

REPORT OF ACTIVITY ON ENTRY LEVEL TRAINING OF LONG TERM CARE

Collaboration between Centre for Ageing Studies (CAS) Universitas Indonesia
with Keishin Gakuen Educational Japan

Held on 30 October- 1 November 2016, Ruang Apung Universitas Indonesia

Reported by
Centre for Ageing Studies (CAS) Universitas Indonesia

Submitted to
Keishin Gakuen Educational Japan

ENTRY LEVEL TRAINING OF LONG TERM CARE

Purpose:

Training family caregivers and volunteer caregivers in communities to engage in long-term care for the elderly, Keishin develop a common modularized training program. Professional trainers learn it as a training kit.

Eligibility:

Those who engaged in long-term care work in long-term care service providers. Those who take care for the elderly as a family caregiver or as a volunteer.

Competency: Work under professional advices in unstructured context.

Required Knowledge: Basic general knowledge of long-term care

Required Skills: Basic skills carry out simple required tasks of long-term care.

Training Schedule: 31 Oct.-1 Nov. 2016. (Japanese staffs will arrive at 29 Oct and will leave 1 Nov. night)

Training Hours:

Day 1 (total of 6 hours)

09:00 –12:00 In class training

12:00 – 13:00 Break for lunch and prayer

13: 00 – 16:00 In class training

Day 2 (total of 3 hours training and 2 hours reflection)

09:00 –12:00 In class training

12:00 – 13:00 Break for lunch and prayer

13: 00 – 15:00 Reflection

15:00 – finish Evaluation

Module:

- The Values of Long-term Care (KAIGO)
- Promote Life Quality for the Individuals you Support
- Working with Risk
- Understand your Role as a Care Worker
- Safety at Work
- Communicating Positively
- Recognize and Respond to Abuse and Neglect Develop as a Worker
- Body and Mind Mechanics of Older Persons
- Supporting Activities of Daily Living
- Supporting Instrumental Activities of Daily Living
- Dementia Care

Training Theme:

- Introduction(Motivate to PENDAMPING LANSIA)
- Understanding the Aging
- Communication
- Working with Risk, Safety at Work (Preventing an erroneous swallowing in caring for meals)
- Prevention of abuse and neglect
- Security for long-term caregivers (especially prevention against backache)

Process of Learning:

- Watch video images using VTR or pictures
- Discuss the point of working unsafely/ with a risk in the video or pictures
- Recognize possible risks and knowhow to promote safety in work by explanation of trainers
- Demonstrate an appropriate way (role play)

Trainees: 15 persons.

Targetted subject of tentative training :

- Kader Posyandu (voluntary social worker, community based –developed by ministry of health) : 5 people
- Pendamping lansia (community based, social worker - developed by ministry of social affair) : 5 people
- Pendamping lansiapanti (institutional based social worker) : 5 people

Trainers:

Ms. Susiana find prospectus trainer from EPA returnees with Kaigo fukushisi certification. Preliminary briefing for the trainer candidates, one day before deliver the training (October 30th)

Translator:

Two (2) Indonesian translators, employed by Keishin Gakuen Educational Group, watch the training process and explain to Japanese observers in Japanese language.

Instructors from Japan: (please corrected if wrong in writing the name)

Mitshutoshi Kobayashi, President of Keishin Gakuen Education Group
Takeo Ogawa, Ph.D. President, (NPO) Asian Aging Business Center (AABC)
Katsuhiko Kikuchi, Chief Secretariat, Keishin Gakuen Educational Group
Miyuki Saito, Instructor, Nihon Iryo Kaigo Jinzai Kyokai (Japan Medical Care Human Resource Development Association)
Hiromi Kinebuchi, Researcher, Keishin Gakuen Educational Group
Matsunaka, ..
Kiyosaki, Asian Aging Business Center (AABC)
Motoyuki Kawatei,

Facilitator Indonesia:

Tri Budi Rahardjo, Professor, University of Indonesia
Dinni Agustin, Researcher, Centre for Ageing Studies, University of Indonesia
Fajar Susanti, Faculty of Nurse University of Respati Indonesia
Dwi Endah Kurniasih, Cita Sehat Foundation Yogyakarta
Susiana Nugraha, Researcher, Faculty of Health Science University of Jenderal
Achmad Yani, Bandung, West Java

Total observer 30 persons consist of:

1. Staff of ministry of health
2. Staff of ministry social affair
3. Academic member
4. Board of population and family planning
5. Board of women empowerment and child protection
6. Nurses
7. National Planning Board

Evaluator:

Japanese committee members take responsibilities as evaluators of the tentative training module. Indonesian experts as advisers.

Text: Japanese staffs make workbook in Japanese and translate it in Indonesian language.

Facilities: Ruang Apung, University of Indonesia Depok

The Time Schedule Plan of Tentative Training

	Time Plan	Training Theme	
Day 1 10/31 Mon.	8 : 00 ~ 8 : 30	Registration	
	8 : 30 ~ 9 : 00	Opening remark	
	9 : 00 ~ 10 : 20	Introduction (Motivate to PENDAMPING LANSIA)	Explanation of the Program and Tentative Training Understand the Long-term Care is attractive, worthwhile. Prof . Tri Budi, CAS UI
	10 : 30 ~ 12 : 00	Understanding the Aging	Understand the Diseases of the elderly and important matters. (Including Understanding Dementia) dr. Wanarani Aries, Sp.KFR (K) - Geriatri FKUI
	Break for lunch and prayer		
	13 : 00 ~ 14 : 30	Communication	Understand how to communicate with the LANSIA. *request from PANTI SOSIAL TRESNA WERDHA BUDI MULIA” Syaiful Gunardi (EPA returnee)
14 : 40 ~ 16 : 00	Working with Risk Safety at Work	(Including Preventing an erroneous swallowing in caring for meals) EttyNurhayati (EPA Returnee)	
	8 : 30 ~ 9 : 00	Registration	
Day 2 11/01 Tues	9 : 00 ~ 10 : 20	Security for long-term caregivers	Understand especially prevention against backache (including demonstrate) Ai Suryani (EPA Returnee)
	10 : 30 ~ 12 : 00	Prevention of abuse and neglect	Understand the Signs of Abuse, the Type of Abuse. Susiana Nugraha - CAS UI
	Break for lunch and prayer		
	13 : 00 ~ 15 : 00	Reflection	(Including Q&A time)

Result of pre & post test of the training

Distribution of Knowledge of Pre Test



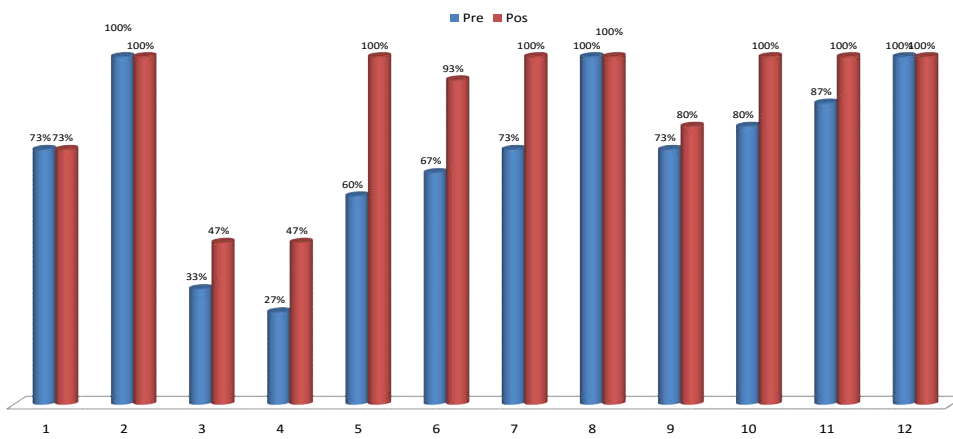
Distribution of Frekuensi of Post Test



n = 15

Knowledge of participants before and after training

Peningkatan Pre dan Pos Tes Pelatihan Care Giver



Review of the training (November 2, 2016):

- 1) Training is already on target
- 2) Happy as former EPA may play a role in their country
- 3) For next training, proposed what is role play most needed
- 4) Body mechanics most desirable
- 5) Theory and practice are correct
- 6) The participants had already experienced not on entry level, next time the participants expected from entry level
- 7) Participants are active, getting input as their experience
- 8) Visual amenities lacking, not in accordance with the required
- 9) There should be some research first before training, in order to know the culture, and the differences between the two countries, what is the different and the similarities
- 10) How is the condition of elderly people in Japan and Indonesia: as comparison
- 11) Practice in training (role-play) looks more effective, also video
- 12) Translation on training material still not good enough
- 13) For this project especially there will be monitoring whether there are impacts to the community or not
- 14) The purpose of the program is structured to be applied in Japan and other countries globally
- 15) It should be cooperation for the adjustment module
- 16) How is recruiting? Why all participants are women? Though there is male in observer and facilitator. Because for caregivers in the community more female members, and there is a tendency for elderly prefer to be cared for by women, but there are also elderly men who prefer to be treated by male caregiver, but generally prefer to be treated by women.
- 17) It should be improvement of videos about the location of drug administration and communication with the elderly
- 18) The original motivation of the training is curiosity whether the treatment was performed in Japan could also be applied to other countries?
- 19) Japan's own experience in elderly care, this experience could be utilized for other countries, since Japan has begun this since 1960, when the condition is more complicated than the conditions in Indonesia today
- 20) Ministry of Social RI own good material but not distributed properly and still has not had a good facilitator, if there are TOT for facilitator and has certification it will be good
- 21) Is the material, video and role play conveyed was appropriate for the conditions in Indonesia?
- 22) Presenters need to better understand the material to be delivered, better take the example of the original condition to make it more effective, as well as how to deliver interactive materials will be better than in the first case exemplified the participants so that the participants are also invited to think actively
- 23) In order for the public to know about dementia, should be made to understand not only the health workers, but all the elements must be involved; shopkeepers, police

officers, bank officers, etc. Also writing in newspapers, created a book, a novel about dementia.

- 24) The theme of abuse may be explored more, because they have to be careful to translate whether the case of abuse, violence or harassment, to be precise, in our opinion not good enough example in this matter. The definition of abuse must be clarified first, to avoid wrong perception in handling of the elderly, so the caregiver not afraid / less active in helping the elderly. The important thing is to maintain the dignity of the elderly. Philosophy of abuse depending on conditions, social and cultural. There is role play that is considered to be "lie" whereas we must not lie.
- 25) Presentation on aging is too general, in delivery material has to be changed, because it is less appropriate for entry level
- 26) From the results of questionnaire, raise the satisfaction level of 80%, the most preferred theme: 1. Abuse, 2. body mechanic, 3. Communication
- 27) Curious with the answer of the questionnaire about taking care of the elderly: as not a heavy workload, low pay/low salary is not a problem?
- 28) Next time the movie were made not too 'Japanese', adapted with the material, make the movie is more ideal.
- 29) Facilitators who lacks experience, so that questions of the participants are less properly answered.
- 30) Next time, questionnaire do not start with the question "what" (difficult to answer), but how, when, etc.
- 31) Looks participants lacking experience in filling out questionnaires (rarely get the questionnaire).
- 32) It is expected with the follow up after the training, what is the plan made by the participants, and looking forward to have the report of the progress.
- 33) Manual books are needed as a guidance

Conclusions:

1. There is a need for long-term care through formal education through university, care giver could be a fun profession initially "3 K" to "7 K", in Japan this carried out in formal education.
2. Long-term care can be implemented in Indonesia, and university as a national training center for TOT.
3. The first phase of the training was a trial and has taken place with quite satisfactory
4. Target of participants accomplished, although all of participants are women and already has experience delivering care giving
5. Materials, video and facilitator is not perfect yet need improvement
6. Increasing of knowledge and practice of the of participants after training
7. Simulation preferred activities

Recommendations:

1. The need for long-term care through formal education through university, care giver could be a fun profession initially "3 K" to "7 K", in Japan this carried out in formal education. In Indonesia, there is a needs of socials marketing for making something which is not attractive to be attractive.
2. Long-term care can be implemented in Indonesia, and university as a national training center for TOT that have international standard of LTC and should supported by the Indonesian government for its implementation.
3. For next training, participants are will be on entry level knowledge (not experienced), that will be recruited from vocational school who interested in caregiver services.
4. Facilitators, returned kaigo and trainers need to be exercise before giving training.
5. Supporting materials: video or movie are made with typical of Indonesia background or appropriate conditions.
6. More observation/research to the need of LTC in Indonesia (nursing home, community) that include cultural aspects (local values) and conditions of geography.
7. The curriculum is modified between Japan and Indonesia.
8. The next training conducted based on research and modification materials
9. Manual books available
10. The simulation will be done in the real place (nursing home/institutional care)
11. CAS UI plan to visit Keishin Gakuen Education Group next year

ATTACHMENTS

ATTACHEMENT 1: Action plan made by the participants of training:

Group 1: NGO

- Yayasan Cita Sehat: Depok, Yogyakarta and Bandung

1. Meeting, with team (Cita Sehat) for TOT program informal care giver training in community 2 November 2016
2. Conduct training informal care giver in Sumatera, Solo, Kediri, Depok, Malang, Surabaya, Cilegon (7 branch) branch of cita sehat 3-10 November 2016
3. Approach to health center (primary care = puskesmas) and local health district (dinas kesehatan) to be used as a reference care giver training activities is level of priority elderly program in Community in 2017 (November – Deecember 2016)
4. Join with academic institution (Respati University) to conduct care giver training in community.
5. Propose funding through Corporate Social Responsibility (CSR Fund) to conduct care giver training, collaboration dg CAS UI (30 November 2016)

- Yayasan Alzheimer Indonesia: Jakarta and Depok

1. Sharing information in Caregiver meeting every month

Group 2: Cadre in Depok Community

1. TOT to junior cadre in the community
2. Making data of family with elderly
3. Training to the family caregiver
4. Consultation with CAS UI for the better training

Group 3: Institutional care (Nursing Care and Hospital)

1. TOT to other staffs
2. Develop training materials appropriate with the local condition

ATTACHMENT 2: Minute of Preliminary Meeting “Project to Modularize Professional Training Programs for Long-term Care with the Objective of Establishing a Global Standard”, 24 August, 2016, Park Lane Hotel, Jakarta.

Keishin Gakuen Educational Group Granted by Japanese Ministry of Education, Culture, Sports, Science and Technology, and Centre for Ageing Studies (CAS) Universitas Indonesia

1. 08.00 – 09.00 Meeting with PPSDM (Centre for Training of Human Resources) Ministry of Health
Agenda : Hearing about the development of caregiver training program
Attendance :
Mr. Diono Susilo (Head of the central of planning and utilization health personnel)
Takeo Ogawa, Ph.D. President, (NPO) Asian Aging Business Center
Katsuhiko Kikuchi, Chief Secretariat, Keishin Gakuen Educational Group
Miyuki Saito, Instructor, Nihon Iryo Kaigo Jinzai Kyokai (Japan Medical Care Human Resource Development Association)
Hiromi Kinebuchi, Researcher, Keishin Gakuen Educational Group
Prof. Tribudi Rahardjo, Center of Aging Study
Susiana Nugraha, researcher of Public health study program, Ahmad Yani School of Health Sciences
Result :
 1. Ministry of health will support the implementation of caregiver training program
 2. The training will be subjected to the entry level program, that will be under coordination with the health care worker in district level (PUSKESMAS)
 3. The ministry of health will be invited as observer during the training program
 4. The training program for caregiver will become a good chance to transfer of knowledge from Japan to Indonesia
 5. Utilization of the EPA returnees who have passed the Kaigo fukushisi certification in Japan will become a good option

2. 10.30 – 17.00 Meeting with members at Park Lane Hotel
Agenda : Modularizing the tentative training for care giver
Participants
(Japan)
Takeo Ogawa, Ph.D. President, (NPO) Asian Aging Business Center
Katsuhiko Kikuchi, Chief Secretariat, Keishin Gakuen Educational Group
Miyuki Saito, Instructor, Nihon Iryo Kaigo Jinzai Kyokai (Japan Medical Care Human Resource Development Association)
Hiromi Kinebuchi, Researcher, Keishin Gakuen Educational Group

(Indonesia)
Tri Budi Rahardjo, Professor, University of Indonesia

Dinni Agustin, Researcher, Centre for Ageing Studies, University of Indonesia
Fajar Susanti, Faculty of Nurse University of Respati Indonesia
Dwi Endah Kurniasih, Cita Sehat Foundation
Susiana Nugraha, Researcher, Faculty of Health Science University of Jenderal
Achmad Yani

(Special Guest)

Nurlina Supartini/Yuni Burhan (4 persons), Sub Directorate of Elderly Health, Ministry of Health

Results :

1. Targetted subject fo tentative training :

Kader Posyandu (voluntarysocial worker, community based - developedbyministry of health) : 5 people

Pendampinglansia (community based, social worker - developed by ministry of social affair) : 5 people

Pendampinglansiapanti (institutional based social worker) : 5 people

2. Observer

1. Staff of ministry of health

2. staff of ministry social affair

3. Academic member

4. Board of population and family planning

5. Board of women empowerment and child protection

6. Nurses

The needs of training material for upcoming tentative training :

The discussion process resulting these following training material to be delivered during the tentative entry level training. (Grey mark are the selected items). Each material will be delivered in 2 hours in class training (2 x 50 minutes).

1. Mental and Physical Mechanism on Aging

1) Understand psychological and bodily changes associated with aging and regular life (Understand psychological and bodily changes,Psychology of the elderly, diseases of the elderly,disuse atrophy, physical changes associated with aging and the points of observation

2) Understand the adaptive behavior to adapt aging and disabilities and its obstructive factors, Understand one's self-concept and a purpose of life (the basic physical mechanisms,vital signs,memory)

2. Safety at Work

1) Fall prevention at the time of movement and transfer

2) Preventing an erroneous swallowing in caring for meals

3) How to wash hands properly in order to prevent the spread of infection

4) Infection control by oral care

5) Security for long-term caregivers (especially prevention against backache)

6) Prevention of abuse and neglect

7) How to report when the accident is occurred

8) How to care for bodily cleanliness, grooming

9) How to support for removing the clothes

10) Preventing physical environmental risk (including care for taking medicine)

ATTACHMENT 3: DOCUMENTATION PICTURE

A. Preliminary meeting (August 24, 2016)



B. Entry Level Training (October 31 – November 1, 2016)











~ THANK YOU ~