### Course Description

*Aging Globally: Lessons from Scandinavia* is an international course that will introduce students to healthcare systems, public health policies and practices, care delivery in homecare, hospitals and long-term care, as well as aging research in three Scandinavian countries: Denmark, Norway and Sweden. This year the course will be delivered online in collaboration with our international partners. The objective of the course is to explore and identify what we can learn from arguably the best healthcare systems in the world, when it comes to disease prevention, management of chronic disease and health-related quality of later life. Together with students from interdisciplinary programs at the OsloMet University in Oslo, we will work on a case study and a virtual visit to Almas House. Also, we will explore the Nordic approach to management of health of older adults, discover the latest research in aging, learn about health policies in the National Board of Health and Welfare, and virtually meet researchers, policy makers, staff and management in diverse healthcare settings and community organizations.

### Learning Outcomes:

Upon completion of this course students will be able to:

- Critically examine complex factors that shape health and aging globally and differentiate between Scandinavian and Canadian approaches to health and aging.
- Reflect on how their international experience of diverse perspectives, paradigms and intercultural approaches have influenced their worldview on aging and provision of healthcare.
- Apply cross-cultural competencies and become global-ready graduates, capable of knowledge transfer between diverse communities around the world.
- Advocate for betterment of health-related quality of life for older adults worldwide.
Course Instructor: Aleksandra Zecevic, Ph.D., Associate Professor, School of Health Studies, HSB 336, 519-661-2111 x80455, azecevi2@uwo.ca In email communication with professor or TAs please indicate “HS3721” in subject line. Office Hours: Wednesdays 10:30-11:30 am (Zoom link: https://westernuniversity.zoom.us/j/91304811810)

TAs: Kristin Prentice (kprenti4@uwo.ca) and Allyson Oliphant (aolipha2@uwo.ca). Office hours are by appointment. Please contact the TA directly.

OsloMet instructors: Berit Tweit (beritt@oslomet.no), Dr. Anne Lund (annelu@oslomet.no), Dr. Bjorg Thordardottir (bjorgt@oslomet.no), Dr. Anthony Giannoumis (gagian@oslomet.no), Dr. Andre Bachke (andrebac@oslomet.no)

Shared Google Docs: https://drive.google.com/drive/folders/1_61hvQiUI_nE6BWTYbAzueiQQmIl2_bh?usp=sharing

Course Format

The course is offered as a third-year elective, in the winter term (January-April), and is weighted as 0.5 FCE. For the first time in 2020-21, the course is offered online as a blend of synchronous and asynchronous activities. Students and the professors will meet online every week for mandatory synchronous lectures and tutorials. Our guest lecturers will present on a variety of topics. As a Western student you will work in multinational, trans-Atlantic interdisciplinary team with students from OsloMet (Norway) on a case study. You graded assignments will include creating and delivering videos on cultural competencies, developing an infographics and a pitch about the case study findings, exploring a very special innovation tech hub for dementia called Almas House, and preparing an e-Portfolio.

Lectures and Tutorials

Tutorials: Tuesdays 8:30-9:30am (on Zoom link https://westernuniversity.zoom.us/j/94222809910 )
Lecture: Wednesdays 8:30-10:30am (on Zoom link https://westernuniversity.zoom.us/j/98773486440 )

Readings

- Selected readings will be posted in lectures on OWL.

Consent for Future Use of Your Contributions

You will be asked by the course instructor to provide a consent for future use of your contributions to the course, such as creative products, reflections, photographs, videos, ePortfolio and similar. Your contributions will be used with utmost respect, care and recognition. Please use this link to review and provide consent: https://forms.office.com/Pages/ResponsePage.aspx?id=TaaTrQ2rzU6v_eU84VIlvkZD6f2muPPAoibiMkuYPDAtUMVQ4Mk5OQTJEUktLVVVVzRURDYzWEJDQ4u
Course Evaluation

<table>
<thead>
<tr>
<th>Grade Component</th>
<th>%</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engagement (attendance, teamwork, discussion, participation)</td>
<td>15</td>
<td>TA/prof (7,5% tut + 7,5% lecture)</td>
</tr>
<tr>
<td>Individual reflections (3)</td>
<td>15</td>
<td>TA/prof</td>
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<tr>
<td>ePortfolio</td>
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<td>Team grade</td>
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<tr>
<td>Case study (elevator pitch video, infographics, 3-page summary)</td>
<td>25</td>
<td>TA/prof</td>
</tr>
<tr>
<td>Alma’s House virtual tour video and discussion</td>
<td>15</td>
<td>TA/prof/class</td>
</tr>
<tr>
<td>Cultural competencies team video and discussion</td>
<td>10</td>
<td>TA/prof/class</td>
</tr>
</tbody>
</table>

Class Schedule *(due dates are indicated in red, italicized font)*

**COURSE PREPARATION** – Asynchronous to be completed BEFORE the course starts

**COURSE INTRODUCTION** – Welcome!
- Please read syllabus carefully and familiarize yourself with all aspects of the course. Prepare questions (if any) and follow instructions.
- Review OWL and get to know who things are organized.
- Review Google Docs we share with OsloMet colleagues [https://drive.google.com/drive/folders/1_61hvQjU1_nE6BWTYbAzuelQQMiJ2_bh?usp=sharing](https://drive.google.com/drive/folders/1_61hvQjU1_nE6BWTYbAzuelQQMiJ2_bh?usp=sharing)
- Watch Welcome power point (prepared primarily for OsloMet students) to meet your professors.
- Set your intention and goals for this course with help of Goal Setting Module.
- Review OWL modules on Teamwork, Reflection and ePortfolios.
- Review Consent Form.
- Sign up for a team you want to work with on the Case Study and Almas House.
- Watch testimonial videos prepared by past participants.
  - Meg and Dag, AG 2017-18
  - Danilla, AG 2018-19
- Complete a checklist for this week on OWL.

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Tutorial</th>
<th>Date</th>
<th>Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jan 12</td>
<td>WELCOME TO YOUR CROSS-ATLANTIC CLASSROOM!</td>
<td>Jan 13</td>
<td>AGING AROUND THE WORLD&lt;br&gt;Introducory lectures by your team of international professors &lt;br&gt;- Aleksandra Zecevic, PhD, Associate Professor, SHS, Western: <em>Aging around the world and Canada</em> (8:40-8:55) &lt;br&gt;- Anne Lund, PhD, Professor, OT, OsloMet: <em>&quot;If I couldn’t do...” - experiences from older adults with stroke</em> (8:55-9:10) &lt;br&gt;- Bjorg Thorardottir, PhD, OT, OsloMet: <em>Home, health and participation</em> (9:10-9:25) &lt;br&gt;- Hanne Tuntland, PhD, Dosent OT, OsloMet: <em>Reablement</em> (9:35-9:50) &lt;br&gt;- Liv Halvorsrud, PhD, Nursing, OsloMet: <em>TBD</em> (9:50-10:05) &lt;br&gt;- Q&amp;A (10:05-10:20) &lt;br&gt;<strong>Homework:</strong> &lt;br&gt;- Organize team meeting &amp; establish weekly meeting schedule &lt;br&gt;- Start research for cultural competencies video &lt;br&gt;- Start reviewing Almas House virtual videos asynchronously</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
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<tr>
<td>Jan 19</td>
<td>CASE STUDY Q&amp;A</td>
<td>Teams work, consultations with ICT students, class reflection Jan 20</td>
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<tr>
<td>Jan 26</td>
<td>GUEST PRESENTATIONS</td>
<td>Teams work on Case Study, consultations with ICT students, class reflection Jan 27</td>
<td></td>
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<tr>
<td>Feb 2</td>
<td>GUEST PRESENTATIONS</td>
<td>Teams work on Case Study, consultations with ICT students, class reflection Feb 3</td>
<td></td>
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<tr>
<td>Feb 9</td>
<td>GUEST PRESENTATIONS</td>
<td>Case Study Q&amp;A Progress Reports, draft of infographics Feb 10</td>
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### INTERCULTURAL COMPETENCIES
- Guest presentation: Grant Saepharn, Western International, *Global & Intercultural Engagement Honors*. (9:00-9:25 am)
- Guest presentation: Sanja Ivanov, Centre for Teaching and Learning, *Intercultural competencies*. (9:30-10:00)
- Working in teams (10:00-10:15)
- Discussion, lessons learned
- Consent

**Homework:**
- Continue research for cultural competencies video, draft a story.
- Continue reviewing Almas House virtual videos asynchronously

### GUEST PRESENTATIONS
- Socialstyrelsen – National Board of Health and Welfare in Sweden (Time: 8:40-9:20 am)
- Guest presentation: Vanja Berggren, PhD, KI Caring Sciences *Aging in Sweden* (30+10 min discussion, Time: 9:25-10:05 am)
- Reflections
- Discussion, lessons learned

**Homework:**
- Continue creating cultural competencies video
- Continue reviewing Almas House virtual videos asynchronously

### Reflection 1 due

**GUEST PRESENTATIONS**
- Guest presentation: TBD, Solna Stad, *LTC homes in Sweden* (30+10 min discussion, Time: 9:25-10:05 am)
- Discussion, lessons learned

**Homework:**
- Continue creating cultural competencies video
- Continue reviewing Almas House virtual videos asynchronously

**GUEST PRESENTATIONS**
- Guest presentation: TBD, Silviahemmet, TBD (30+10 min discussion, Time: 8:40 – 9:20 am)
- Guest presentation: Yelena Rogan, MSc student at Karolinska Institute Public Health, *Karolinska Institute and personal reflection* (15+10 min discussion, Time: 9:25-9:50 am)
- Guest presentation: Anne-Marie Bostrom, Karolinska Institute Nursing, *Aging research at Stockholm’s Sjukhem* (20+10 min discussion, start time: 9:50-10:20 am)
- Midterm course feedback (OWL)

**Homework:**
- Continue creating cultural competencies video
- Last week for teams to discuss Almas House virtual videos
<table>
<thead>
<tr>
<th>Date</th>
<th>Feb 16</th>
<th>Feb 17</th>
<th>Feb 23</th>
<th>Feb 24</th>
<th>Mar 2</th>
<th>Mar 3</th>
<th>Mar 9</th>
<th>Mar 10</th>
<th>Mar 16</th>
<th>Mar 17</th>
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<tbody>
<tr>
<td>6</td>
<td></td>
<td>No tutorial</td>
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<tr>
<td>7</td>
<td>Feb 16</td>
<td>No tutorial</td>
<td>Feb 23</td>
<td>Wrap-up Case Study – revise infographics, final draft of 3-page summary, script for 3 min “pitch” video</td>
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<td>8</td>
<td>Feb 23</td>
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<td>Mar 2</td>
<td>Finalize infographics, 3-page summary, practice 3 min “pitch”</td>
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<td>9</td>
<td>Feb 24</td>
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<td>Mar 3</td>
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<td>10</td>
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<td></td>
<td>Mar 9</td>
<td>ALMAS HOUSE 5 min reflection by each team</td>
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<td>11</td>
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<td>Mar 10</td>
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<td>12</td>
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<td></td>
<td>Mar 16</td>
<td>Important -- daylight saving time begins March 14 in Canada!</td>
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<tr>
<td>13</td>
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<td>Mar 17</td>
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**READING WEEK - no class**

**READING WEEK AT OSLOMET**

**Reflection 2 due**

**GUEST PRESENTATIONS**

- Guest presentation: TBD, WHO Office for Europe at UN City in Copenhagen, *Aging in European context* (30+10 min discussion, start time: 9:30-10:10 am)
- Discussion, lessons learned

**Homework:**
- *Teams 1-5: Submit Case Study pitch video, infographics and 3-page summary files on Google Docs before Mar 1 @ 8 am*
- *Teams finalize 5-min video of Almas House analysis results*

**CASE STUDY DISCUSSION**

- Class discussion: What did we learn from each other?
- *Submit evaluation for each video* https://forms.office.com/Pages/ResponsePage.aspx?id=TaaTrQ2tzU6y_eU84VWlkZD9ZIyFvPFAo8bMnaYPDAmUURZIREytwFVVBtnhVOVzBHMDq0TITQXy4a

**Homework:**
- *Teams 6-10: Submit Case Study pitch video, infographics and 3-page summary files on Google Docs before Mar 8 @ 8 am*
- *Team submits Almas House 5-min video on Google Docs before Mar 5 @ 5 pm*
- *Watch Almas House videos of ALL teams between Mar 5-9*

**CASE STUDY DISCUSSION**

- Class discussion: What did we learn from each other?
- Teams re-forming
- *Submit evaluation for each video* https://forms.office.com/Pages/ResponsePage.aspx?id=TaaTrQ2tzU6y_eU84VWlkZD9ZIyFvPFAo8bMnaYPDAmUURZIREytwFVVBtnhVOVzBHMDq0TITQXy4a

**Homework:**
- *Teams finalize cultural competencies video (narrative, add music and effects, record)*

**Reflection 3 due**

**GUEST PRESENTATIONS**

- Guest presentation: Ole Kassow and his team, *Cycling Without Age* (8:40-9:40 am)
- Guest presentation: Victoria Cotnam, former Aging Globally student, *The Effects of Cycling Without age on Happiness, Quality of Life and Function.* (Time: 9:45-10:15 am)

**Homework:**
- *Teams post cultural competencies videos on Google Docs before Mar 19*
- *Watch cultural competencies videos before next class*
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Mar 23</td>
<td>No tutorial</td>
<td>Mar 24</td>
</tr>
</tbody>
</table>

**CULTURAL COMPETENCIES**
- Class discussion
- My future trip to Scandinavia – my list of “firsts”

**Homework:**
- [Submit evaluation for each video](https://forms.office.com/Pages/ResponsePage.aspx?id=TaaTrQ2zU6v_eU84VIlvkZD6E2muPFAobsMkuYPDAtURUZIREgsTzdFVVBTNzVOVzBHMDa0ITQsSi4n)

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<td>Mar 30</td>
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<td>Mar 31</td>
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**CLASS FIELD TRIP – COVID-19 permitting**
- Optional
- Visit to Scandinavian points of interest in Toronto

<table>
<thead>
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<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Apr 6</td>
<td>No tutorial</td>
<td>Apr 7</td>
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</table>

**ePortfolio – due in class**

**COURSE CELEBRATION**
- Celebrating successes with OsloMet students
- ePortfolios – examples and Q&A
- Final course feedback (OWL)
- Official course evaluations

**Guest Presentations by International Partners**
In this course you will have professors from four departments (Health Studies, Occupational Therapy, Nursing, Computer Sciences) at two universities (Western and OsloMet), on two continents (North America and Europe). How exciting! In the first week you will get to know your professors and their expertise. Representatives from organizations we usually visit when traveling through Scandinavia, will provide virtual guest presentations throughout the course.

Throughout the course our international guests will deliver guest presentations about their organizations and how they contribute to healthcare and wellbeing of older adults in Scandinavia. To prepare for guest lectures and be ready to ask meaningful questions please review their websites.

<table>
<thead>
<tr>
<th>Team</th>
<th>International Partners</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OsloMet University, Oslo</td>
<td><a href="https://www.oslomet.no/en">https://www.oslomet.no/en</a></td>
</tr>
<tr>
<td>2</td>
<td>Almas House, Oslo</td>
<td><a href="https://vimeo.com/60160386">https://vimeo.com/60160386</a></td>
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<tr>
<td>4</td>
<td>Solna Stad, Stockholm</td>
<td><a href="https://www.solna.se">https://www.solna.se</a></td>
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<tr>
<td>5</td>
<td>Karolinska Institute, Stockholm</td>
<td><a href="https://ki.se/en/startpage">https://ki.se/en/startpage</a></td>
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<td>8</td>
<td>Louise Marie Home, Copenhagen</td>
<td><a href="https://mariehjem.dk/">https://mariehjem.dk/</a></td>
</tr>
<tr>
<td>9</td>
<td>Cycling Without Age, Copenhagen</td>
<td><a href="http://cyclingwithoutage.org/">http://cyclingwithoutage.org/</a></td>
</tr>
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</table>
Engagement (attendance, teamwork, discussion, participation)

Aging Globally is built on principles of high student engagement that requires your full attention, attendance, participation and willingness to explore new ways of learning. The expectation is that you will come prepared to every class, ready to explore the world beyond local boundaries. For guest presentations by our partners in Scandinavia, you should prepare a couple of questions in advance to meaningfully participate in class discussion. Please inform Dr. Z immediately if for some reason you are not able to give your best in this learning experience. Class participation will be graded as follows: 50% present, 75% contributed to discussion, 100% completed all requirements with meaningful and memorable contribution to discussion.

Teamwork

You will work in the same multinational and interdisciplinary team for all activities throughout the course: Case Study, Almas House and cultural competencies video. Please sign up on Google Docs for a team that best fits your interest in the Case Study questions.

Teamwork Module on OWL offers numerous tools to help you learn effective teambuilding strategies. It is imperative that every student contributes the utmost of their talent to the final team products. Remember, this is not a competition! Every student has a responsibility for the success of their own team, and the success of every other student in the course. All members of the team will receive the same mark for team activities.

Reflections

Personal reflections are the heart and glue of this course. Your reflections will capture your learning, growth and transformation before, during and after the course. Make sure you familiarize yourself with all aspects of the Reflection Module available on OWL, especially the 4 “C”s of Critical Reflection: Continuous, Connected, Challenging, and Contextualized. It is recommended that you keep a journal of your experiences in ePortfolio before and during the trip, and extract from it the most memorable and influential moments for your reflection assignments. There are 3 written personal reflection assignments during the course and all will be graded. You will incorporate the final 4th reflection into your ePortfolio. Reflections should be written in Microsoft Word. You will upload 3 reflections on OWL before the due date (highlighted in Class Schedule table) for the TAs to grade. Please note the formatting of narratives has to concur with the following criteria: student name, student number, title, line spacing 1.5, Arial 11 font, margins 1” for all sides, max 450 words or ONE page only. The professor/TA will not read more than one page. Anything you write beyond this limit will not be graded! A template for reflective narratives and grading rubric are available under Course Materials on OWL. To help you learn the grading rubric, the first reflection will be peer graded. Hence, the first reflection grade will be an average of grades given by your peers and TAs/professor.
Almas House - Analysis of Virtual Visit Video Stories

https://app.lapentor.com/sphere/almas-hus-1604687245

Almas House is a very special place. It is an apartment specially designed for people with dementia who live independently. It is abundant with over 30 innovative technologies created to make lives easier for people living with dementia. Health Sciences educators at OsloMet University have created a virtual video tour through the Almas House and 6 different real-life scenario stories for you to analyze and learn. The prevalence of dementia is increasing around the world creating profound impact on affected individuals, their families and the health and social systems. Therefore, it is important that you learn as much as you can about technologies that are already available to support the needs of people living with dementia and their caregivers.

This activity is completed ASYNCHRONOUSLY throughout the course (Jan 13 – Mar 9). You are encouraged to watch all 6 videos and think about issues they raise, but your team is assigned only ONE virtual video (see table below) for an in-depth analysis. Your task is to: 1. Watch the video story assigned to your team, 2. Reflect individually on what you have seen and what impacted you the most, 3. Come together as a team to discuss your individual impressions, positive and negative aspects of different products, ethics of their use and potential improvements, 4. Pick ONE issue experienced by the person in your video story, answer questions below and describe solutions available in Almas House, and 5. Create a 5-min video summarizing your analysis and concluding with Take-home message.

<table>
<thead>
<tr>
<th>Team(s)</th>
<th>Almas House Story</th>
<th>Age</th>
<th>Gender</th>
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<tr>
<td>1</td>
<td>Per</td>
<td>65</td>
<td>Male</td>
</tr>
<tr>
<td>4 &amp; 7</td>
<td>Anna</td>
<td>82</td>
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<tr>
<td>2</td>
<td>Rolf</td>
<td>58</td>
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<tr>
<td>5 &amp; 10</td>
<td>Lillian</td>
<td>85</td>
<td>Female</td>
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<tr>
<td>3 &amp; 9</td>
<td>Einar</td>
<td>67</td>
<td>Male</td>
</tr>
<tr>
<td>6 &amp; 8</td>
<td>Grethe</td>
<td>75</td>
<td>Female</td>
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</tbody>
</table>

Almas hus, Plantegning (Almas House Floor Plan)

Møblene er plassert stort sett som på denne plantegningen
The furniture is placed largely as on this floor plan.

Bad -bathroom
Sov – bedroom
Gang/garderobe – entrance/wardrobe
Stue/kjøkken – living room/kitchen
Bod – storage
Almas House questions to be discussed and answered in your 5-min video:

1. What is the context or the situation?
2. What are the everyday problems the person experiences (identify and map)? Select ONE problem for in-depth analysis.
3. What are the needs of: a) Person with dementia, b) Their family or other informal caregivers, and c) Their healthcare providers (i.e., doctor, nurse, OT, PT, social workers, personal care providers…)?
4. What critical factors or points have to be addressed to reach a successful solution?
5. Which product(s) or solution(s) in Almas House would be the best fit for acknowledged need (identify and map)? Explore www.hvakanhjelpe.no to find even more solutions.
6. What are the pros and cons attached to this product or a solution?
7. What important ethical considerations have to be addressed?
8. Who defines what is right and wrong – the user or the family or the health staff?
9. Is there a better way to address this problem and the need?
10. Take-home message. What can every person watching this video do differently in the future to support a person with a similar problem?

Your team will capture your analysis and responses to the questions in a 5-min video you will post on Google Docs latest on March 5, 2021. Then, between March 5 and March 9, you will watch videos of all the other teams in preparation for our final joint tutorial on Mar 9, 2021. During this tutorial each team will have 5 min to reflect on lessons learned and our own unique place in making lives of people living with dementia better.
Case Study - Instructions

Together with Almas House, the Case Study is a centerpiece of our collaboration with students and professors at OsloMet university. Please carefully read the Case Study (below), contemplate and reflect on all questions and select the team you would like to work on. Then, go to Google Drive https://drive.google.com/drive/folders/1_61hvQiUl_nE6BWTYbAzuelQQMiI2_bh?usp=sharing

where you will find a word file with a sign-up table. Follow instructions to sign-up for a topic and team of your choice. You will work with this same team on all activities in this course.

The Case Study is designed to help you comparatively explore and learn about healthcare systems and provision of care to older adults in Canada and Norway. Students from Health Sciences, Occupational Therapy, Physical Therapy, Nursing and Computer Sciences from Oslo Met University (Norway) and Western University (Canada) will work together in ten international multidisciplinary teams. Each team will work on answering one set of questions. Teams will meet during weekly tutorials (Tuesdays 8:30-9:30 am CAD time; 14:30-15:30 NOR time) between Jan 12, 2019 and March 2, 2019. Teams will research the issue they are working on locally, discuss what they have learned and how the answers to questions are different in Norway and Canada. To help you jump start your research, a list of helpful references used by students in previous years of this course is posted on Google Docs (file name Case Study Resources). Team members will jointly come up with ideas on how health care for older adults can be improved to be more effective, better supported by technology and result in greater patient/resident/client satisfaction. Each team should schedule 30 min Zoom meeting with Dr. Z before February 6th to clarify Case Study questions and map the plan of action.

At the end, each team will showcase their findings in an infographics poster/slide, 3-page executive summary and 3-min pitch video with combined multi-country findings and recommendations for improvements (country specific and overall) to answer the question “What can we learn from experiences of others?”. The pitch video should include Aging Globally: Scandinavia course logo (posted on Google Docs), title slide with credentials, questions addressed, facts, comparisons, conclusions, and closing slide with names of authors, course name and the year.

Each team will showcase their infographic, executive summary and 3-minute pitch video to the rest of the class. Upload all files on Google Docs two days before the class on March 3 and on March 10, 2021 (see Class Schedule table for details). In these two classes, we will discuss findings of the Case Study. To prepare for class discussion you need to:

a) Watch videos, and review infographics and executive summaries of all teams posted on Google Docs asynchronously before the class. Make a fair assessment of strengths and weaknesses of the project.

b) At the classes on Mar 3rd and 10th the teams will summarize their findings for 5-10 min.

c) Each team presentation is followed by general discussion (10 min).

To learn how to “pitch”, Dr. Giannounmis recommended you watch this: https://www.youtube.com/watch?v=u4ZoJKF_VuA

Executive summary (3-pages) should be concise and should have distinct sections: 1. Introduction (What?) highlighting the problem and the questions you are answering, 2. Methods (How?) describing how and from where you collected the information, 3. Findings or description of what you have learned (so what?), and 4. A clear Conclusion in point-form (what next?). As you will most probably have more information that you
can consolidate into 3 pages, you can choose to add a section 5. Appendices. Your executive summary should be able to ‘stand-alone’ without the appendices (i.e., do not rely on the appendices to convey critical information; use them only to support your findings). As you prepare the report consider: Who is your reader? What do you want your reader to know and do with this knowledge?

Finish a draft of the Executive Summary at least TWO WEEKS before submission date. Use two remaining weeks to share, revise, and edit. All students in the team must have an opportunity to provide feedback and must approve the report before submission. Please proofread multiple times! Formatting: 1.5 spacing, Arial 11 font size, minimum 1” margins around the page, single sided, APA 7th edition formatting and referencing style, written in past tense and third person; tables, figures and appendices should have captions and should be formatted according to APA rules. Don’t forget to provide clear definitions of major concepts. Define acronyms the first time you mention them in-text and keep using only acronyms thereafter. All articles cited in text must be in a reference list, and all articles in the reference list must be cited in-text. In addition to posting executive summary on Google Docs, ONE student from your team will upload a Word file of the summary to OWL Assignments (Turnitin) before deadline.
The Case Study

Mr. and Mrs. Garcia are 86 and 84 years old this year. They immigrated to your country 25 years ago, after retirement in their 60s, to join their children who immigrated earlier. They live on limited retirement income subsidized by government pension and social support. Since arrival they have been living in an urban apartment complex that has laundry facilities on the premises, but no gym or swimming pool. The complex is home to older adults, young families and immigrants. Mr. and Mrs. Garcia have two children and three grandchildren. Their 55-year-old daughter is divorced, has one child, works full time and lives 10-minute drive from their home. She provides daily support, such as accompanying her parents to medical appointments, getting groceries and ensuring warm meals are available. Currently, their 50-year-old son lives with his family in Spain, and occasionally comes for holidays. Although both Mr. and Mrs. Garcia are well educated (she was a teacher and he was an architect) and speak enough Norwegian/English to get by, the language barrier has prevented them from developing strong social networks and taking part in social programs offered to seniors in their community. Instead, Mr. and Mrs. Garcia enjoy their time at home where Mr. Garcia keeps informed of events ‘back home’ by reading on-line newspapers, and both Mr. and Mrs. Lee enjoy playing Solitaire, Tetris and Candy Crush computer games which their grandchildren taught them. Recently, many of their friends have died. This past year, both Mr. and Mrs. Garcia created advanced directives for their care that contains their wishes for preferred end of life care and appoints their daughter as power of attorney for health care.

Mr. Garcia has a heart condition for which he has a pacemaker. He also has Type 2 diabetes that he is mostly able to manage through diet and pills. His high blood pressure is controlled by medications. Recently he has been experiencing an increased difficulty walking due to the pain caused by sarcopenia and peripheral neuropathy in his legs. Over the past few months he has experienced several health challenges that have resulted in repeated hospital admissions. It started with Mr. Garcia needing a surgery to amputate his lower leg due to complications of poor wound healing caused by diabetes. Soon after, he required surgery to improve blood circulation in the same leg. While in hospital, he caught influenza and his wounds became infected. He has been in the acute care hospital for 65 days and is currently waiting for transfer into a long-term care (LTC) home. He had a short stay in a rehab hospital, but his infections required him to be transferred back to the acute care hospital. A major challenge for his family (informal caregivers) was the lack of communication between the hospital specialists, diabetic clinic, homecare nurses and the family doctor. Even though Mr. Garcia’s daughter had daily contact with nurses, therapists and physicians involved, she was unable to coordinate his care due to the ever-changing specifics of the diagnosis and the treatment plans. Since the end of last month, Mr. Garcia is sleeping most of the day and he does not care much about the world around him. He has stopped reading newspapers, watching TV or playing computer games. He and his family had challenging experiences with the transitions between healthcare settings.

Mrs. Garcia remains independent and active in community. She walks outdoors at least 1 km every day to visit the local library or pick up milk and bread. In the winter she walks up and down stairs in her apartment building. Last year she was diagnosed with mild cognitive impairment, which occasionally causes her to forget daily tasks such as the location of her keys. Since her retirement, she has spent most of her time caring for her family, cleaning and cooking. She also helps her daughter with childcare. Her family doctor is currently monitoring her blood pressure, which has become elevated. She has osteoporosis and her vision is deteriorating due to glaucoma. Over the last year, she has found herself to be more tired than usual; so she takes frequent naps during the day. She spends her free time doing crossword puzzles and watching TV.

In March 2020 COVID-19 pandemic caused great concern for the whole family due to high risk of infection and risk of dying for older people.
Case Study Questions

Team 1. How is the healthcare system structured in the country (e.g., governance, laws, levels of government involved, philosophy of care, funding, organization)? Who is involved in and responsible for welfare, social care, healthcare and assistive technology for older adults? What are the different ‘levels of care’ in the health system and how are they coordinated? How are assisted death, medical marijuana, and assisted technology for older adults perceived in your country? How did the healthcare system handle COVID-19 pandemic?

Team 2. How are governmental organizations, NGOs, organizations providing access to assistive and health technology, volunteers, multi-professional health teams, family and community services involved in delivery of care and welfare of older adults? How does diversity of the healthcare workforce affect provision of care for older adults (e.g., language & cultural diversity)? What technological innovations might be helpful for promoting equal access to healthcare services for socially disadvantaged groups? How are the older people who immigrated integrated into the country’s health care system? How did delivery of care change in the time of COVID-19 pandemic?

Team 3. How is health-related information shared and protected? Who owns health-related information? Who is accountable (e.g., responsible) for data management and information safety? How is health information transmitted from one place of care to another? What software programs are used to share health information? To what extent are these technologies under the control of State and non-State actors? What laws are in place to support the gathering, maintaining and sharing of health information? How was health information used and shared to track COVID-19 cases?

Team 4. Who provides funding for the healthcare system, health promotion, holistic healthcare and the provision of assistive technologies? Who pays for the different components of Mr. and Mrs. Garcia’s healthcare (e.g., medical, dental, optometry, medications, home care, long-term care)? How are the payment models organized (e.g., direct payments, co-pay, private insurance)? How was usual funding of health care system changed during COVID-19 pandemic?

Team 5. How are Mr. and Mrs. Garcia and their informal (family) caregivers supported by health-related technology? What are direct and indirect (i.e., eHealth Record) aims of the technology, its scalability, accessibility, usability, availability, cost? What are recent advances in health technology and health education through technology and assistive devices (e.g., diabetes and medication management apps) for older adults? What role did technology play during COVID-19 pandemic?

Team 6. What is the process for Mr. Lee to transition into a long-term care (LTC) home? What options does Mr. Lee have in choosing a LTC home to fit his needs? What assisted living technologies are available during transitions from home into LTC? What is the philosophy, policy and practice of LTC in the country? What is the process of assigning substitute decision maker for health care and the end of life care?

Team 7. How do healthcare and social welfare systems, as well as the active assisted living technologies, support Mrs. Garcia’s aging in place (her own home)? How is homecare organized and funded? What is done, including what technologies are being used, to reduce social isolation of community dwelling older adults? How is dementia care organized in communities and LTC? What technologies are needed to support individuals and families experiencing dementia? What was the impact of COVID-19 on homecare?

Team 8. How are public health and supporting health technology ecosystems organized in your country? What role did public health and health technology play in COVID-19 pandemic? What was the response from the public authorities? How long were (if any) the lockdowns? Which group of citizens experienced the highest rate of infections and highest rates of deaths? What have changed in public health due to COVID-19 pandemic?
Team 9. How are health-related complexities of aging addressed by *multidisciplinary health teams and health technology* teams? Who are members? How they are organized and funded? How are teams positioned in community and healthcare organizations (e.g., hospitals)? How is the care coordinated between team members? How teams communicate? What was the role of multidisciplinary health teams during COVID-19 pandemic?

Team 10. What are meaningful activities (occupations) in everyday life of older adults? How and with who older adults socialize? How social networks change as older adults approach the end of life? In what ways have older adults adopted communication technology and assistive devices to live independently, reduce loneliness and participate in social activities? How did COVID-19 affect the ability of older adults to engage in meaningful activities?

Cultural Competencies 5-min Video

This is the most fun activity in the course. The purpose of creating and watching cultural competencies videos of other groups is to learn more about the culture and ways of life in Europe and Scandinavian countries. Immersing yourself into these stories about geography, history, indigenous people, languages, music, film, royal families, castles, cultural monuments, parks, food and much more. Ask yourself: “When I get a chance to travel to Scandinavia, I will definitely …” Describe places you would visit, what would you eat and drink, who would you like to meet. Make a list of “firsts”, the things you would do for the first time in your life. Include this list into your e-portfolio at the end of the course.

Your team will have nine weeks to create cultural competencies video. As always, start by doing thorough research on your topic (described in the table below), tell a story, take the audience on a journey, make it your own! Each team will post the cultural competencies video on Google Drive before **March 19, 2021**. Then, you have only five days to watch all cultural competencies videos asynchronously, and submit evaluations forms before the class on **March 24th**.

Look for Video How Tos tab on OWL for resources to help you create videos for this course. Also, check Digital Stories: [https://www.youtube.com/watch?v=4UnKwdum1DE&feature=youtu.be](https://www.youtube.com/watch?v=4UnKwdum1DE&feature=youtu.be)
<table>
<thead>
<tr>
<th>Team</th>
<th>Cultural Competencies Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>The story of Scandinavia: geography, history, indigenous people, languages, and culture. Why Fins believe that Swedes don’t have balls?</td>
</tr>
<tr>
<td>4</td>
<td>How they do it? Political landscape of Scandinavian countries, social care and welfare systems, immigration policies, recycling, innovations for change (e.g., self-scanning shopping, piano stairs…)</td>
</tr>
<tr>
<td>5</td>
<td>Norway, Norwegians &amp; Oslo: Vikings, royals, Vigeland park, Nobel Peace Center, Holmenkollen, Opera, Erik the Red, Ronald Amundsen, Trygve Lie, Henrik Ibsen, Liv Ullmann, Anni-Frid Lyngstad …</td>
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<tr>
<td>6</td>
<td>Sweden, Swedes &amp; Stockholm: red houses, Gamla Stan, royals, Drottningholm, City Hall, Vasa, Ericsson, SAAB, IKEA, Älmhult, Vadstena. Nobel, Celsius, ABBA, Borg, Bergman, Avicii …</td>
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<tr>
<td>7</td>
<td>Denmark, Great Danes &amp; Copenhagen: biking, royals Rosenborg, Rundtaarn, Janteloven, Tivoli Park, The Little Mermaid, Paper Island, Carlsberg, LEGO, Hans Christian Andersen, Viggo Mortensen …</td>
</tr>
<tr>
<td>9</td>
<td>Modern culture at the North of Europe: Music, art, theater, dance, film, sports, … What is Eurovision?</td>
</tr>
</tbody>
</table>

### Cultural competencies useful links

#### Oslo

- **Vigeland sculptures park**
- **Royal Palace Oslo**
- **Nobel Peace Center**
  - https://www.nobelpeacecenter.org/en/
- **Holmenkollen Ski Museum & Tower**

#### Stockholm

- **Nobel Museum**
  - http://www.nobelmuseum.se/en
- **Vasa Museum**
  - https://www.vasamuseet.se/en
- **City Hall**
  - https://international.stockholm.se/the-city-hall/

#### Copenhagen

- **Rosenborg**
- **Rundetaarn**
- **Tivoli Park**
  - https://www.tivoli.dk/en/
ePortfolios

An electronic portfolio (ePortfolio) is a collection of evidence (e.g. text, videos, images, photos), known as digital artifacts that are managed by the user, in this case – you, the student. A good academic portfolio demonstrates the process of learning and enhances self-regulated learning because it encourages you to identify your goals, document your work, and reflect on your achievements. ePortfolios allow students to develop and nurture lifelong learning and becoming a reflective healthcare practitioner. Other skills ePortfolios help develop include goal setting, peer and self-assessment and communication. Beyond this course, you can use the ePortfolio to support your professional development and job applications. To learn more, you should carefully review an ePortfolio Module on OWL.

There are three modules posted on OWL that will help you prepare your ePortfolio. Make sure you complete them all: ePortfolio Module, Goal Setting Module, and Digital Tools Module. Below you will find a Table of Contents for ePortfolio that will provide you with a scaffolding on which you will build the content and exercise your creativity. The best way to prepare ePortfolio is to start in January, and update content on a regular basis throughout the course. We will explore ePortfolio structure (Table of Contents) in class. It is recommended that you upload digital artifacts (e.g., photos, videos, presentations, ...) and journal your experiences throughout the course. At the end, you will write the final reflection to answer the question: How did this course change me? Your personal ePortfolio can be as long as you desire, however, for your final assignment, you will submit maximum 8-page showcase ePortfolio, describing a coherent and connected story of your evolvement through experiences in this course. Name your showcase ePortfolio file “LAST NAME FIRST NAME ePortfolio” and submit on OWL (Assignments) before deadline on April 7, 2021 (4 pm EST). A rubric for grading ePortfolios is posted on OWL.

An Example of ePortfolio Table of Content (use this structure to tell YOUR STORY)

- Who am I? - Academic Profile
- Smart Goals
- Excerpts from reflections and course activities
  - Reflections
  - Almas House
  - Case Study
  - Cultural competencies
  - Guest presentations
- My Cross-Atlantic Team
- Wow Moments
- My “Firsts”
- Final reflection – A Different Me (How did this course change me?)
And the story continues … Here is an image from January 2021 online reunion of Aging Globally 2019 participants. My hope is that one day you will celebrate connecting with members of your own cohort.

If you experience difficulties with any aspect of the course, please contact Dr. Zecevic immediately. If you notice that your team is dysfunctional and not performing at your desired level, don’t suffer in silence – good communication can resolve many “impossible” problems. Do not hesitate to provide constructive feedback, comments and suggestions to the professor and TAs as we go along.

Have a memorable and inspiring course!

Dr. Aleksandra Zecevic
Other Important Information

- **Plagiarism** – Plagiarism is a major academic offence (see: Academic Policies).
- **Late assignments** – late submissions will NOT be accepted. A grade of zero will be assigned to any assignment submitted after the deadline. There will be no make-up assignments. It is your responsibility to attend all lectures and work effectively with your teams. Extenuating circumstances may be considered on a case-by-case basis. Please take up such issues with the professor. An official academic approval from your academic advisor is required for all accommodations.
- **Grading and Appeals** – All grades are sent to the School Director for approval. Faculty cannot release final grades until they have been reviewed by the Director.
- **Re-grading policy** – Disputes regarding grades should be taken up with the professor. If an assignment is to be re-graded the professor reserves the right to re-grade the entire body of work which might result in points lost.
- **Privacy** – SHS policy does not permit student grades to be e-mailed or discussed over the phone.

Statements Required by the School of Health Studies

Statement on prerequisite checking:

Unless you have either the requisites for this course or written special permission from your Dean to enroll in it, you may be removed from this course and it will be deleted from your record. This decision may not be appealed. You will receive no adjustment to your fees in the event that you are dropped from a course for failing to have the necessary prerequisites.

Statement on using plagiarism checking software:

All required papers may be subject to submission for textual similarity review to the commercial plagiarism detection software under license to the University for the detection of plagiarism. All papers submitted for such checking will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between The University of Western Ontario and Turnitin.com ([http://www.turnitin.com](http://www.turnitin.com)).

Statement on multiple choice exams:

Computer-marked multiple-choice tests and/or exams may be subject to submission for similarity review by software that will check for unusual coincidences in answer patterns that may indicate cheating.

Statement on academic consideration:

The University recognizes that a student’s ability to meet their academic responsibilities may, on occasion, be impaired by extenuating circumstances, including short-term illness or injury. Reasonable academic consideration is a cooperative process between the University, the student, and academic staff. All participants in the process must act in good faith, and fulfill their respective obligations, if it is to succeed.

Students who experience an extenuating circumstance (illness, injury, or other extenuating circumstance) sufficiently significant as to temporarily render them unable to meet academic requirements, may submit a request for academic consideration through the following routes:

(i) Submitting a Self-Reported Absence form, provided that the conditions for submission are met;

(ii) For medical absences, submitting a Student Medical Certificate (SMC) signed by a licensed medical or mental health practitioner, in order to be eligible for Academic Consideration; or

(iii) For non-medical absences, submitting appropriate documentation (e.g., obituary, police report, accident report, court order, etc.) to Academic Counselling in their Faculty of registration, in order to be eligible for academic consideration.

Students seeking academic consideration:

- Are advised to consider carefully the implications of postponing tests or midterm exams or delaying handing in work;

- Are encouraged to make appropriate decisions, based on their specific circumstances, recognizing that minor ailments (e.g., upset stomach) or upsets (e.g., argument with a friend) are not normally an appropriate basis for a self-reported absence;
• Must communicate with their instructors no later than 24 hours after the end of the period covered by either the self-reported absence or SMC, or immediately upon their return following a documented absence;

• Are advised that all necessary documentation, forms, etc. are to be submitted to academic counselling within two business days after the date specified for resuming responsibilities

Students who experience an unexpected illness or injury or an extenuating circumstance (48 hours or less) that is sufficiently severe as to temporarily render them unable to meet academic requirements (e.g., attending lectures or labs, writing tests or midterm exams, completing and submitting assignments, participating in presentations) should self-declare using the online Self-Reported Absence portal. This option should be used in situations where the student expects to resume academic responsibilities within 48 hours or less. The following conditions are in place for self-reporting of medical or extenuating circumstances:

a. Students will be allowed a maximum of two self-reported absences between September and April, and one self-reported absence between May and August;

b. The duration of the excused absence will be for a maximum of 48 hours from the time the Self-Reported Absence form is completed through the online portal, or from 8:30am the following morning if the form is submitted after 4:30pm;

c. The duration of the excused absence will terminate prior to the end of the 48 hour period, should the student undertake significant academic responsibilities (e.g., write a test, submit a paper) during that time;

d. The duration of an excused absence will terminate at 8:30am on the day following the last day of classes each semester, regardless of how many days of absence have elapsed;

e. Self-reported absences will not be allowed for scheduled final examinations; for midterm examinations scheduled during the December examination period; or for final lab examinations (i.e., “bellringers”);

f. Self-reporting may not be used for assessments (e.g., midterm exams, tests, reports, presentations, or essays) worth more than 30% of any given course;

g. Students must be in touch with their instructors no later than 24 hours after the end of the period covered by the Self-Reported Absence form, to clarify how they will be expected to fulfill the academic expectations they may have missed

Statement on attendance:

In the School of Health Studies, each course instructor sets specific expectations for attendance and participation that are specific to the course, teaching objectives, and learning outcomes. Regular attendance is expected and essential for all courses, but particularly those that include participation grades in their evaluation schemes. Participation means not only attendance, but active engagement in the class, including (for example) contribution to small and large group discussions, a demonstrated effort to prepare for class by completing assigned readings before class, and following the instructor's guidelines for use of electronic devices during class time. Students who miss classes, or parts of classes, are responsible for the material they have missed. Instructors are not obliged to review the contents of missed lectures. Persistent absenteeism may have serious repercussions, and may result in you failing this course. In this course, the equivalent of 3 weeks of unexcused absences, per term, will be considered to be persistent absenteeism. Persistent absenteeism will result in you being contacted by the instructor, who may request a meeting. Continued absence after this point will be reported to the Undergraduate Chair, and may result in debarment from writing the final examination, and/or submitting the final course paper. In such a case, you would receive a grade of zero on the evaluations from which you were debarred.

Statement on use of recording devices and course content

Course instructors own and retain the intellectual property rights of their teaching materials. These rights extend to materials used in online settings and digital learning management systems like OWL, Zoom, and TopHat. Students do not have my permission to make audio or video recordings of lectures, take pictures of lecture material, or distribute any course content for nefarious purposes (e.g., for sale or to cheat on exams). It is the decision of the instructor as to how and when teaching materials can be shared or used. Unless explicitly noted otherwise, you may not make audio or video recordings of pre-recorded lectures or other course materials. Nor may you edit, re-use, distribute, or re-broadcast any of the material posted to the course website.

Statement on academic offences
Scholastic offences are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offence, at the following Web site:

http://www.uwo.ca/univsec/pdf/academic_policies/appeals/scholastic_discipline_undergrad.pdf

Support services:
There are various support services that include, but are not limited to:

1. Student Development Centre -- http://www.sdc.uwo.ca/ssd/
2. Student Health -- http://www.shs.uwo.ca/student/studenthealthservices.html
3. Registrar’s Office -- http://www.registrar.uwo.ca/
4. Ombuds Office -- http://www.uwo.ca/ombuds/

Statement on health and wellness:
As part of a successful undergraduate experience at Western, we encourage you to make health and wellness a priority. Western provides several online health-related services to help you achieve optimum health and wellness while pursuing your degree. Further information regarding the services available to students may be found at http://www.health.uwo.ca/. For information regarding emotional or mental distress, please visit Western Psychological Services (https://www.uwo.ca/health/psych/index.html). To learn more about mental health, Western has developed an interactive mental health learning module, found here: https://www.uwo.ca/health/wec/education/learning.html. Students are also encouraged to access local health and wellness resources within their home communities.

The university-wide descriptor of the meaning of letter grades, as approved by Senate:
A+ 90-100 One could scarcely expect better from a student at this level
A  80-89 Superior work that is clearly above average
B  70-79 Good work, meeting all requirements and eminently satisfactory
C  60-69 Competent work, meeting requirements
D  50-59 Fair work, minimally acceptable.
F  below 50 Fail

It is expected that the grades for this course will fall between 80-85%. In the event that the course average falls outside this range, a constant may be added (or subtracted) from each student’s grade, to bring the class average in line with school policy.