

'Take Care'

Educational game for nursing education



Manual for teachers



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More information on the projects can be found at:

GaBaLEARN <http://eduproject.eu/gabalearn/>

LernStandPD <https://www.fh-muenster.de/gesundheit/forschung/lernstand-pd.php>

TCI <http://tci.eduproject.eu>

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Lade dir die App >Take
Care< herunter!



Apple App Store



Google Playstore

Introduction



What is at the heart of nursing work? The answer is obvious apart from all the nursing expertise and methodology: **interaction** is the central element of nursing in order to be able to enter into and maintain relationships with care recipients and their caregivers. Because it is precisely these relationships that form the basis of every professional care activity. With *Take Care*, a serious game has been developed that focuses on precisely this element, taking into account nursing didactic and media pedagogical perspectives. In the fictional nursing home *Sunrise*, interaction in the nursing context as well as within the interprofessional team is emphasised. Here defines the focus of the players' actions in *Take Care*.

Take Care - a serious game

Serious games are (mostly digital) games that are intended to convey educational content in addition to fun and motivation. One of the reasons why digital games in particular are so popular is that they manage to motivate players over a long period of time to deal with game content, game mechanics and game-immanent challenges. Good (digital) games provide an instructional design that adapts to the level of the player, responds tirelessly and supportively to failed attempts, and imparts new knowledge in a logical sequence that builds on each other (Gee 2007). A constant learning process takes place, which the players go through voluntarily and with great commitment (Prensky 2002).

This, ideally *intrinsic*, motivation to deal with specific content is to be utilised in the case of serious games in order to bring educational content closer to the players.

Take Care is designed as a serious game and constantly challenges players to explore the game world independently, to deal with residents (and their biographies) and to have conversations with colleagues. All characters and processes in the game are based on real-life situations from everyday care, without, however, claiming to *simulate reality*. In this way, *Take Care* retains playful freedom, which is sometimes filled with humorous situations or imaginative consequences of action. *Take Care* represents a protected space for action in which players can and should move freely and try things out.

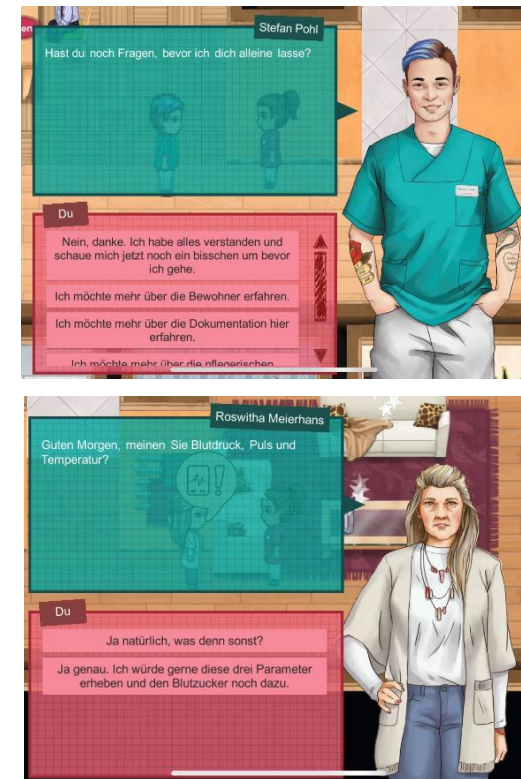
Course of play

In *Take Care*, the players can experience everyday care in a fictitious residential home within the framework of **seven different game days** (split into an early and a late shift). There are two game modes: **Story Mode** (the week is played through chronologically) or **Specific Day** (the respective days of the week can be selected individually and thus played, but with partially restricted game content).

Take Care focuses on one thing: the **interaction of the characters**. This also determines the course of the game. On the respective days of the game, this results concretely from the choice of the given dialogue options for shaping the interaction between the game characters. However, this process is also limited at the same time. Although players can influence the course of the game through their dialogue decisions, they always remain within the framework of the defined basic structure and the given dialogue options.

In order to make appropriate decisions in the course of the game, the players have to analyse the situation for themselves (e.g. What is the problem? What knowledge do I have to solve it? What are the needs of the individual characters, etc.). For this purpose, the players can use various sources, e.g. dialogues with the (virtual) actors involved (e.g. the help recipient, relatives, experienced colleagues) or e.g. the residential area library. However, the players can also leave these sources unused or even deliberately ignore them. Their decisions then flow directly back into the game as in-game feedback. Players thus experience a direct consequence of their decisions and actions in the virtual learning environment, in that other game characters react to their actions and statements. This makes it possible for players to critically question their own actions already during the course of the game.

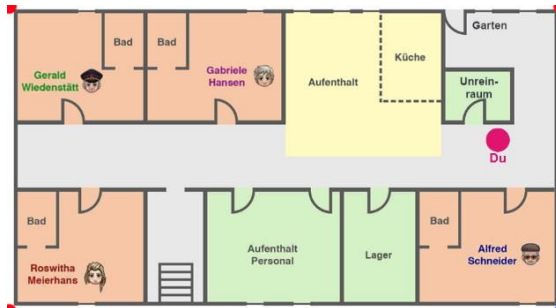
Depending on the dialogue options chosen, different situations can arise in the further course of the game. The players can thus experience the same or similar situations in the course of the game, which can develop into different scenarios depending on the dialogue decision and possibly lead to different outcomes.



(Game)Elements

Structure of the living area

The living area is divided into the following rooms:



4 residents' rooms

1 common room incl. kitchen

1 recreation room for the staff (incl. bookshelf, PC for care documentation)

1 storeroom

(incl. medicine cabinet with measuring devices, medicines, bandages etc., a linen cabinet with bed linen, incontinence pads and hot water bottles as well as a water supply).

1 Unclean workspace

(incl. shelf for laundry bags, washing machine and disposal)

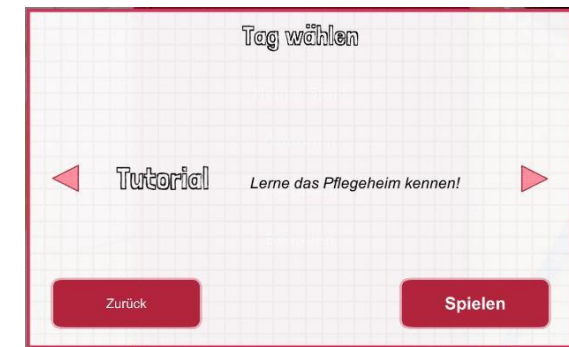
1 garden/outdoor area



The site plan can be called up at various points in the living area for orientation purposes.



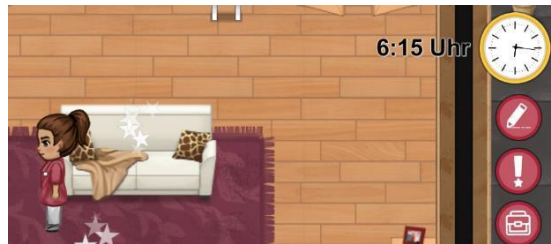
Tutorial



With the help of the tutorial, the players learn how to control the avatar (How do I move? How do I speak to the characters? How do I talk to game characters? How do I get help? What are my tasks? How do I get information? etc.) and on the other hand they get to know the dormitory and the game characters.

Shift duration

Each shift lasts eight virtual hours (15-30 real minutes). The clock in the upper right corner allows the players to keep track of time, which is very important because some tasks are time-bound. So that the progress of time does not become a limiting factor and the players can take enough time for interaction, the game time is stopped by talking to others and using the care documentation, the map and the library. As in reality, each virtual shift in *Take Care* ends with a shift handover.



Discovering dialogues and situations

Each character can be addressed at any time by clicking on the character. However, the following are worth highlighting
Interaction needs that play characters make clear via symbols in speech bubbles (e.g. exclamation mark,

emotions, activities). These interactions can shape the course and open up new situations for the players.



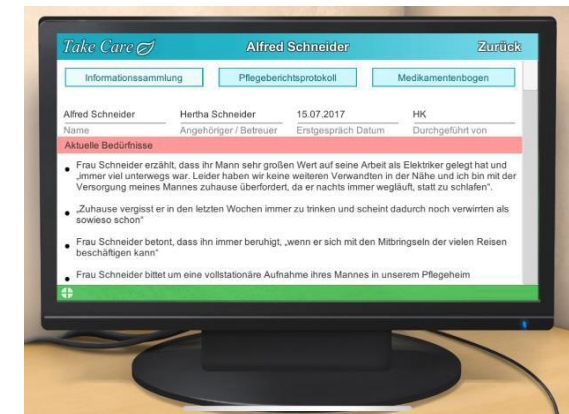
Nursing documentation

The digital nursing documentation can be accessed at any time by the staff via the PC in the common room. It serves as a source and generation of information.

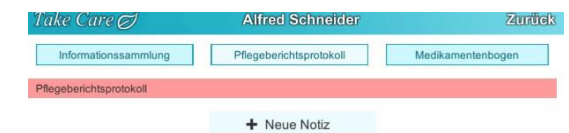
Each resident has his/her own nursing documentation.



This includes a collection of information,



a nursing report log



and a medication sheet for the respective resident.



The nursing report can be extended by creating a new note.

Bookshelf



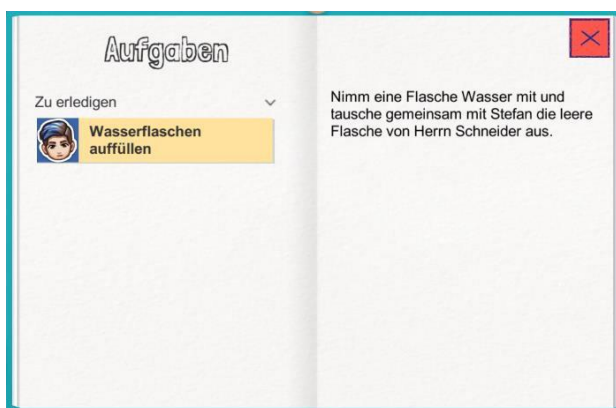
The literature in the bookshelf can be used for knowledge acquisition or review. The bookshelf is located in the staff duty room and is equipped with a selection of reference books.

Quests

In the course of a shift, various quests (tasks) await the players. The task descriptions can be found in the quest book in the upper right corner, which is highlighted with animated stars when tasks are still outstanding.



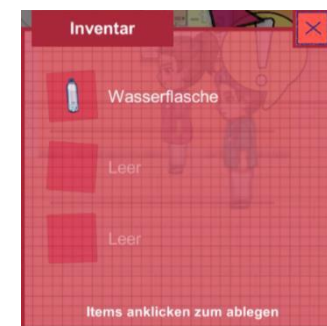
The tasks may consist of picking up objects and taking them to certain places or carrying out care activities with residents (e.g. taking vital signs).



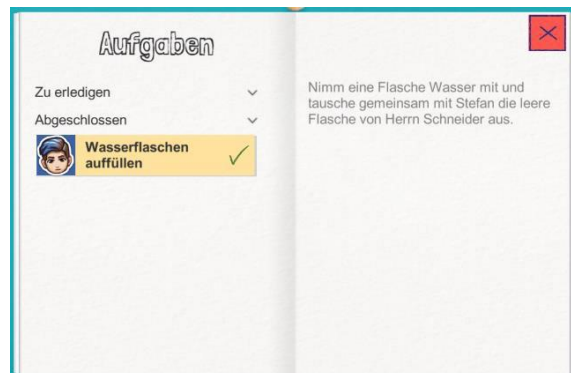
In the task illustrated in the quest book (see above), for example, a water bottle (=object) must be picked up and exchanged in the residents' room.



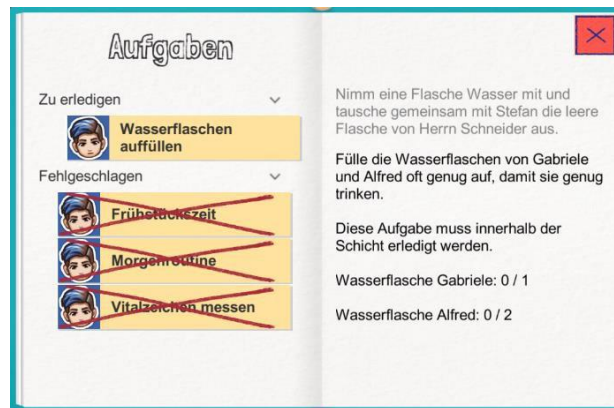
Whether an object has actually been taken up can be seen in the **inventory**.



After the exchange of the water bottle, the item of the water bottle disappears in the inventory and the quest is marked as done in the quest book.



Some quests are bound to time targets, which is why it is important to structure and plan one's nursing actions, as in nursing reality. If a quest could not be fulfilled, this is also indicated.



Notes

For mental support, players can write down thoughts, observations and perceptions about the residents in the form of notes throughout the play.



Dashboard

At the end of the shift, the player receives an overview of characteristics and areas of competence via a dashboard, which is a conclusion about the dialogue options chosen in the shift played.



The percentage distribution is individually linked to the dialogue decisions made. Thus, at the end of a care shift, each player receives a personal distribution and thus an assessment of the focus of action.



Characters and storylines

The virtual game characters correspond to the central actors in the environment of inpatient long-term care: care recipients (as residents), professional carers, relatives of the residents and an accompanying GP.

On the following pages you will get an overview of the game characters integrated in the game (key data, characteristics, storyline of the game character).



The residents of the nursing home and their storylines

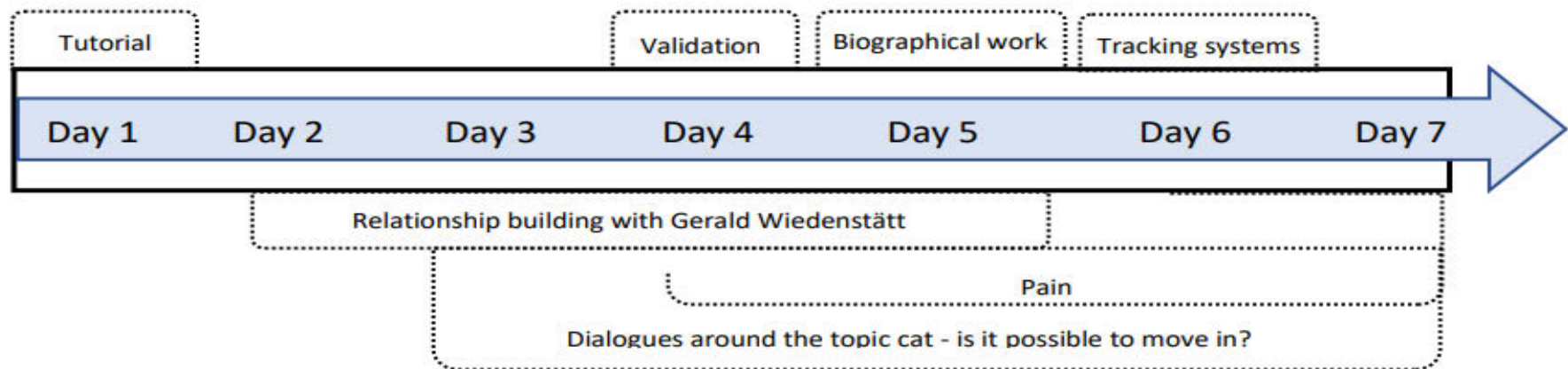
Gabriele Hansen



Gabriele Hansen is the good soul among the residents. As a caring mother and grandmother, she always tries to make her fellow residents feel good. This is also reflected in her need to always beautify her surroundings. The former gardener is particularly fond of flora and fauna. She is sad that she was not allowed to take her cat with her when she moved to the nursing home and that it now lives with her son. With Gerald Wiedenstätt, she has found someone to care for.

- 74 years old
- two grown-up children (Uwe & Ulf), one grandchild (Finn)
- Former profession: Gardener
- moderate dementia
- in the nursing home for six months

Storyline

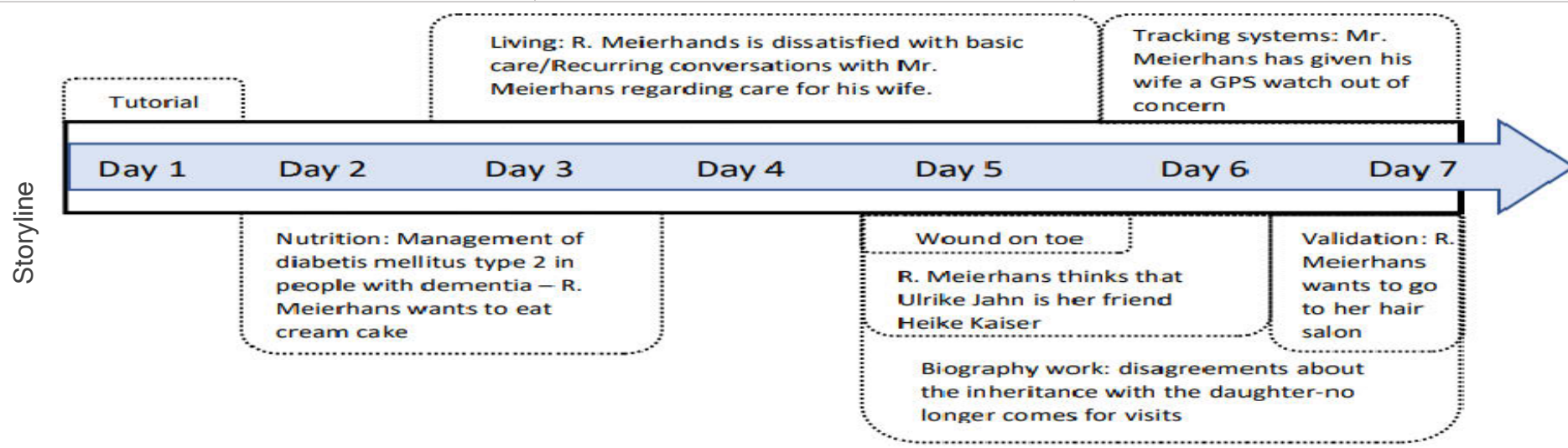


Roswitha Meierhans



Roswitha is the beauty queen at the Sonnenaufgang nursing home. When it comes to styling and looking good, the trained hairdresser always has good advice in store. A well-groomed appearance, politeness and etiquette are very important to her. Roswitha Meierhans has only recently moved into the facility and is still settling in. She finds it difficult to let her children and husband leave after visits. It makes her sad that her daughter has not visited her for weeks. Her orientation fluctuates with the course of the day. It happens that she mistakes nurse Ulrike Jahn for her friend Heike. Despite her diabetes, Roswitha Meierhans has a penchant for sweets, especially cream cakes. 52 years old, married (to Dieter Meierhans), three children (23, 20 and 17 years).

- Former profession: Master hairdresser with own salon
- Alzheimer's dementia
- Diabetes mellitus type II and a chronic wound
- Five weeks in the nursing home



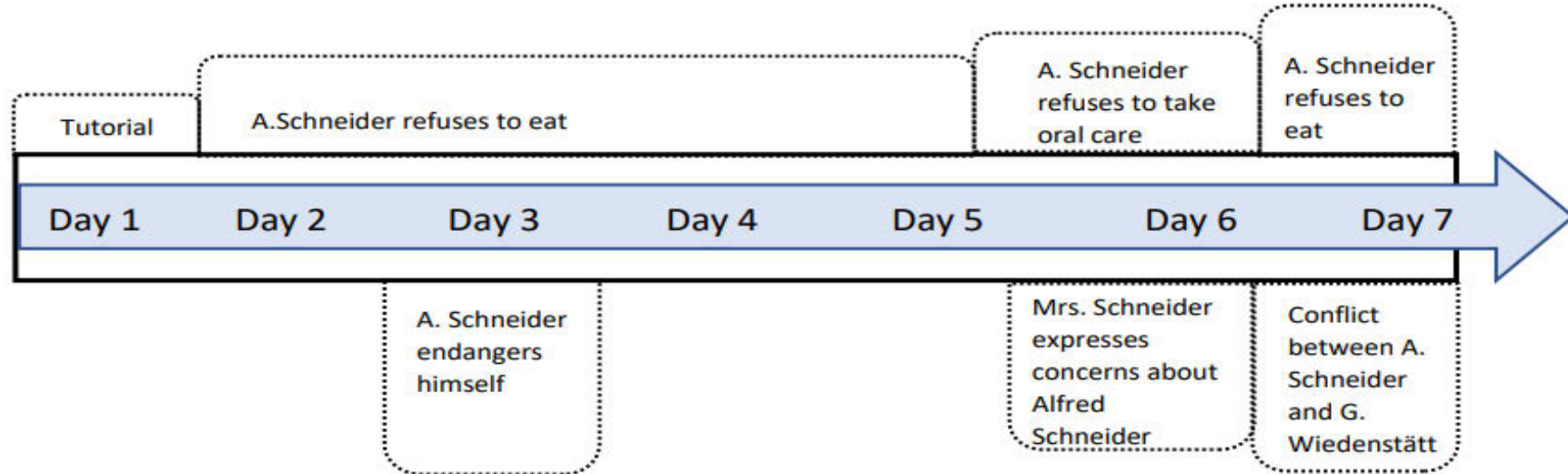
Alfred Schneider



When there is something to tinker with at the Sonnenaufgang nursing home, Alfred Schneider is not far away. As a former electrician, he takes pleasure in making everything that doesn't work properly, defective windows or sockets, his project. This is not always without danger for him. He is always active and it is never boring with him. Due to his illness, Alfred Schneider is at times disoriented in terms of location, time and person. His wife is a great support for him. He has many souvenirs in his room from his earlier travels and hobbies. Lately, he often does not want to eat.

- 83 years old, married (to Hertha Schneider)
- Former profession: Electrician
- Former hobbies: mountaineering, alpine sports
- Advanced dementia of the Alzheimer type, hypertension

Storyline

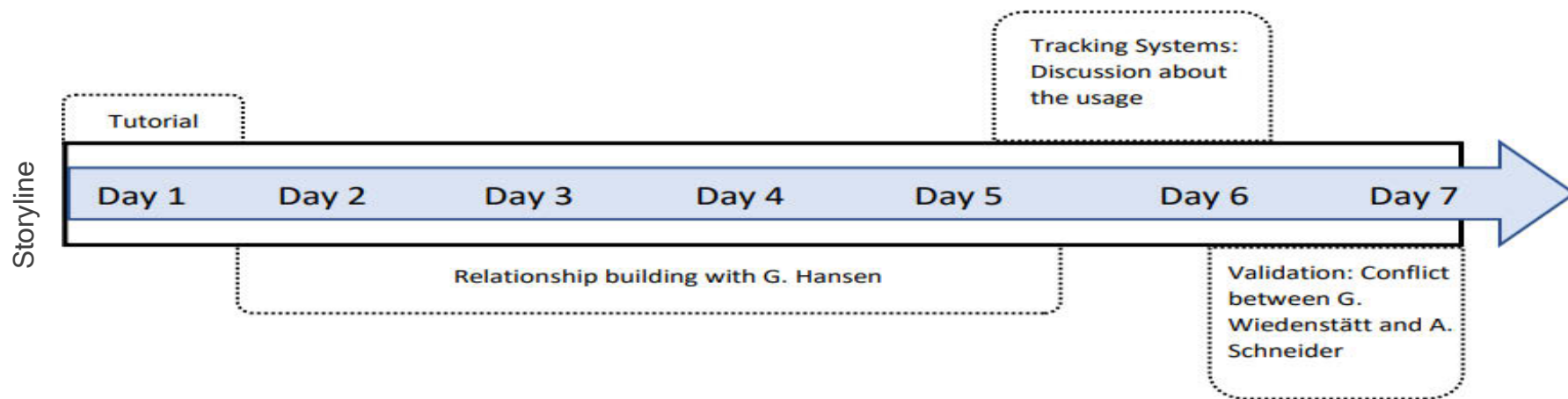


Gerald Wiedenstätt



Organising and delegating are Gerald Wiedenstätt's specialties. As a former manager at Deutsche Bahn, he likes to take things into his own hands. When he has set his mind on something, the sensitivities of others can sometimes fall by the wayside. If something doesn't suit him, he can be very quick-tempered. Order and functionality are very important to him. Gerald Wiedenstätt also has a soft side. An animated conversation about his beloved steam locomotives always brings a smile to his lips. The loss of his wife still hurts a lot. It often makes him sad that he has no children to come and visit him. In Gabriele Hansen he has found a familiar person.

- 86 years old
- Widower, no children
- Former profession: Manager at Deutsche Bahn
- Lives in a nursing home for 10 years



The care team of the nursing home

Ulrike Jahn



Ulrike Jahn is the epitome of routine among her colleagues in the nursing team. After 40 years in nursing, she longs for her well-deserved retirement. Physically, the job has taken a lot out of her. She does not like big innovations and changes. Ulrike Jahn finds it difficult to work in a team and to get involved in more than just nursing work. Punctuality, on the other hand, is very important to her. Despite her rather grumpy nature, she is happy to share her professional experience and is always available to answer professional questions. However, she is very careful to keep private and professional matters strictly separate.

- 61 years old
- Hobbies: Window Color, animal movies, cooking, lazing around
- Has worked in care for 40 years and in dementia living for five years

- 45 years old, partner, one daughter (9 years)
- Member of the German Professional Association for Nurses (DbfK) + the trade union Ver.di
- Geriatric nurse, 20 years of professional experience in four inpatient long-term care facilities and in outpatient care services.
- Practice supervisor

If there are problems at work, it is advisable to talk to Hubert Klein. As a trade union representative, he is always happy to offer advice and support. In his long and varied professional life, he has acquired an enormous amount of expertise that goes far beyond the normal standard. As a practice supervisor, he is happy to share his knowledge and help where he can. At present, however, he is disillusioned by the situation in the nursing home. He often has to step in and has hardly any time for practical guidance, the integration of scientific findings and work with relatives.

Hubert Klein



Stefan Pohl



Stefan Pohl's easygoing and social manner makes him "everybody's darling" in the institution. For the self-confessed punk, neither status nor possessions count. People are in the foreground for him. He enjoys interacting with the residents and is very popular with all of them. On the other hand, he avoids administrative tasks if possible. Those who are not put off by his colourful and changing hair colours will find Stefan a good colleague and friend.

- 28 years old, single
- geriatric nurse for 8 years
- Punk, may the lifestyle, music and scene

- 16 years old
- Pupil at the municipal secondary school
- completes a three-week internship at the nursing home
- has six siblings
- Interests: Belongs to the gothic scene, mangas, drawing, mythical creatures

Sabrina Meier begins her 3-week social internship at the Sonnenaufgang nursing home on the day the play starts. However, the purpose of such an internship is not apparent to her. She just wants to finish school quickly. Sabrina Meier comes from a simple background and has six siblings. Her parents are overwhelmed with the domestic situation. Therefore, Sabrina has never learned to deal with authority or criticism. As a member of the Gothic scene, she is very interested in the topics of death and transience. This is also her motivation for the internship at the nursing home. She wants her favourite topics experience "live". She likes and draws mangas herself. Another preference of hers are Mythical creature. Her favourite animal is the unicorn.

Sabrina Meier



Hertha Schneider (wife of Alfred Schneider)



Hertha Schneider is very worried about her husband. She has a guilty conscience about having put her husband in a nursing home. She is very worried about her husband's many hospital stays since he moved into the nursing home. She also expresses this to the nursing staff.

- 73 years old
- has difficulty adjusting to her husband's situation
- Change of role in the marriage (must now take responsibility)
- is therefore in psychological care

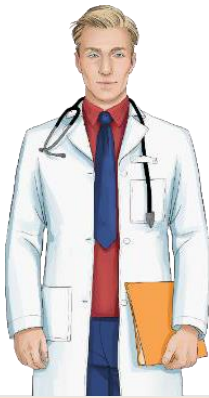
- 57 years old
- Banker, makes many business trips abroad
- can only visit Roswitha at the weekend

Dieter Meierhans has a loving relationship with his wife. He is very worried whether she will be well looked after in the nursing home. Since he feels very bad about having to take Roswitha there, he considers taking early retirement and caring for his wife. These inner conflicts sometimes make him very hot-tempered.

Dieter Meierhans (husband of Roswitha Meierhans)



Dr Alois Sommer



Dr. Alois Sommer is the conscientious family doctor who visits the residents of the neighbouring *Sonnenaufgang* nursing home once a week. Thanks to his calm manner, the experienced internist has a good rapport with the residents.

- 57 years old
- Specialist for internal medicine
- in private practice for 20 years in a small family practice
- Contact if required, home visits by arrangement
- Characteristics: easy-going type, does not get stressed out
- Hobbies: Cycling and gardening

Educational uses of *Take Care*

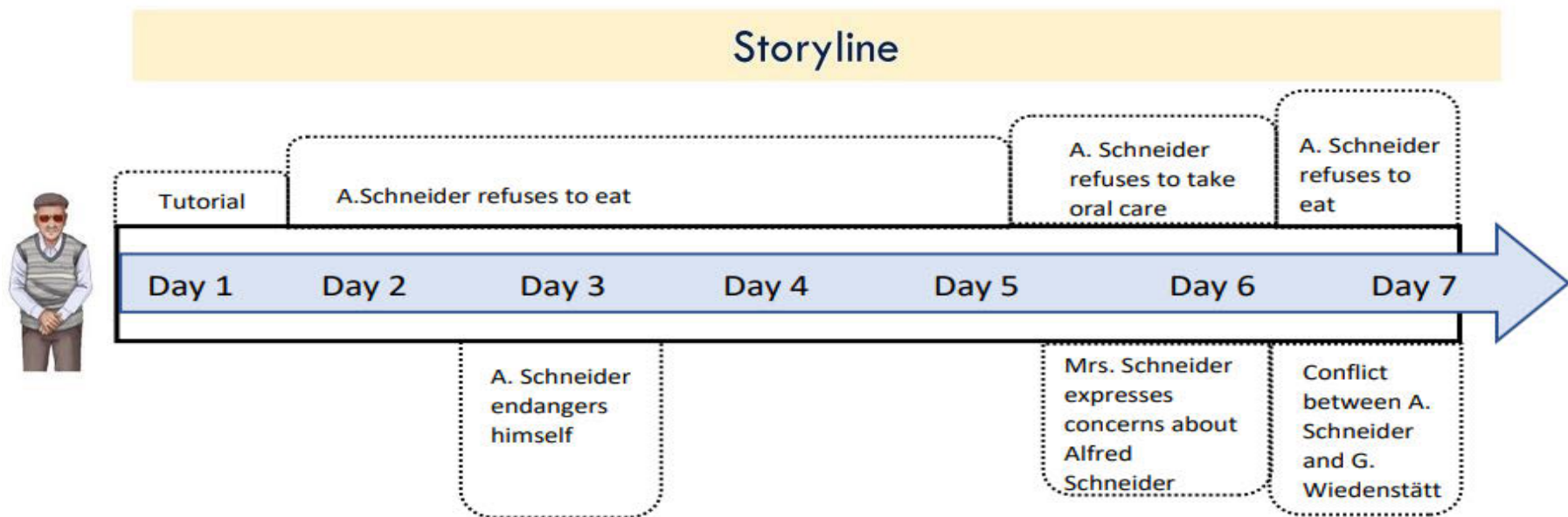
Although the serious game *Take Care* can also be played by learners independently of systematic didactic embedding and reflections and may also provide learning opportunities in these contexts, we are of the opinion that the development of the learning potential can only be achieved through the didactically justified integration of the learning game in systematically justified educational processes and presentation-based reflections.

The following outlines are intended as aids to present ideas for integrating the serious game *Take Care into* lessons. They by no means claim to be complete and offer room for further creative ideas of integration within the framework of professional pedagogical-didactic action. The outlines presented here are based on the storylines of the two characters *Alfred Schneider* and *Gabriele Hansen*. Through the identification of educational content on the individual days, possible competences to be developed are determined and a potential didactic procedure is developed. It would be conceivable to systematically integrate *Take Care* at various positions in the didactic procedure and thus with various intentions. It can be used both in the context of the introduction (problem outline, acquisition of experience, etc.) and as a learning medium (information input, application of contents, etc.) or as an aid for reflective discussion of contents in a learning situation/learning sequence. The following outlines offer exemplary instructions for the diverse and thus didactically flexible use of *Take Care*.

List of abbreviations	
EA	Individual work
GA	Group work
LV	Teacher lecture

>Alfred Schneider<

The following pedagogical-didactical outlines refer to the educational contents that result from the storyline of the character Alfred Schneider. Developed in Germany, these pedagogical-didactic indications require country-specific adaptation with regard to the formulation of competencies and the supporting literature references in order to be applied internationally.





Day 1

Get to know the living area, the residents and the staff of the nursing home.
Know *sunrise*

- Alfred Schneider is disoriented in time and place.

Educational content Day 1

- Biography work regarding Mr Schneider
- passive
Nursing process work (1st step of information collection (SIS) + 4th step of information collection (SIS) + 4th step of information collection (SIS)).
Step in the planning of measures)
- Designing a living area for people with dementia

Pedagogical-didactic proposal for learning situations

Topic: "Designing a living area for people with dementia".
(Experience-oriented approach according to Scheller)

- Step 1:** (Plenary) Exchange of experiences regarding the design of a living area for people with dementia
Step 2: (LV) Information input on the needs-oriented design of the premises of a living area for people with dementia, taking into account legal and hygienic framework conditions.
Step 3: (EA) Playing the first day of Take Care with focus on the design of the living area
Step 4: (GA) Discussion on the design of the living area in Take Care (comparison with experiences and info from the LV)
Step 5: (GA, plenary) Sketch and present living area according to own ideas

Competences to be acquired¹ (according to the educational content Day 1)

- Plan, organise, design, implement, control and evaluate nursing processes and nursing diagnostics for people of all ages with health problems with a special focus on health promotion and prevention (I.2)
- Support, accompany and advise people of all ages in shaping their lives (I.5)
- Promote development and autonomy across the lifespan (I.6)

¹ Competence formulations according to: Training and Examination Ordinance for the Nursing Professions (Nursing Professions Training and Examination Ordinance -

PfAPrV). (02.10.2018). Annex 2.



Day
2-5
+
Day
7

- Mr Schneider refuses to eat
- Discuss this in the team and discuss possible consequences
- In the further course, Mr Schneider faints and is taken to hospital.
- Mr Schneider is then taken back to the nursing home by his wife
- Mr Schneider refuses to eat again in the further course because he is in pain

Educational content Day 2

- Dealing with refusal of care interventions (especially: food intake) in people with dementia (legal framework)
- Identification of pain in people with dementia (use of pain assessments)

Pedagogical-didactic proposal for learning situations

Topic: Recognising pain in people with dementia (cognition-oriented approach according to Grell and Grell)

Phase 1: (plenary/EA) Create atmosphere by playing Day 2 of *Take Care* (focus: Mr Schneider) **Phase 2:** (plenary) Introduce the structure and aim of the lesson sequence.

Phase

3/4/5: (EA/GA) Read and process the following text in division of labour: "*Cognitive deficits: How to cope with pain can recognise in dementia*" (focus on different pain assessments)
 Group 1: BESD scale (text + instrument³) Group
 2: BISAD (text + instrument⁴)
 Group 3: Doloplus-2-(short) (Text + Instrument⁵)
 Group 4: ZOPA (Text + Instrument⁶)

Presentation of the pain assessment in simulated application with Mr. Schneider (role play)

Phase

6/7: (Plenary) Discussion regarding the practicability of the instruments in nursing practice (chances and limits)

² available at: <https://www.aerzteblatt.de/archiv/162727/Kognitive-Defizite-Wie-man-Schmerzen-auch-bei-Demenz-erkennen-kann> [18.10.2021]

³ available at: https://ag-d.ch/fileadmin/user_upload/downloads/pdf/BESD_beurteilung_schmerzen_demenz.pdf [18.10.2021]

⁴ available at: https://www.schmerzgesellschaft.de/fileadmin/pdf/BISAD_1111.pdf [18.10.2021]

⁵ verfügbar unter: <https://link.springer.com/article/10.1007/s00482-015-0006-4/tables/1> [18.10.2021]

⁶ E. Handel (ed.). (2009). *Practice Manual ZOPA®. Pain assessment in patients with cognitive and/or consciousness impairment*. Bern: Huber.

Competences to be acquired *(according to the educational content Day 2)*

- Participate in interdisciplinary teams in the care and treatment of people of all ages and ensure continuity at interfaces
- Communicate and interact with people of all ages and their caregivers in a way that is person- and situation-specific and ensures appropriate information.
- Promote development and autonomy across the lifespan.
- Act purposefully in life-threatening as well as in crisis or disaster situations.
- Align nursing actions with current scientific findings, in particular with nursing research results, theories and models.



Day 3

- Mr Schneider stands on a chair and wants to change a light bulb
- It is neither time nor place oriented
- You have the possibility to intervene reassuringly
- If this is not done, Mr Schneider falls off the chair
- You then have the option to react adequately and get help or to cover up the accident. and to put Mr Schneider to bed without further intervention

Educational content Day 3

- a) Dealing with self-harming behaviour (specifically: attaching a light bulb) in people with dementia (communication)
- b) Dealing with care errors (legal framework, care ethics)

Pedagogical-didactic proposal for learning situations

Topic: Dealing professionally with self-harming behaviour in people with dementia (problem-oriented approach according to Roth)

Step 1: (plenary) present video (scenario with self-harm) or case story (auditory or narrative) **Step 2:** (plenary) identify problem

Step 3: (EA) Read the text "Recommendations on how to deal with self-harm and harm to others in dementia"⁷

Step 4: (GA) Continue with the video from step 1, taking into account the information received **Step 5:** (plenary) Analyse the video

Practical transfer

Step 6: (EA) Playing from Day 3 of Take Care

Step 7: (GA/plenary) Analyse and assess the options for action on Day 3 in relation to dealing with Mr Schneider's dangerous behaviour using the method of *preparing an expert report*.

Competences to be acquired (according to the educational content Day 3)

- Design communication and interaction with people of all ages and their caregivers according to the person and situation and ensure appropriate information (II.1)
- Align nursing action with current scientific knowledge, especially with nursing research results, theories and models (V.1)

⁷ Available at: https://www.deutsche-alzheimer.de/fileadmin/Alz/pdf/empfehlungen/empfehlungen_gefaehrderung.pdf [11.10.2021]



Day 6 - 7

Alfred Schneider refuses to perform oral care due to pain
You have the option to give painkillers and do the oral care afterwards (day 6)

Ms Schneider seeks the conversation at the Worrie regarding the increased
Hospital admissions conversation Schneider and her concerns regarding his
to express their views on moving into the home (day 6-7)

Educational content Day 6

- a) Dealing with refusal of care interventions (especially: oral care) in people with dementia (legal framework)
- b) Identification of pain in people with dementia (use of pain assessments)
- c) Talking to relatives

Pedagogical-didactic proposal for learning situations

Topic: Preserving the self-determination of people with dementia (experience-oriented approach according to Scheller)

Step 1: (EA) Experience Acquisition - Playing Day 6 of Take Care with a Focus on the Character Mr. Schneider

Step 2: (Plenary) Inquiry with regard to the options for action in the decisive situations (How did the learners act in the game and why?)

Step 3: (plenary, EA) Evaluation of the questionnaire and transition to the topic "Right to self-determination of people with dementia" - reading the text "Recommendations on self-determination in dementia"⁸

Step 4: (GA, plenary) Ethical discussion on the care situation with Mr Schneider from play day 6 - Panel discussion (perspectives: care, justice, non-harm, autonomy)

Guiding question: *How do I act professionally when Mr Schneider refuses oral care?*

Step 5: (EA) SMS or Tweet method under the question *"What do I take away from this lesson for nursing practice?"*

Competences to be acquired (according to the educational content Day 6)

- Design communication and interaction with people of all ages and their caregivers according to the person and situation and ensure appropriate information (II.1)
- Acting in an ethically reflective way (II.3)

⁸ available at: https://www.deutsche-alzheimer.de/fileadmin/Alz/pdf/empfehlungen/empfehlungen_selbstbestimmung.pdf [11.10.2021]

- Align nursing actions with current scientific knowledge, especially with nursing research results, theories and models (V.1)



Day 7

- Alfred Schneider (disoriented) puts on Mr Wiedenstätt's beloved railway cap and doesn't want to give it up again
- A dispute arises between Mr Schneider and Mr Wiedenstätt

a) Dealing with challenging situations (here: conflict) in people with dementia (validation)

Pedagogical-didactic proposal for learning situations

Topic: Dealing professionally with challenging behaviour of people with dementia (problem-oriented approach according to

Step 1: (Prepare) Role play "In the car park"⁹ and create irritation **Step 2:** (Plenary)

Highlight problem (visualisation via Word Cloud)

Step 3: (EA/GA) Learning task: "How to deal with challenging behaviour professionally?" (Texts compile thematically)¹⁰

- Group 1: Understanding diagnostics
- Group 2: Assessment tools
- Group 3: Validate
- Group 4: Memory care
- Group 5: Touch, Basal Stimulation, Snoezelen

Step 4: (Plenary) Collate results using the Vernissage method

Step 5: (EA) Playing the 7th day of Take Care + identification of challenging behaviour as well as analysis and assessment of nursing response options.

Step 6: (Plenary) Discussion of the identified dialogues

Step 7: (Plenary) Perform the role play again with modified script for the caregiver (application of validation).

Step 8: Situation analysis and comparison (focus: emotions)

⁹ Available at: [https://www.alzheimerandyou.de/fileadmin/downloads/publications/DAlzG_Demenz-](https://www.alzheimerandyou.de/fileadmin/downloads/publications/DAlzG_Demenz-Praxishandbuch_fuer_den_Unterricht.pdf)

[Praxishandbuch_fuer_den_Unterricht.pdf](https://www.alzheimerandyou.de/fileadmin/downloads/publications/DAlzG_Demenz-Praxishandbuch_fuer_den_Unterricht.pdf) [11.10.2021]

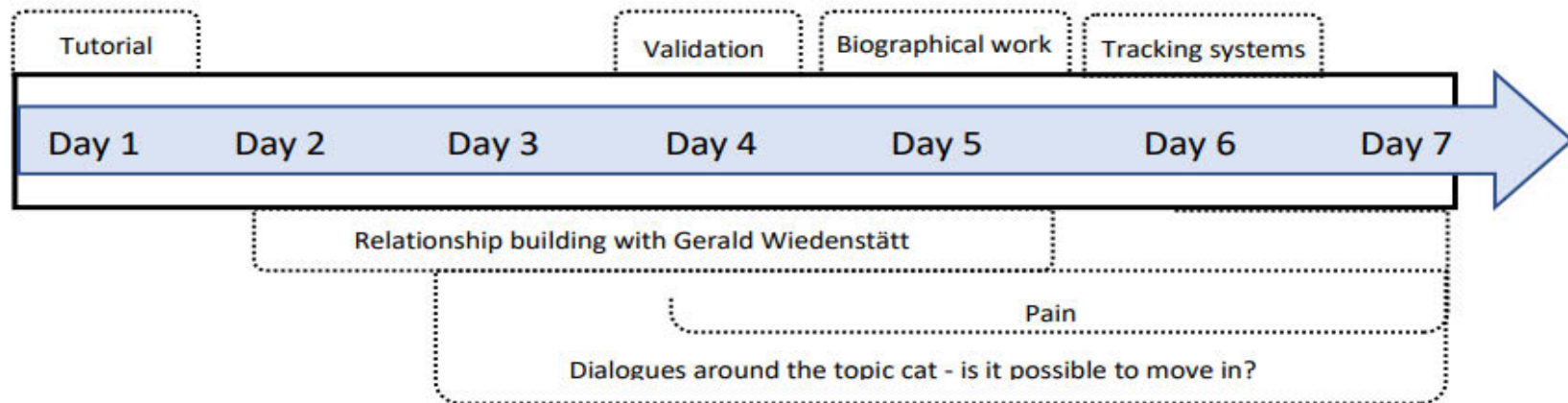
¹⁰ Federal Ministry of Health (2006). Framework recommendations for dealing with challenging behaviour in people with dementia in inpatient care for the elderly.

Competences to be acquired (according to the educational content Day 7)

- Design communication and interaction with people of all ages and their caregivers according to the person and situation and ensure appropriate information (II.1)
- Align nursing action with current scientific knowledge, especially with nursing research results, theories and models (V.1)

>Gabriele Hansen<

The following pedagogical-didactical outlines refer to the educational contents that result from the storyline of the character Gabriele Hansen. Developed in Austria, these pedagogical-didactical indications require country-specific adaptation with regard to the formulation of competences as well as the supporting literature in order to be applied internationally.





Day 1

- The first day is spent getting oriented in the Sunrise long-term care facility.
- The player gets to know the living area, colleagues and residents.
- Furthermore, a first insight into the nursing documentation system is made possible and the player can familiarise him/herself with the bookshelf, in which information texts on typical nursing challenges in the nursing home are stored.

Educational content Day 1

- Care process – Step 1 – Information collection
- Use of different sources of information

Pedagogical-didactic proposal for learning situations

Topic: Getting to know the character Mrs Hansen, creating a case description of the situation of Mrs Hansen

The following task contains instructions and is designed as a self-study for learners. It is recommended that the following instructions are displayed on a worksheet or overview sheet and made available to the learners.

Task for the learners:

Step 1: Download the "Take Care" app from the Google Play Store or the Apple App Store and install them.

Step 2: Familiarise yourself with the game and play through **Day 1** as a care worker in the long-term care facility Sunrise. Focus your observation on the resident "Gabriele Hansen".

Step 3: As you already know, the task in the first step of the care process is to get as much information as possible about a care receiver.

Step 4: At the beginning of your service, you are given the task by your new colleague, Stefan Pohl, to hand over information about Ms Hansen's situation at the end of service within the framework of the service handover, based on a case description.

Step 5: To do this, gather as much information as possible about Gabriele Hansen. To do this, use various sources of information in the app, such as your colleague Stefan Pohl and the electronic nursing documentation system.

Step 6: *Write up the case description of Ms Hansen's situation and hand it in by [date the deadline/place of delivery].*

Competences to be acquired *(according to the educational content Day 1)*

- The learner/trainee can use different sources of information in order to understand the nursing process (◆◆◆ 1). information collection) to comprehensively present a care situation¹¹

¹¹ cf. Austrian Health Care and Nursing Act (GuKG, as amended), §14, para. 2, line 1.



Day 4

- In the morning, Mrs Hansen is convinced that she will be picked up by her husband in a few minutes and is therefore sitting on packed suitcases.
- In the afternoon, Mrs Hansen stands at the window and awaits the return of her sons from school.

Educational content Day 4

- Challenging behaviours (aggressive/non-aggressive behaviours)¹²
- Unmet Needs Model¹³
- Basic rules of communication with people with dementia¹⁴

Pedagogical-didactic proposal for learning situations

Topic: Identifying and reflecting on challenging behaviours in people with dementia as well as their possible causally unmet needs and countering them with appropriate ground rules of communication.

The following task enables learners to learn how to use the guiding questions (LF) and the app, **reflect on previously taught teaching content**.

For this purpose, it is necessary to teach the theoretical contents – to educational contents day 4 (a to c). **The** scope and depth of this can be individually designed by each educational institution, depending on the level of training and the time resources (curriculum). There is no restriction here. Thus, the time structure of the course remains freely selectable (didactic freedom).

Task:

Play through **Day 4** and work through the following guiding questions (LF). Write up your results and hand them in by [deadline date/place of submission].

¹² James, I. A., & Jackman, L. (2019). *Challenging behaviour in people with dementia. Assessing, understanding and treating* (2nd ed.). Bern: Hogrefe Verlag.

¹³ James, I. A., & Jackman, L. (2019). *Challenging behaviour in people with dementia. Assessing, understanding and treating* (2nd ed.). Bern: Hogrefe Verlag.

¹⁴ Heimerl, K., Reitingner, E., & Eggenberger, E. (2016). Women and men with dementia. Recommendations for action on person-centred and gender-sensitive communication for people in health and social professions. Vienna: Federal Ministry of Health and Women, Section III. Available at: [https://www.demenzstrategie.at/fxdata/demenzstrategie/prod/media/2c_iff_bmgf_demenz-folder%20\(2\).pdf](https://www.demenzstrategie.at/fxdata/demenzstrategie/prod/media/2c_iff_bmgf_demenz-folder%20(2).pdf) [25.11.2020].

	<p>LF 1: What challenging behaviour can you observe in Ms Hansen?</p> <p>LF 2: Is this an aggressive or a non-aggressive behaviour? Describe.</p> <p>LF 3: Describe a situation in which you observed behaviour like that of Ms Hansen, independent of dementia.</p> <p>LF 4: What elementary needs might not have been met in Ms Hansen, leading to her behaviour that challenges?</p> <p>SC 5: Which aspects of communication would you rate as successful and/or less successful? Give reasons.</p>
<p>Competences to be acquired (<i>according to the educational content Day 4</i>)</p> <ul style="list-style-type: none"> ▪ Learners/trainees analyse a case situation, identify and reflect on challenging behaviours in order to create a basis for building a trusting relationship with persons suffering from dementia. ¹⁵ 	

¹⁵ cf. FH Health Care and Nursing Training Ordinance (FH-GuK-AV, as amended), Annex 1, I. Individual-related professional competence point 10

Appendix

In this appendix you will find, on the one hand, an explanation of the integration of *Take Care* in the various projects - from the development process to further development - **and**, on the other hand, didactic explanations (concrete tasks and papers), which can optionally be integrated into the teaching in this way or in a modified form. As already shown in the pedagogical-didactical notes, *Take Care* can be integrated in different ways, which is supported by these explanations. The tasks of the University of Applied Sciences Wiener Neustadt cause a reflexive integration of *Take Care*. The following explanations by students at Münster University of Applied Sciences instead pursue a character-independent and therefore day-specific integration, which is oriented towards the specific content of a learning sequence. The location of the integration of *Take Care* varies depending on the didactic purpose.

Project-related integration of *Take Care*

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The development of *Take Care* began with the **GaBaLEARN** project (Game Based Learning in Nursing – learning through play in authentic, digital nursing simulations). Up to now, serious games for nursing have mainly focused on the training of competences that address function-oriented and rule-guided action in nursing. In the sense of professional care, rule-guided action of this kind must be intertwined with the individual needs, resources and problems of the persons to be cared for as well as the specific contextual conditions of the care work. The development of *Take Care* takes this aspect of nursing work and training into account. In the GaBaLEARN project, *Take Care* was developed, tested and evaluated as a serious game that can be used to realise new forms of teaching and learning for nursing education by establishing an understanding of competence based on nursing science and nursing didactics.

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In the subsequent joint project **LernStandPD**

(Questions of principle and conditions for success of digitally-supported learning level analysis in educational contexts of personal services), *Take Care* is not only taken up as a reference medium for researching the possibilities of digital learning level analysis, but is also further developed in terms of media within the framework of the project.

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TCI
2020

Parallel to this, a development-oriented follow-up project has been realised with the Erasmus + funded project **TCI** (Take Care International), the aim of which is to further develop the content and language of *Take Care* for the European area. In addition to making *Take Care* available in Europe, one focus is on the international exchange about and adaptation of *Take Care* to the needs of the participating partner countries Estonia, Lithuania, Austria and Germany. Therefore, in addition to general information, the manual also contains country-specific information on the pedagogical possibilities of using *Take Care*.