



ANNEX 1:

Trainer guide for normal ageing and communication

I. Normal ageing module

1. Learning objectives

- To increase awareness and knowledge concerning various aspects of the normal ageing process.
- To challenge myths and misconceptions about old age.
- To present a positive ageing approach for participants as they meet an older person or approaching old age themselves.
- To identify the adaptations that can be made towards changes especially with the five senses.

2. Slides with trainer notes (on each slide)

[Download slides](#)

3. Training requirements

1. Laptop / PC
2. LCD projector
3. Video on vision and hearing Impairment (optional)
4. Flip chart/white board and markers (if possible either two flip charts, or flip chart and white board)
5. Normal ageing simulation activities:
 - a. Needles and thread
 - b. Ear plugs and/or cotton wool
 - c. Prepared glasses
 - d. Newspaper
 - e. Rulers and bandages
 - f. Gloves (various types and textures)

4. Exercise

Younger peopleoften have difficulty understanding what the normal sensory losses and changes in functional status mean to older adults. To overcome this experiential problem, a classroom assignment, the aging simulation exercise, was developed to engage students as active participants in their learning. Students are obliged to "experience" first-hand some of the many aches and pains as well as sensory losses commonly associated with the aging process. The aging simulation exercise individualizes the effects of physiological aging by forcing students to *experience* functional losses. By doing so, it brings home the *meaning of functional impairments* to ...*younger people* in a much more effective



way than even the best written chapter in a text or the most brilliant lecture could hope to achieve.

Source: Wood, MD. Experiential learning for undergraduates: A simulation about functional change and aging. *Gerontology & Geriatrics Education*, 23(2), 02.

5. Teaching objectives

- To develop an appreciation of the effects that age-related changes in sensory-motor function have on daily living activities.
- To increase the knowledge of physical requirements for accomplishing basic tasks to community living.
- To increase sensitivity to the feelings engendered when functional skills are impaired and independence is compromised.

6. Supplies needed:

- Absorbent cotton balls
- Ear plugs (optional)
- "Ace" bandages
- Glasses or plastic safety goggles
- Sunflower seeds or dried split peas
- Petroleum jelly

7. Handouts

7.1. Normal ageing – How to adapt

As we age, we will experience many changes. Changes will occur to our bodies, to our mental abilities as well as to our friends and families. Following are some of the common changes that occur as we age and some tips on how we can adjust to them.

1. Older persons generally need more time to adjust to changes.
 - a. Give them time.
2. The spine shortens and bones lose calcium putting a person at higher risk for fractures. Muscles get smaller and joints become stiffer.
 - a. Exercise can help prevent stiff joints, heart disease, high blood pressure, stroke, some types of cancer and diabetes.
 - b. Adequate calcium intake can prevent bone loss.
 - c. Encourage the older person to do as much as he/she can – don't take over and do everything for him/her.
3. The skin becomes thinner and more wrinkled; use small amounts of mild soap and apply lotion to keep skin moisturized.
4. Some short-term memory is lost; use notes to remind of doctor's appointments, birthdays, etc.
5. Vision is affected in terms of acuity, depth perception and colour. The following may help.
 - a. Ensure adequate lighting.
 - b. Keep objects in the same place.



- c. Install handrails.
 - d. Allow time to adjust between light and dark environments.
 - e. Use night-lights in bedroom and bathroom.
 - f. Place strip of tape on edge of stairs to provide contrast.
 - g. Tack phone and electrical cords to the wall rather than stretched across walking paths.
6. Decreased ability to hear high frequencies may interfere with communication. Try:
- a. Sitting at face level and talk face to face.
 - b. Do not cover your mouth.
 - c. Do not shout; this increases the pitch of your voice.
 - d. Using cues such as pointing to a glass of water when asking if the older person wants a drink of water.
 - e. Speaking slowly, using simple words and short sentences.
 - f. Encouraging use of hearing aid.
7. Decreased ability to taste and the sense of smell causes older persons to add more salt and sugar to food to enhance the flavor of foods. Try the following:
- a. Use spices such as garlic and ginger or curry (if well tolerated).
 - b. Install fire alarm and check batteries frequently.
8. Decreased sensitivity to temperature, pressure and pain increases danger of burns or injury. Do the following:
- a. Test water temperature.
 - b. Label the hot and cold taps.
 - c. Encourage use of closed-toed shoes.
 - d. Check for injuries.



8. What is low vision like?

These are the common eye conditions. The pictures simulate what someone with such conditions would see.

	NORMAL VISION has both central vision which allows us to see fine detail, and peripheral vision which allows us to scan our surroundings and so move through them.
	MACULAR DEGENERATION is an eye condition common in older people. Central vision deteriorates, and reading, recognizing faces and all close work becomes difficult.
	DIABETIC RETINOPATHY can accompany diabetes. Regular eye examinations are important for people with diabetes.
	RETINITIS PIGMENTOSA causes "tunnel vision" and night blindness. Moving around safely can be difficult as peripheral (side) vision is lost.
	CATARACT occurs when the lens of the eye become cloudy. An operation to replace the lens can often restore vision.
	GLAUCOMA is an increase of pressure in the eye. People over 40 should have their eyes checked every 2 years for glaucoma.

Source: Singapore Association of the Visually Handicapped, 2002
(www.savh.org.sg/cec/cec1.html accessed on 24 October 2004)

9. Additional reading materials

- Rob C. The Caregiver's Guide. Houghton Mifflin Company, Boston, 2001.
- Rowe J, Kahn R. Successful Ageing, Random House, New York, 1998



AGE-FRIENDLY PRIMARY HEALTH CARE CENTRES TOOLKIT

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- *Home Care Caregiver Organiser. Your Tips to Caring for the Elderly.* Manual drafted by Tsao Foundation and published by Ministry of Community Development Youth and Sports. ISBN 984 04 54457 Contact MCYS, 62589595
- Useful website: Singapore Association of the Visually Handicapped (www.savh.org.sg accessed 24 October 2007)

II. Communication module

1. Learning objectives

- To get an increased awareness and knowledge concerning communication with an older person.
- To help participants identify barriers to communication with older persons.
- To provide tips on improving communication with older persons.

2. Slides with trainer notes on each slide

Download slides

3. Training requirements

- Laptop / PC
- LCD projector
- Flip chart/white board and markers (if possible either two flip charts, or flip chart and white board)

4. Exercises

4.1. Exercise 1:

3-minute test: This is a **timed test**. You have only **three minutes** to complete.

1. Read everything before doing anything.
2. Put your name in upper right hand corner of the paper.
3. Circle the word 'name' in number 2 above.
4. Draw five small squares in the upper left-hand corner of this paper.
5. Put an 'X' in each of the squares you have just drawn.
6. Put a circle around each square.
7. Sign your name at the top of this page.
8. After the title write 'Yes', 'Yes', 'Yes'.
9. Put a circle around number 7.
10. Put an 'X' in the lower-left hand corner of this page.
11. Draw triangle around the 'X'.
12. On the back of this page, multiply 70X30.
13. Draw a circle around the word 'Paper' in number 4.
14. Loudly call out your first name when you get to this point in the test.
15. If you think you have carefully followed the directions, call 'I have'.
16. On the reverse side of this page add 107 and 278.
17. Put a circle around your answer to this problem.



18. Count aloud in your normal voice from 1 to 10 backwards.
19. Punch three holes in the paper with your pencil/pen here.
20. If you think you are the first person to get this far, call out loudly, 'I am the leader in the following directions'.
21. Underline all the even numbers on the left hand side of this page.
22. Now that you have finished reading carefully, do only sentences one and two.



Explanations to 3-Minute test

1. The 3-Minute test is a “fun test” that will bring out common mistakes that people make (e.g. not reading the entire instructions given, and therefore ending up in more, unnecessary work).
2. Distribute the test sheet face down.
3. Instruct the participants not to turn the sheet face up until you give the start signal.
4. Mention that this is a test, and everyone has to work by himself, and cannot communicate verbally, or even with eye contact to fellow participants.
5. Instruct the participants that they have only three minutes to complete the sheet; the person with the highest mark is the winner.
6. Instruct the participants that once they are finished, they have to sit still until the three minutes are over.
7. Most of the participants will start answering the questions, although the test sheet gives clear instruction to read through the entire sheet first.
8. The participant who reads through will discover in the last line 22, that they only have to answer questions 1 and 2.
9. That will be a good laugh for the entire class as most participants will not read through the entire sheet – bring out the point: “being too “kiasu”¹ sometimes causes us to have more work” – mention that written instruction is also communication.
10. Highlight to the participants that not all of them had listened to the “message” conveyed – link that this is a common problem in non-effective communication – part of the message is “taken in” (the test needs to be done in 3 minutes), the rest has not been registered (to read all and only do point 1 and 2).

4.2. Exercise 2

Objectives: Participants will identify:

- barriers to communication.
- ways to improve communication.

Equipment:

- Printout of the diagram to show to the “communicator”.
- Pencils/pens
- Paper
- Watch with second hand

“Next I’d like to do an exercise to illustrate the components of communication. I need five volunteers and everyone else’s participation. One of you will be the communicator who will describe to the other four a diagram and they will have to reproduce it. I would like the rest of you to observe any communication difficulties that may take place. Who would like to be the communicator? Who will volunteer to reproduce the image?”

Once you have identified the volunteers, explain the following rules:

1. The person who gives out instructions can only use verbal communication.

¹ Kiasu is a Hokkien (a Chinese spoken variant) word that literally means 'fear of losing'. The word is so widely used by Singaporeans and Malaysians that it is incorporated into their English vocabulary (in form of Singlish). Wikipedia, the free encyclopedia (<http://en.wikipedia.org/wiki/Kiasu> accessed 10 January 2008).



NO HAND GESTURES!

2. His/her back should always be facing the audience.
3. The person may only repeat his/her instructions once.
4. The audience **MAY NOT** ask any questions.
5. You have 2 minutes. At the end of the two minutes everyone must show their diagrams.

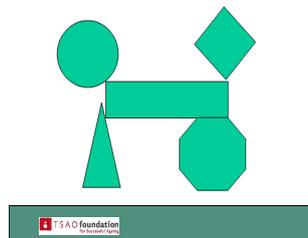
Perform the exercise then have each of the 4 volunteers show the audience their drawings. Place the transparency of the drawing described on the overhead. How similar or different are the diagrams the volunteers drew from that which was described? Ask the audience and the volunteers the following questions and write their answers on flip charts:

1. The audience:
 - a. "What communication difficulties did you observe?"
2. The volunteers:
 - a. "What were the difficulties you experienced as a communicator?"
 - b. "What were the difficulties you experienced as a receiver?"
3. All of the participants:
 - a. "What would be some ways to improve on the communication?"

Some concepts to bring out:

1. **Two-way communication** allows for clarification between participants. They are able to restate, rephrase, and give feedback of understanding.
2. **Face-to-face communication gives us the opportunity to know whether our message is received and understood. Eye contact** allows you to see if the person is paying attention.
3. **Time** may be a barrier to effective communication. If you think you have less time than you need to communicate, you will be pressured and as a result, you may end up being confusing and unclear in your communication.
4. **Gestures** can help make delivery more clear.
5. **The meaning of words can be very different from one person to the next.**
6. **Congruency between your non-verbal and verbal communication is very important.**

To summarize, a good place to start communicating effectively is by being aware of your own communication and working to improve your own skills.



4.2. Exercise 3: Role play

- a. **Instructions:** Divide into groups of not more than five people.



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- Three two/three volunteers per group.
 - Each **role play** should be no more than five minutes.
 - Observers in each group will have to comment.
- b. Scenario one**
- You are volunteering in a Housing and Development Board (HDB) Estate. Today you noticed Mrs "A" looking extremely sad. You saw her crying and are concerned. You go to speak with her.
 - Mrs "A": Your health has been deteriorating over the past few years. You just came back from the doctors and was told that your diabetes which has been out of control is beginning to affect your vision. You have a condition that will just deteriorate. Also, the sore on your feet is badly infected. You worry about the losses and remember the many other losses you have suffered.
- c. Scenario Two**
- You are volunteering in a HDB Estate. You are in charge of the recreational activities. You are going to start a new activity and have to get the residents involved.
 - Mrs B – You are a resident of Block 172. You are shy of people and usually keep to yourself and stay at home. Today, you have been asked to join a new activity. You are not comfortable and want to get out of it.
- d. Notes for the observers**
- **Focus on the volunteer:** Observe the appropriateness his/her posture, facial expression, gestures, voice, eye contact.
 - Listen for appropriateness of the words used by him/her.
 - Make notes of what is good and what can be improved.
 - **Focus on the older person:** Observe how they react or respond to the volunteer.
 - Make notes on their reactions/feelings.

5. Handouts

5.1. Background to communication

a. Introduction

Communication is important for everyone. It is the basis of relationships. However, ageing in itself is alienating – passage of time places us in various categories with various social expectations. It changes the way we relate to one another and creates the need for special communication techniques to bridge the gap.

Why do we communicate? – Functions of communication

- To link the individual with the environment
- To regulate internal and external behavior of others – this is potentially difficult if we expect our communication to change the behaviour of others to fit our view of what it should be.
- To regulate mental, emotional, and physical behavior of self.
- To develop higher mental processes (imagination, recall, concrete and abstract thinking all associated with increased activity of speech muscle).



b. How ageing affects communication

Socially

Interpersonal communication with the family or old friends is rarely compensated for by ties to neighbors or fellow participants of day care centers etc. Neighbors and fellow participants of day care centers, social activity centers are not chosen. People may have widely different interests and backgrounds. Each person feels he/she is different, singular, alone. The person may become too discerning of differences in the other people and fails to recognize their common humanity.



Physically

Typically, age can make a person's voice tremulous, weak, hoarse, and higher or lower pitched than it was in middle age. Changes in articulation (process of shaping the vocal tone into significant oral symbols).

Changes in hearing – hearing loss begin in the second decade of life and proceeds very gradually with age. Age affects acuity (accuracy of perception) and threshold (minimum amount of stimulation needed to excite a sense organ). More withdrawn, less initiative, more suspicious about people.

Changes in vision – decreased external stimulation, more fears.

Physical impairment due to injury or illness can affect the quantity and quality of relationship

c. How illness affects communication

Left hemisphere damage (as a result of stroke, head injury, degenerative disease) may affect speech and language skills/ability (aphasia or dysphasia – a disorder of the capacity to deal with all aspects of symbolic language – verbal, gesture, visual and graphic. The disturbance may be in expressive aphasia (ability to formulate and encode ideas symbolically) or receptive aphasia (difficulty in the comprehension of spoken and written language).

Perception is basic to interaction. It is an individual's interpretation of events seen and heard, or otherwise received through the senses.

Illness and disability can engender depression and body image issues and impede open communication – depression affects memory, concentration and desire to communicate.

d. Components of communication

- Verbal.
- Non-verbal (body language): voice quality, facial expression, gestures, body posture. It is important to remember that our emotions colour/influence our communication.

e. Principles to remember

- Reflect on your interactions with the older person. Clarify the purpose of your communication -- when are the times you get angry/frustrated with them?
- The quality of your relationship is reflected in your communication. The quality of the communication reflects the quality of the relationship. We often forget, communication is two-way – the older person is not an object. Like it or not, we need to accept their uniqueness as individuals, their feelings, their right to choose and act. Be clear about the end -- what's important in your care giving.
- Be aware of various components of communication and your impact on the communication process.
- Your emotions color your communication.
- Communications is two-way – you impacting the other and the other impacting you.

f. Practical tips

- Communicate at face level.
- Speak louder but don't shout.
- Use appropriate language + rephrase if necessary.
- Allow time for responding.



- Allow for feedback.
- Use visual cues.
- Empathic responding – use of touch.
- Focus on the said and unsaid.

5.2. Caring for the elderly – better communication principles

- 1. Clarify your purpose:** Trying to influence another's behavior can be potentially difficult and confliction. Whenever possible, give people the option to decline or assert their independence.
- 2. The quality of the relationship is reflected in your communication:** If you notice the residents not being totally up-front with you, it could be because they don't have enough trust in you.
- 3. Care giving is a relationship:** To be an effective volunteer to an older person, you need to have a relationship that is based on trust and respect. Just providing physical comfort is not enough.
- 4. Communication is two-way:** Just as much as you would like the older person to listen to your message, it is equally important that you listen to his/hers. Another aspect of two-way communication is that you act on and react to the other person.
- 5. Be non-judgmental:** You are not the appointed judge – save it for the court.
- 6. Be sensitive to your impact**

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