participants for any clarifications.
Discuss the sample feedback from participants from the initial icebreaker session

Time: 8- 10 minutes

Slide
15

What is Ageism?

Ageism occurs when people are categorized and divided based on their age

Ageism refers to

- ▶ Stereotypical thinking- **How we think** (Generalizing about older adults)
- ▶ Prejudiced feelings - **How we feel** (Negative attitudes based on age)
- ▶ Discriminatory behavior - **How we act** (Actions that disadvantage older people)

Ageism in Health Care (Some examples)

- ▶ Assuming older adults cannot understand information.
- ▶ Ignoring their preferences and decisions.
- ▶ Using dismissive terms like "the elderly."
- ▶ Failing to offer appropriate treatments.

Ageism

While aging is a natural process that everyone experiences, Ageism occurs when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations.

It refers to:

Stereotypical thinking, that is, how we think
Prejudiced feelings, how we feel, and
Discriminatory behavior, how we act towards others, based on their age

Some examples of ageism in health care includes
Assuming that older adults cannot understand information

Ignoring their preferences and decisions
Using dismissive terms like "the elderly"
Failing to offer appropriate treatments

Reference:


https://www.who.int/health-topics/ageism#tab=tab_1

Slide
16

Ageism

Exercise:
Please give examples of prejudiced feelings leading to discriminatory behavior in context of :

- ▶ Workplace
- ▶ Healthcare
- ▶ Social exclusion
- ▶ Financial discrimination



Trainer Instructions:

Ask participants to give examples of prejudiced feelings leading to discriminatory behavior in context of Workplace, Healthcare, Social exclusion, Financial exclusion.

(These may be displayed on the white board)

Following examples may be shared by trainer

- Employers may assume older workers are less capable, resistant to change, or unable to learn new skills, leading to fewer job opportunities or forced early retirement
- Doctors may dismiss symptoms in older patients as "just aging" rather than providing thorough medical care
- Older individuals may be left out of social events or conversations because they are perceived as "out of touch" or "boring"
- Older individuals may be denied loans, credit, or insurance based on assumptions about their financial stability or life expectancy

Time: 7-8 minutes

Slide
17

Responding to Ageism

Recognize biases and stereotypes

- ▶ Be aware of assumptions like "older people are less capable" or "aging always means decline."
- ▶ These stereotypes shape behavior and policy, often subtly, leading to exclusion or neglect.

Reflect on your attitudes and language

- ▶ Take time to consider how personal beliefs and cultural norms influence how you treat older adults.
- ▶ Promote dignity by treating aging as a normal, valued phase of life.

Use respectful, person-centred language

- ▶ Focus on the individual, not just their age: describe people by their roles, preferences, or strengths.
- ▶ Use inclusive language that empowers rather than labels

Challenge ageist remarks appropriately

- ▶ Educate gently: sometimes people don't realize their language is harmful.
- ▶ Lead by example. respectful dialogue can shift attitudes in families, workplaces, and caregiving settings.

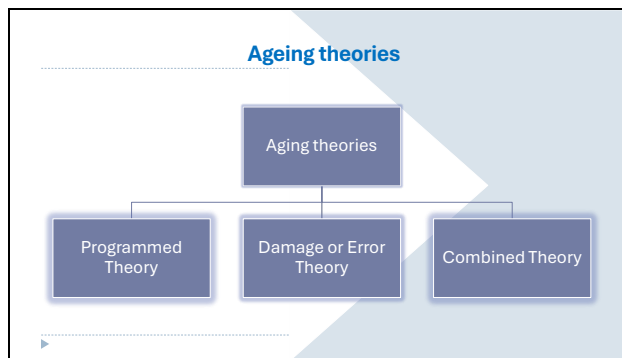
Responding to Ageism

While responding to ageism, Recognize biases and stereotypes, Reflect on your attitudes and language, Use respectful, person-centred language and challenge ageist remarks appropriately.

Trainer Instructions:

Read out and explain the examples under each response.

Slide
18



Ageing theories

Aging theories aim to explain the biological, psychological, and sociological processes behind why and how we age. There are many theories that attempt to explain how we age, however, researchers still do not fully understand what factors contribute to the human lifespan.

Modern biological theories of human aging involve the following:

- **Programmed Theory** - that follow a biological timetable, possibly a continuation of childhood development. This timetable would depend on "changes in gene expression that affect the systems responsible for maintenance, repair, and defence responses,".
- **Damage or Error Theory** which emphasize environmental factors that cause cumulative damage in organisms. This theory highlight the role of environmental stressors such as pollution, radiation, poor diet, and lifestyle choices in accelerating aging.
- **A Combined Theory** suggests that while genetic programming sets the stage for aging, environmental factors and internal damage, accumulated over a lifetime, further accelerate and personalize the aging process.

Currently there is no consensus on this issue.

Image Source: Adapted from :
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5991498/>

A synopsis on aging—Theories, mechanisms and future prospects- João Pinto da Costaa, Rui Vitorinob,c, Gustavo M. Silvad, Christine Vogeld, Armando C. Duartea, and Teresa Rocha-Santos (Ageing Res Rev. 2016 August ; 29: 90–112. doi:10.1016/j.arr.2016.06.005.)

Slide
19

The Ageing Process: Key Changes

- ▶ Ageing affects every organ system
- ▶ Changes occur at different rates for each person
- ▶ Many changes are influenced by lifestyle, genetics, and environment
- ▶ Broad categories of changes include
 - ▶ Physical changes
 - ▶ Functional Changes
 - ▶ Psycho-social and mental health changes

The aging process- Key changes

Ageing affects every organ system. Changes occur at different rates for each person. Many changes are influenced by lifestyle, genetics, and environment. Broad categories of changes include Physical changes, Functional Changes, Psycho-social and mental health changes

Trainers Instructions:

Trainer may list all the broad changes as on the diagram

Slide
20

Physical changes in Ageing

Body Changes:

- ▶ After age 30 people tend to lose lean tissue
- ▶ Tissue loss reduces the amount of water and amount of fat goes up
- ▶ Fat tissue builds up toward the center of the body, including around the internal organs

Skin, Nail and Hair:

- ▶ Skin becomes thinner, loses fat and takes longer to heal
- ▶ Nails may become thicker and more brittle
- ▶ Loss of hair, pigment (greying) and slow rate of growth of hair follicles

Physical changes in aging

Body Changes:

Everyone’s body shape changes naturally as they age. According to the National Library of Medicine (2014), people tend to lose lean tissue, after age 30 and some of the cells of the muscles, liver, kidney, and other organs are lost. Tissue loss reduces the amount of water in the body and bones may lose some of their minerals and become less dense (a condition called osteopenia in the early stages and osteoporosis in the later stages).

The amount of body fat goes up steadily after age 30, and older individuals may have almost one third more fat compared to when they were younger. Fat tissue builds up toward the center of the body, including around the internal organs.

Skin and Hair:

With age, skin becomes thinner, less elastic, loses fat; Veins and bones can be seen more easily and bruises can take longer to heal. The nails may become thicker and more brittle.

Hair loss occurs and the rate of hair growth slows down as many hair follicles stop producing new hairs. The loss of pigment and subsequent greying begun in middle adulthood continues in late adulthood.

Slide
21

Physical changes in Ageing (contd)

Height and Weight:

- ▶ Height loss is related to aging changes in the bones, muscles, and joints
 - ▶ 1 to 3 inches in height is lost with aging
- ▶ Changes in body weight vary for men and women
 - ▶ Men lose weight due to a drop in male sex hormones
 - ▶ Women begin to lose weight after 65 years.
 - ▶ Fat replaces lean muscle tissue, and fat weighs less than muscle
- ▶ Diet and exercise are important factors in weight changes

Height and Weight:

Height loss is related to aging changes in the bones, muscles, and joints. Generally, almost one-half inch is lost every 10 years after age 40, and height loss is even more rapid after age 70. A total of 1 to 3 inches in height is lost with aging. (National Library of Medicine, 2014). Changes in body weight vary for men and woman. Men often gain weight until about age 55, and then begin to lose weight later in life, possibly related to a drop in the male sex hormone testosterone; Women usually gain weight until age 65, and then begin to lose weight. Weight loss later in life occurs partly because fat replaces lean muscle tissue, and fat weighs less than muscle.

Diet and exercise are important factors in weight changes in late adulthood.

Slide
22

Musculoskeletal Changes

Sarcopenia


- ▶ Loss of muscle tissue is a natural part of aging
- ▶ Happens faster after age of 75 yrs.
- ▶ Responsible for diminished mobility, falls & fractures
- ▶ Symptoms include a loss of stamina and weakness

Loss of bone density

- ▶ Brittle and porous bones (loss of calcium and minerals)
- ▶ Risk of Osteoporosis and fractures

Joints

- ▶ Stiffness and stooped posture
- ▶ Osteoarthritis



Sarcopenia:

It is the loss of muscle tissue as a natural part of aging. It is most noticeable in men.

Physical inactivity in people makes them lose 3% to 5% of their muscle mass each decade after the age of 30. It typically happens faster around age 75, but it may also speed up as early as 65 or as late as 80.

Sarcopenia leads to diminished mobility and is a cause for falls and fractures in older adults.


Symptoms include a loss of stamina and weakness, with decreased physical activity, leading to further muscle loss.

Additionally, there is loss of bone density with a risk of osteoporosis and stiffness of joints leads to stooped posture and osteoarthritis.

Image Source: <https://courses.lumenlearning.com/suny-lifespandevelopment/chapter/theories-of-aging>

Slide
23

Functional Changes in aging



- ▶ Vision decline.
- ▶ Hearing loss
- ▶ Slower reaction time.
- ▶ Altered pain perception.
- ▶ Sleep disturbances

Functional Changes

Trainer Instructions:

Ask sample participants to name some of the functional changes.

On clicking, the list of functional changes appear and can be read out to the participants.

Time: 5 minutes

Slide
24

Vision disorders

Presbyopia

- ▶ Difficulty in seeing close objects around age of 40 yrs.
- ▶ Can have headaches ,tired eyes etc.

Dry Eyes

- ▶ Tear glands don't produce enough tears or good quality tears
- ▶ Due to prolonged screen time, smoking, certain allergies
- ▶ Can have burning, itching, or blurred vision

Vision disorders

Vision changes beginning in middle adulthood are **Presbyopia**-occurs when the eye's lens becomes less flexible, making it harder to see objects up close. It usually starts around age 40 and can worsen until a person's mid-60s.

Symptoms include headaches, tired eyes, and needing to hold objects farther away to see them clearly.

Dry eyes-occur when the tear glands don't produce enough tears, or produce poor quality tears.

Symptoms include burning, itching, watering or blurred vision.

The main reasons for the dry eyes include prolonged screen time, contact lens use, smoking or certain medications.

Reference:

<https://my.clevelandclinic.org/health/diseases/common-age-related-eye-problems>

Slide
25

Vision disorders (contd)

Cataract

- ▶ Is clouding of the eye lens due to clumping of protein
- ▶ Caused by environment, medical and genetic factors

Macular Degeneration (MD)

- ▶ loss of clarity in central vision, due to deterioration of macula
- ▶ Caused by hypertension, fatty diet, obesity, smoking hereditary factors etc.

Cataracts:

Cataracts are a clouding of the lens of the eye due to the age related clumping of protein in the eyes.

By the age of 75yrs, around 70% may have problems with cataracts (Boyd, 2014).

It can be caused by environmental pollution, medical (diabetes, Glaucoma, steroids etc.) and genetic (family history) factors.

Macular Degeneration (MD):

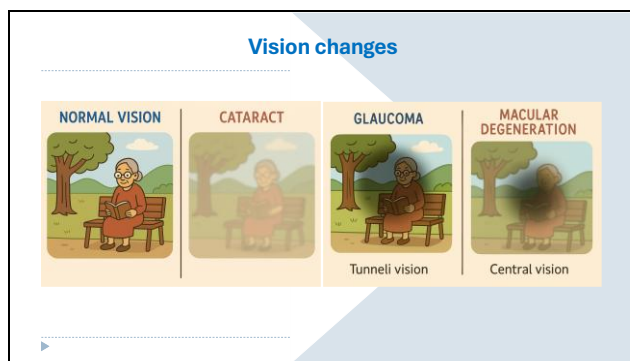
Is loss of clarity in the center field of vision, due to the deterioration of the macula, the center of the retina.

Caused by obesity, hypertension, smoking and hereditary factors etc.

Reference:

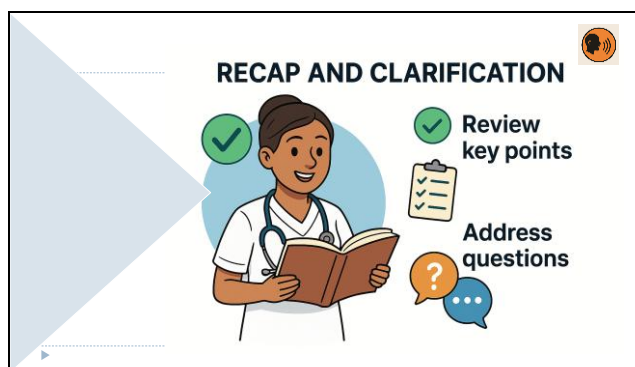
<https://my.clevelandclinic.org/health/diseases/common-age-related-eye-problems>

Slide
26



The images shown here depict loss of vision in the different eye conditions

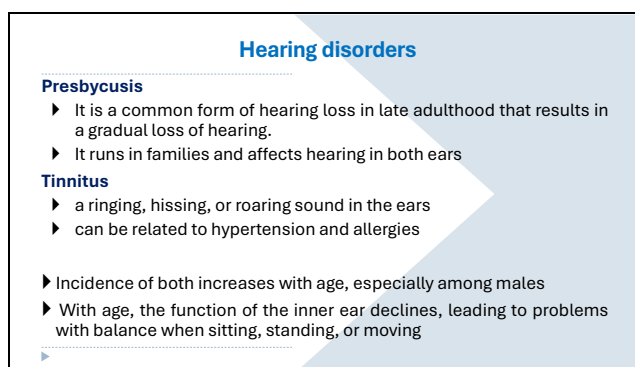
Slide
27



Trainer instructions

Pause and Recap, and ask participants for any clarifications.
Give participants a break for 5 minutes.
Time: 10 minutes

Slide
28



Hearing changes

Presbycusis is a common form of hearing loss in late adulthood that results in a gradual loss of hearing. It runs in families and affects hearing in both ears.

Tinnitus

Tinnitus, a ringing, hissing, or roaring sound in the ears. The exact cause of tinnitus is unknown, although it can be related to hypertension and allergies.

The incidence of both **presbycusis** and **tinnitus** increase with age, especially among males.

The auditory system helps in hearing, and maintaining balance. With age this function of the inner ear declines which can lead to problems with balance when sitting, standing or moving.

Slide
29

Smell Disorders	
Presbyosmia	Smell loss due to aging
Anosmia	Total loss of smell
Hyposmia	Loss of only certain odors
Parosmia	Familiar smells suddenly seem unpleasant or different
Phantosmia	Smell odors that are not present

Smell disorders

Our sense of smell, or olfaction, decreases more with age, and problems with the sense of smell are more common in men than in women.

This loss of smell due to aging is called **presbyosmia**.

Total loss of smell, or **anosmia**, is extremely rare.

Dysosmia is a condition where a person's sense of smell becomes distorted. It can manifest in two ways:

- **Parosmia**: Familiar smells suddenly seem unpleasant or different. For example, coffee might smell like petrol.
- **Phantosmia**: Smelling odors that aren't actually present, like cigarette smoke or rotten food.

Problems with the chemical senses can be linked to other serious medical conditions such as **Parkinson's, Alzheimer's, or multiple sclerosis** (NIH: Senior Health, 2016).

Any sudden change should be checked out.

Loss of smell can change a person's diet, with either a loss of enjoyment of food and eating too little.

Reference:

Adapted from NIH Senior Health-Problems with smell

Slide
30

Slower Reaction Time	
▶ Elderly often have a slower reaction time than younger adults	
▶ May need longer to process information and prepare a response	
▶ It isn't a sign of declining intelligence. They just need an extra moment to process	

Slower reaction time

The elderly often have a slower reaction time than younger adults. They may need longer to process information and prepare a response.

Changes in sensory functioning and speed of processing information in late adulthood often translates into changes in attention (Jefferies et al., 2015).

This can be incredibly frustrating for older adults who feel like they aren't as sharp as they once were.

But it isn't a sign of declining intelligence. Instead, they might just need an extra moment to process.

Slide
31

Response to Pain	
▶ Older adults are less sensitive to pain than younger adults	
▶ 60%-75% of people over the age of 65 report some chronic pain	
▶ Decreased sensitivity to pain in older adults can conceal illnesses or injuries requiring medical attention	
▶ Chronic health problems (e.g. cancer) are responsible for most of pain felt by older adults	
▶ Learning to cope effectively with pain with specialist is recommended	

Pain:

Although the presence of pain increases with age, older adults are less sensitive to pain than younger adults.

Approximately 60%-75% of people over the age of 65 report at least some chronic pain.

Because pain serves an important indicator that there is something wrong, **a decreased sensitivity to pain in older adults is a concern because it can conceal illnesses or injuries requiring medical attention.**

Chronic health problems, including arthritis, cancer, diabetes, joint pain, sciatica, and shingles are responsible for most of the pain felt by older adults.

Cancer is a special concern, especially "breakthrough pain" which is a severe pain that comes on quickly while a patient is already medicated with a long-acting painkiller.

Managing pain is crucial to ensure feelings of well-being for the older adult. When chronic pain is not managed, the individual restricts his/her movements for fear of feeling pain or injuring themselves further. A decline in physical activity because of pain is also associated with weight gain and obesity in adults. Additionally sleep and mood disorders, such as depression, can also occur. Learning to cope effectively with pain is an important consideration in late adulthood, and working with primary physician or a pain specialist is recommended (NIH, 2015)

Slide
32

Sleep Disorders	
Advanced sleep phase syndrome	<ul style="list-style-type: none"> • Going to sleep earlier and getting up earlier than those younger
Insomnia	<ul style="list-style-type: none"> • Having trouble falling asleep and staying asleep • Most common problem among elderly
Sleep Apnea	<ul style="list-style-type: none"> • Repeated short pauses in breathing • Can lead to reduced oxygen in the blood

Sleep Disorders:

Similar to other adults, older adults need between 7 to 9 hours of sleep per night, but they tend to go to sleep earlier and get up earlier than those younger. This pattern is called **advanced sleep phase syndrome** and is based on changes in circadian rhythms (National Sleep Foundation, 2009).

Circadian rhythms are your body's internal 24-hour clock that helps regulate essential functions like sleep, hormone release, digestion, and even body temperature.

Insomnia is the most common problem in those 60 and older (NIA, 2016). People with insomnia have trouble falling asleep and staying asleep. There are many reasons why older people may have insomnia, including certain medications, being in pain, having a medical or psychiatric condition, and even worrying before bedtime about not being able to sleep.

Sleep apnea refers to repeated short pauses in breathing, while an individual sleeps, that can lead to reduced oxygen in the blood. Snoring is a common symptom of sleep apnea and it often worsens with age.

Reference:

<https://courses.lumenlearning.com/suny-lifespandevelopment/chapter/theories-of-aging>

Slide
33

Sleep Disorders (contd)	
Restless legs syndrome	<ul style="list-style-type: none"> Tingling, crawling, or pins and needles in one or both legs Worsens at night
Periodic limb movement disorder	<ul style="list-style-type: none"> Frequent kicking or jerking leg movements during sleep
Rapid Eye Movement	<ul style="list-style-type: none"> Muscle movements during sleep

Sleep Disorders:

Restless legs syndrome feels like there is tingling, crawling, or pins and needles in one or both legs, and this feeling is worse at night.

Periodic limb movement disorder causes people to jerk and kick their legs every 20 to 40 seconds during sleep.


Rapid Eye Movement (REM) sleep behavior disorder occurs when one's muscles can move during REM sleep and sleep is disrupted.

According to the National Sleep Foundation (2009), there are many medical conditions that affect sleep and include Alzheimer's Disease, Parkinson's disease and multiple sclerosis, gastroesophageal reflux disease, diabetes mellitus, renal failure, respiratory diseases such as asthma, and immune disorders cause problems sleeping.

Physical exercise, aerobic activity, weight training, and balance programs are all recommended for improving sleep.

Slide
34

RECAP AND CLARIFICATION



Review
key points

Address
questions

Trainer instructions

Pause and Recap, and ask participants for any clarifications.

Time: 7-8 minutes

Slide
35

End of Session 1

Assessment Task


Assess an older adult in your setting (male or female, in your hospital, family or neighbourhood) using a checklist for

- ▶ Physical changes
- ▶ Functional status
- ▶ Psychosocial aspects
- ▶ Chronic illnesses

Submit your checklist and report (2 pages) with your name and ID to ...
(Exercise to be completed before Session 2)

Instructions & Reflections

- ▶ Do take verbal informed consent of the elder person before doing the screening test. (Consent form)
- ▶ What strengths did you observe?
- ▶ What challenges were present?
- ▶ What surprised you?
- ▶ How will this affect your nursing practice?




Trainers Instructions:


Trainer may discuss this assessment to be carried out by all participants.
Consent form can be downloaded from the link in their Login page on the LMS (Informed verbal consent is sufficient).
This will be submitted by all before the start of the next session (a week later)

Time: 5 minutes

Session 2

Slide 1


 **Health And Beyond
Consultants**

 **Jodhpur School
of Public Health**

Module I: Session 2

Concepts & Principles in caring for older adults

CARE FOR THE ELDERLY



INC ACCREDITED ONE COURSE ON CARE FOR THE ELDERLY

Session 2

Welcome back to Session 2 of Module 1.


This session will be covered in 1 hour.

Slide 2

Recap from previous session

We have completed the following –

- ▶ Aging and ageism
- ▶ Aging theories
- ▶ Key changes in aging
- ▶ Assessment Task



Trainers Instructions:

Topics from the previous session may be recapped and few questions on the topics may be asked for recall.

Assessment task – Get feedback from a couple of participants about their experience.

Total duration: 7-8 minutes

Slide 3

Psychological Effects of Ageing

Many psychological effects of aging can lower the quality of life

- ▶ Exposure to adversity-bereavement, drop in income, poor physical health, dire living conditions etc.
- ▶ Significant loss in intrinsic capacity and decline in functional ability
- ▶ Subject to Ageism
- ▶ Depression and anxiety
- ▶ Social isolation and loneliness
- ▶ Abuse
- ▶ Lack of confidence and low self- esteem

Psychological Effects of Ageing:

Apart from physical changes, there are many psychological effects of aging that can lower the quality of your life.

Exposure to adversity, such as bereavement, drop in income or reduced sense of purpose and significant loss in intrinsic capacity and functional ability can all result in psychological distress and ageism.

Older adults are at an increased risk of depression and anxiety due to their having some chronic illness.

Social isolation and loneliness are key risk factors for mental health conditions and can have a serious impact on physical and mental health and longevity.

Elder abuse by a caregiver or another person can lead to serious physical injuries, increased risk of dementia.

Lack of confidence and low self- esteem due to changes in their looks & body are other psychological effects.

Slide 4

Psycho-social changes

Emotional Adaptation

- ▶ Elders may prioritize meaningful relationships and experiences over superficial ones.
- ▶ Grief, loss, and chronic illness can increase vulnerability to depression or anxiety.

Cognitive Shifts

- ▶ Mild memory and processing changes are common
- ▶ Social engagement becomes important to maintain mental sharpness.

Self-Identity and Purpose

- ▶ Older adults often reassess life achievements and regrets.

Cultural and Family Dynamics

- ▶ Elders may shift from authority figures to dependents, affecting family dynamics.

Psycho-social changes

Emotional Adaptation

Elders may prioritize meaningful relationships and experiences over superficial ones.

Grief, loss, and chronic illness can increase vulnerability to depression or anxiety.

Cognitive Shifts

Mild memory and processing changes are common

Social engagement becomes important to maintain mental sharpness.

Self-Identity and Purpose

Older adults often reassess life achievements and regrets.

Cultural and Family Dynamics

Elders may shift from authority figures to dependents, affecting family dynamics.

Note: Cognitive changes refer to shifts in how we think, learn, remember, and process information. These changes can be subtle or significant, and they may occur due to aging, health conditions, emotional states, or even life experiences.

Slide 5

Sexual Changes

- ▶ The elderly are often viewed as not sexually active
- ▶ Ageist myths can be internalized, and older people have difficulty accepting and acknowledging their sexuality
- ▶ Issues adversely affecting healthy sexual relationships include:
 - ▶ Chronic illnesses, including arthritis
 - ▶ Diabetes (erectile dysfunction)
 - ▶ Heart disease
 - ▶ Stroke
 - ▶ Dementia
 - ▶ Hormonal changes and medicines

Sexual Changes:

According to Kane (2008), older men and women are often viewed as not sexually active. These ageist myths can become internalized, and older people have difficulty accepting and acknowledging this. (Gosney, 2011).

In reality, many older couples find greater satisfaction in their sex life and have greater intimacy with a lifelong partner.

According to the National Institute on Aging (2013), chronic illnesses including arthritis diabetes, heart disease, stroke, dementia and hormonal changes and medicines can affect their ability to participate and enjoy sex.

Reference:

<https://courses.lumenlearning.com/suny-lifespandevlopment/chapter/theories-of-aging>

Slide 6

Chronic Illnesses associated with Ageing

Cardiovascular Diseases	Hypertension Coronary Artery Disease Stroke
Respiratory Diseases	Chronic Obstructive Pulmonary Disease (COPD) Asthma Tuberculosis
Neurological Disorders	Alzheimer’s Disease & Dementia Parkinson’s Disease
Musculoskeletal Disorders	Arthritis (Osteoarthritis & Rheumatoid Arthritis) Sarcopenia
Metabolic & Endocrine Disorders	Diabetes (Type 2) Osteoporosis Thyroid Disorders

Chronic Illnesses

As people age, they become more susceptible to chronic illnesses, which require long-term management.

The most prevalent conditions include

Cardiovascular diseases

- Hypertension
- Coronary Artery Disease
- Stroke.

Respiratory Diseases

- Chronic Obstructive Pulmonary Disease (COPD).
- Asthma
- Tuberculosis

Neurological Disorders

- Alzheimer’s Disease & Dementia
- Parkinson’s Disease

. Musculoskeletal Disorders

- Arthritis (Osteoarthritis & Rheumatoid Arthritis) .
- Sarcopenia

Metabolic & Endocrine Disorders

- Diabetes (Type 2)
- Osteoporosis
- Thyroid Disorders

Slide 7

Chronic Illnesses associated with Ageing	
Vision & Hearing Impairments	Cataracts & Glaucoma Hearing Loss
Mental Health Conditions	Depression Anxiety Disorders
Kidney & Digestive Disorders	Chronic Kidney Disease (CKD) Gastrointestinal Disorders – Includes acid reflux, constipation, and irritable bowel syndrome
Common Cancers	Oral Cavity Cancer, Breast Cancer, Cervical Cancer, Lung Cancer, Esophageal Cancer, Colorectal cancer, Stomach Cancer, Ovarian Cancer, Prostate Cancer, Leukemia & Lymphomas

Vision & Hearing Impairments

Cataracts & Glaucoma

Hearing Loss

Mental Health Conditions

Depression

Anxiety Disorders

Kidney & Digestive Disorders

Chronic Kidney Disease (CKD)

Gastrointestinal Disorders – Includes acid reflux, constipation, and irritable bowel syndrome

Common Cancers

Oral Cavity Cancer, Breast Cancer, Cervical Cancer, Lung Cancer, Esophageal Cancer, Colorectal cancer, Stomach Cancer, Ovarian Cancer, Prostate Cancer, Leukemia & Lymphomas

Slide 8

Challenges in taking care of older adults

Exercise
What has been some of the challenges you have encountered while providing care to older adults?

Trainers Instructions:

Ask participants to think of challenges in elderly care from their personal experiences.

1-2 participants may be asked to share their experiences (2 minutes each)

Time: 6-8 minutes

Slide 9

Challenges in taking care of older adults

- ▶ Providing care for the elderly can be quite difficult and draining
- ▶ Need a broad variety of abilities, solid knowledge basis and skills to effectively manage chronic illnesses, comorbidities
- ▶ **Main challenges of the elderly care:**
 - ▶ Limited mobility and reduced immunity
 - ▶ Accessing Healthcare services
 - ▶ Mental Health Issues
 - ▶ Reduced financial independence
 - ▶ Availability of skilled healthcare providers and health facilities

Challenges in taking care of older adults

Providing care for the elderly can be quite difficult and draining because they frequently require greater physical and emotional support.

It requires multiple abilities and a adequate knowledge and skills, including the interpersonal communication and patience to effectively manage elderly patients.

Some of the main challenges of elderly care are :

Limited mobility and reduced immunity

With decline in normal mobility, daily tasks like meals bathing, grooming and dressing becomes challenging. Ageing of the immune system is also a risk factor for pathologies associated with the aging

Accessing Healthcare services

Elderly people often have complicated healthcare needs and may need see a different medical professionals. It is important to ensure that everything is coordinated and all specialised care is provided without any conflicts.

Mental Health Issues

Many elderly people feel isolated or marginalized due to age related stereotypes (ageism). It is important to ensure that they are engaged and participating in social activities for a sense of purpose in life.

Reduced financial independence

Elderly may not be financially independent. They can also be vulnerable to scams and fraud as most financial transactions are done online these days.

Lack of skilled healthcare providers and health facilities

There is a growing demand for healthcare services for the elderly and availability of trained care providers is a reality in many places. Besides, elders requiring chronic medical attention may have difficulty in accessing health facilities and would benefit of services provided at home or within their vicinity.

Source: <https://scnova.org/major-challenges-to-expect-when-caring-for-the-elderly/>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6986530/>

Slide
10

Comprehensive multidisciplinary care services

<p>Why Multidisciplinary Care Matters</p> <ul style="list-style-type: none"> ▶ Older adults often have multiple conditions ▶ A team approach ensures: <ul style="list-style-type: none"> ▶ Comprehensive assessments ▶ Coordinated care plans ▶ Better health outcomes 	<p>Care Team</p> <ul style="list-style-type: none"> ▶ Doctors, nurses, physiotherapists, nutritionists, psychologists, wellness experts, counselors, rehabilitation <p>Components of Care</p> <ul style="list-style-type: none"> ▶ Care continuum of Tertiary clinical care to Home-based care and telemedicine ▶ Early diagnosis and prevention ▶ Palliative and end-of-life care ▶ Healthy aging
---	---

Comprehensive multidisciplinary care services

Comprehensive multidisciplinary care services are essential for elderly individuals due to the complex health, social, and psychological challenges they face. With aging population growing rapidly, a holistic approach to elderly care is crucial for improving quality of life, independence, and overall well-being.

Integrated Health Management

Older adults often have multiple conditions. A team approach ensures:

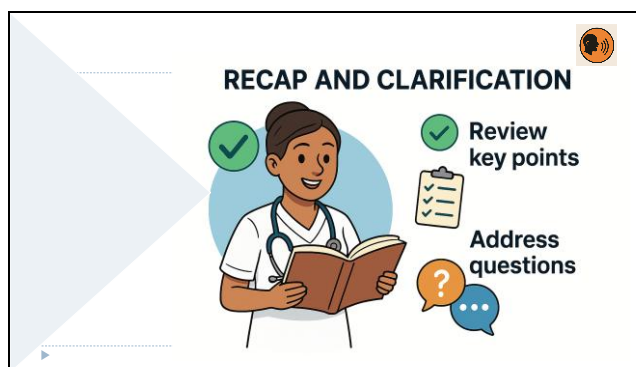
- Comprehensive assessments
- Coordinated care plans
- Better health outcomes

Care Team - Doctors, nurses, physiotherapists, nutritionists, psychologists, wellness, counselors, rehabilitation

Components of Care

- Care continuum of Tertiary clinical care to Home-based care and telemedicine
- Early diagnosis and prevention
- Palliative and end-of-life care
- Healthy aging

Slide
11



Trainer instructions

Pause and Recap, and ask participants for any clarifications.

Time: 7-8 minutes

Slide
12

Cultural and spiritual Considerations

- ▶ Ageing is linked to respect and family roles.
- ▶ Elders often draw strength from their cultural & religious beliefs, and spiritual practices.
- ▶ Spirituality is not limited to religion; it may include nature, music, art, or community connections.
- ▶ Some beliefs may delay seeking help
- ▶ Nurses must balance cultural respect with care standards.
- ▶ Must respect on how an older adult wishes to be spoken to or referred
- ▶ Involve families in decisions
- ▶ Avoid assumptions, ask questions, and listen

Cultural and spiritual considerations are essential in elderly care, as they deeply influence how older adults perceive health, illness, and end-of-life experiences.

Ageing is linked to respect and family roles. Elders are often trusted and their advice sought in family matters. It sometime becomes difficult for them to take advice from younger members.

Elders often draw strength from their cultural & religious beliefs, and spiritual practices.

Spirituality is not limited to religion; it may include nature, music, art, or community connections. Even solitude and reflection, through journaling or meditation, can help elders connect with their inner selves .

Some beliefs may delay seeking help.

Nurses must balance cultural respect with care standards.

Must respect on how an older adult wishes to be spoken to or referred

Should involve families in decisions.

Avoid assumptions and ask questions and listen.

Slide
13

Government Initiatives Supporting Elderly Care in India

National Program for Health Care of the Elderly (NPHCE)

- › Provides dedicated healthcare services for seniors at primary, secondary, and tertiary levels.
- › Includes geriatric clinics, rehabilitation services, and home-based care

Ayushman Bharat – PM-JAY

- › All citizens aged 70 and above are eligible for free health insurance coverage up to ₹5 lakh per year, regardless of income or existing coverage

Atal Vayo Abhyudaya Yojana (AVYAY)

- › Funds old-age homes and continuing care centers.
- › Encourages states to tailor their elderly care strategies.
- › Distributes assistive devices such as walkers, hearing aids, and spectacles.

Government Initiatives Supporting Elderly Care in India

India has launched several programs to improve elderly healthcare:

National Programme for Health Care of the Elderly (NPHCE)

- Provides dedicated healthcare services for seniors at primary, secondary, and tertiary levels.

-Includes geriatric clinics, rehabilitation services, and home-based care.

Ayushman Bharat – PM-JAY

All citizens aged 70 and above are eligible for free health insurance coverage up to ₹5 lakh per year, regardless of income or existing coverage

Atal Vayo Abhyudaya Yojana (AVYAY)

An umbrella scheme that includes:

- Integrated Program for Senior Citizens (IPSRc): Funds old-age homes and continuous care centers.

- State Action Plans for Senior Citizens (SAPSRc):

Encourages states to tailor elderly care strategies.

- Rashtriya Vayoshri Yojana (RVY): Distributes assistive devices like walkers, hearing aids, and spectacles.

Slide
14

Nurses Make a Difference

<p>Roles include:</p> <ul style="list-style-type: none"> ▶ Clinical care ▶ Education and counselling ▶ Advocacy ▶ Care coordination ▶ Emotional support ▶ Leadership 	<p>Core competencies</p> <ul style="list-style-type: none"> ▶ Holistic assessment ▶ Safe medication management ▶ Communication skills ▶ Chronic disease management ▶ Ethical, legal, and cultural competence
---	--

Nurses play a **central and multifaceted role in elderly care**, serving not only as medical professionals but also as advocates, educators, and emotional anchors

Roles include:

- Clinical care
- Education and counselling
- Advocacy
- Care coordination
- Emotional support
- Leadership

Core competencies include:

- Holistic assessment
- Safe medication management
- Communication skills
- Chronic disease management
- Ethical, legal, and cultural competence

Slide
15

Nurses' Role: Ethical Responsibilities

- ▶ Respect dignity and autonomy
- ▶ Obtain informed consent
- ▶ Protect confidentiality
- ▶ Report abuse or neglect
- ▶ Support informed decision-making



Ethical responsibilities include:

- Respect dignity and autonomy
- Obtain informed consent
- Protect confidentiality
- Report abuse or neglect
- Support informed decision-making

Slide
16

Exercise: Personal Action Plan

<p>In the 2 months, I will:</p> <ul style="list-style-type: none"> ▶ ▶ ▶ ▶ ▶ 	<p>Instructions:</p> <ul style="list-style-type: none"> ▶ five major areas/ topics or practice you will do with the elderly population
---	--

Trainer Instructions:

- Ask participants to develop the following for their personal action plan.
- This will again be discussed after the completion of the 9th module to track progress and experiences.
- The participants will detail five major areas/ topics or practice what they will do with the elderly population during the next 2 months.
- It is a self assessment work

Slide
17


Key Takeaways

- ▶ Ageing is diverse and individual.
- ▶ Ageism must be recognized and challenged.
- ▶ Care for the elderly requires a comprehensive multidisciplinary approach
- ▶ Nurses have a vital role in promoting health, dignity, and independence.

Key takeaways:

Ageing is diverse and individual.
Ageism must be recognized and challenged.
Care for the elderly requires a comprehensive multidisciplinary approach
Nurses have a vital role in promoting health, dignity, and independence.


Slide
18


 **Discussion: Questions and Answers**


Trainer Instructions:

All questions put up in the chat box will be answered by the trainer and the experts.
Additional comments and observations may be discussed.
Personal experiences of experts may be shared
Time: 7-10 minutes

Slide
19

 Health And Beyond
Consultants

 Jodhpur School
of Public Health



Thank you

Please register for Module 2

We come to the end of Module 1 on Concepts and Principles in caring for older adults
Thank you for your participation.
Please provide your feedback on this module. Your feedback is important for improving the course for the future
Please complete your post test and self assessment fun exercise by logging in to LMS account

Please register for Module 2 which is on Comprehensive Geriatric assessment

References.

- Bloom, B. S. (Ed.). (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain*. New York, NY: David McKay Company.
- McDonald, M. E. (2018). *The nurse educator's guide to assessing learning outcomes (4th ed.)*. Burlington, MA: Jones & Bartlett Learning.
- <https://www.un.org/en/global-issues/ageing>; *Integrated care for older people (ICOPE): Guidance for person-centred assessment and pathways in primary care*. Geneva: World Health Organization; 2019.
- <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- *What happens when you age?:* <https://www.ncbi.nlm.nih.gov/books/NBK563107/>
- https://www.who.int/health-topics/ageism#tab=tab_1
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5991498/>
- *A synopsis on aging—Theories, mechanisms and future prospects-João Pinto da Costaa, Rui Vitorinob,c, Gustavo M. Silvad, Christine Vogeld, Armando C. Duartea, and Teresa Rocha-Santos (Ageing Res Rev. 2016 August; 29: 90–112. doi:10.1016/j.arr.2016.06.005.)*
- <https://courses.lumenlearning.com/suny-lifespandevlopment/chapter/theories-of-aging>
- <https://my.clevelandclinic.org/health/diseases/common-age-related-eye-problems>
- <https://courses.lumenlearning.com/suny-lifespandevlopment/chapter/theories-of-aging>
- <https://scnova.org/major-challenges-to-expect-when-caring-for-the-elderly/>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6986530/>
- *Theories of Aging-An introduction to aging science- The American Federation for Aging Research*
- *A synopsis on aging—Theories, mechanisms and future prospects- Ageing Res Rev. 2016 August; 29: 90–112. doi:10.1016/j.arr.2016.06.005.*
- *Common Mental and Physical Health Issues with Elderly: A Narrative Review ASEAN Journal of Psychiatry, Vol. 23(S2) December, 2022; 1-11.*
- *Memory Problems, Forgetfulness, and Aging | National Institute on Aging*
- *WHO Integrated Care for Older People (ICOPE) 2024*

Annexure

Consent Form

Verbal Informed Consent

Introduce yourself keeping cultural sensitivities in mind. (Addressing elders with respect)

The following to be clearly and slowly read out to the Elderly, before any interaction.

Namaste. I am a participant in a Continuing Nursing Education program on Care for the Elderly. As part of our training exercise, I will be interacting with you and asking you a few questions on your health and care being provided. This might include few health measurements, like height, weight, Pulse, BP, Temperature etc. and about your health and lifestyle. No invasive procedures or assessments will be conducted.

Your participation in this exercise is completely voluntary. You may choose to opt out of any question or activity at any time or withdraw from this exercise.

The purpose of this interaction is for my learning as a nurse and better understanding the requirements for Elderly care. With these learnings, we will be better equipped to provide good and holistic care.

Any personal information shared by will be kept confidential.

You may withdraw from any activity if you feel uncomfortable.

Thank you