Dem@entoring

DEM@ENTORING

Live and learn – Innovative ICT based learning and mentoring approaches for Alzheimer's communities

ERASMUS+ KA2 (2018)
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The Mentoring Lifecycle Model

INTELLECTUAL OUTPUT 5 (IO5)

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(final version)

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"Mentorship is simply learning from the mistakes and mastery of a successful person in their field."

Bernard Kelvin Clive

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2 Executive Summary in English

The Mentoring Lifecycle Model allows the interaction between people with dementia, their caregivers, and their families to help other people in similar situations improve their quality of life using psychosocial interventions with the help of online tools that allow remote training.

The e-mentoring program aims to train mentors to support families and caregivers (formal and informal) of people living with any kind of dementia. During the program, mentors will be trained using Open Education Resources (OER's) to develop e-mentoring skills and experience (Mentoring Lifecycle-IO4) to potentially provide mentoring to caregivers of people with dementia, which means that e-mentors will transfer their knowledge, skills and qualifications, obtained by the e-mentoring courses (IO2). The e-mentors will be trained through the Dem@entoring project's platform. Experienced e-mentors will recruit new users, which will help ensure the program's sustainability.

The objective of IO5 is to describe to participants how to become e-mentors or mentors through the presentation of the model, various tools and guidelines. The model enables the formation of peer support groups and mentors. The model is designed to be used across multiple languages as a MOOC (a Massive Open Online Course), allowing users access to the platform and its content.

The Mentoring Lifecycle Model describes how the model can be applied in step-by-step actions and examples of use: The platform users will interact with each other online to set up mentoring groups (find an e-mentor) based on specific shared characteristics and needs. Essentially, participants will have the opportunity to discuss activities and administrative issues and dementia care and issues surrounding it. Moreover, group

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activities and forums will be organized to provide advice and support to new members, thus maintaining the circular nature of the program.

This model (IO5) follows the Mentoring Relationship Cycle (IO4) and offers the necessary tools to approach inclusive training, social inclusion, improved administrative efficiency and create communities to help people with dementia and their caregivers to have a good quality of life and alleviate the stigma and stereotypes associated with them. Organizations can subsequently take these two models and apply them to other target groups such as care workers. More specifically, the Dem@entoring platform can be used by professional organizations, like Alzheimer Association or Dementia Day Care Centers, to improve their understanding of the challenges of dementia.

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3 Executive Summary in Swedish

Dem@entoring livscykelmodell underlättar interaktionen mellan personer med demens, deras vårdgivare och anhöriga. Syftet är att bidra till förbättrad livskvalitet med hjälp av psykosociala interventioner

E-mentorsprogrammet syftar till att utbilda mentorer som kan ge stöd till familjer och vårdgivare till personer med demens. E-mentorer kommer att utbildas med hjälp av online-verktyg (Dem@entoring plattformen) och andra öppna resurser, enligt den struktur för utbildningen som utvecklats i IO2. Under utbildningen utvecklas mentorerna färdigheter och erfarenheter av e-mentoring så att de kan fungera som mentorer till vårdgivare och anhöriga till personer med demens. Erfarna e-mentorer rekryterar i sin tur nya användare.

Målet med IO5 är att beskriva hur man går tillväga för att bli en e-mentor. Det görs genom presentation av modellen samt olika verktyg och riktlinjer för uppgiften. Modellen ger också hjälp att skapa stödgrupper eller andra insatser för att stötta e-mentorerna i deras arbete. Modellen är utformad för flera språk i form av en MOOC (Massive Open Online Course).

Dem@entoring livscykelmodell beskriver hur modellen kan tillämpas steg för steg. Plattformsanvändarna kommer att interagera med varandra online för att skapa mentorsgrupper baserade på adeptens behov och erfarenheter och mentorns kunskaps- och färdighetsprofil. Deltagarna i mentorsprogrammet kommer att ha möjlighet att diskutera olika frågor med varandra, organisera aktiviteter och diskussionsfora samt erbjuda råd och stöd till nya medlemmar.

Dem@entoring livscykelmodellen (IO5) följer IO4 och erbjuder nödvändiga verktyg för en inkluderande utbildning, social integration, ökad effektivitet och till att skapa

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demensvänliga samhällen. Dem@entoring-plattformen kan användas av olika typer av intresseorganisationer i syftet att sprida information och kunskap om sjukdomen och dess konsekvenser, samt för att förebygga stigma. Modellerna kan också tillämpas på andra målgrupper än personer som på ett eller annat sätt är involverade i omhändertagande av personer med demens.

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4 Executive Summary in Danish

Mentoring Lifecycle-modellen er en arbejdsmetode, der styrker samarbejdet og interaktionen mellem mennesker med demens, deres omsorgspersoner og deres familier med en fælles ambition om at hjælpe andre mennesker i lignende situationer til at løfte deres livskvalitet og mestre hverdagssituationer gennem psykosociale tiltag støttet af onlineværktøjer, der muliggør distancelæring.

E-mentoring-læringen har til hensigt at træne mentorer til at give støtte til familier og omsorgspersoner (professionelle og private) til mennesker, der lever med forskellige typer af demens. Gennem e-læringen vil mentorer blive trænet ved brug af Open Education Resources (OER), der både fokuserer på kompetencer ift. e-mentoring og udvidelse af adgang til praktiske erfaringer (Mentoring Relationship Lifecycle, IO4) for derved samlet at øge mulighederne for – som mentor – at støtte mennesker med demens.

Dette betyder, at en e-mentor også videregiver viden, kompetencer og evner opnået gennem e-mentoringkurserne (IO2). Disse e-mentorer bliver med andre ord øvet gennem Dem@entoring-projektets platform, mens erfarne e-mentorer også kan bidrage til at rekruttere nye brugere og fremtidige mentorer, hvilket bidrager til læringens samlede udbredelse og brug.

Formålet med IO5 er at beskrive for deltagerne, hvordan man bliver e-mentor/mentor gennem en præsentation af modellen, de forskellige værktøjer og vejledninger. Modellen integrerer brugen af peer to peer-selvhjælpsgrupper og mentorer. Modellen er designet til at blive brugt på tværs af en række sprog som en såkaldt MOOC (Massive Open Online Course), der giver brugerne adgang til platformen og dens indhold.

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Mentoring Lifecycle-modellen beskriver, hvordan denne model kan blive anvendt trin-for-trin såvel som eksempler på den konkrete brug: Brugerne af platformen vil interagere med hinanden online for at danne mentor-grupper (og finde en e-mentor) baseret på specifikke fælles karakteristika og behov. Især vil deltagerne have mulighed for at diskutere hverdagens aktiviteter og håndtering af kontakt til myndigheder, plejetilbud eller lignende. For at diskutere demens, pleje og de problematikker man møder. For at organisere fælles aktiviteter for gruppen og være et forum for målrettede diskussioner. Og naturligvis for at give råd og støtte til nye medlemmer, så man også derved styrker en vedvarende udvikling af gruppen og muligheden for e-mentoring.

Denne model (IO5) følger op på Mentoring Relationship Cycle (IO4) og giver de nødvendige værktøjer til at tage fat på inkluderende træning og læring, social inklusion, styrkelse af planlægning i hverdagen og til at danne fællesskaber til at hjælpe mennesker med demens og deres omsorgspersoner til en øget livskvalitet, men også med at reducere fordomme og stereotyper, der kan hæmme dem og dette.

Lokale organisationer og institutioner kan efterfølgende tage disse to modeller (IO4 og IO5) og anvende dem overfor andre målgrupper, fx plejepersonale, der dermed kan styrkes i intern brug af mentorer og støtte. Men mere specifikt kan Dem@entoring-platformen fremadrettet bruges af bruger-organisationer som Alzheimer foreninger eller demenscentre for at udvide og styrke den fælles opfattelse af hverdagen med demens for borgerne og pårørende.

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5 Executive Summary in Polish

Model Cyklu Życia Mentoringu pozwala na interakcję pomiędzy osobami z demencją, ich opiekunami i rodzinami wspierając inne osoby w podobnych sytuacjach by poprawić jakość ich życia poprzez interwencje psychospołeczne z pomocą narzędzi internetowych, które umożliwiają zdalne szkolenie.

Program e-mentoringu ma na celu wyszkolenie mentorów w zakresie udzielania wsparcia rodzinom i opiekunom (formalnym i nieformalnym) osób cierpiących na wszelkie rodzaje demencji. W czasie trwania programu mentorzy będą szkoleni z wykorzystaniem Otwartych Zasobów Edukacyjnych (z ang. Open Education Resources, OER) w celu rozwijania umiejętności i doświadczenia w zakresie e-mentoringu (Rezultat Projektu Nr 4: Cykl Życia Mentoringu), aby potencjalnie zapewnić mentoring opiekunom osób z demencją, co oznacza, że e-mentorzy będą przekazywać swoją wiedzę, umiejętności i kwalifikacje uzyskane na kursach e-mentorskich (Rezultat Projektu Nr 2). E-mentorzy będą szkoleni za pośrednictwem platformy projektu Dem@entoring. Doświadczeni e-mentorzy będą rekrutować nowych użytkowników, co pomoże zapewnić trwałość programu.

Celem Rezultatu Projektu Nr 5 jest przedstawienie uczestnikom, jak zostać e-mentorami lub mentorami poprzez prezentację modelu, różnych narzędzi i wytycznych. Model ten umożliwia tworzenie grup wsparcia dla rówieśników i mentorów. Model jest przeznaczony do wykorzystania w wielu językach jako MOOC (z ang. Massive Open Online Course), który umożliwia użytkownikom dostęp do platformy i jej zawartości.

Mentoringowy Model Cyklu Życia prezentuje, jak model może być stosowany krok po kroku, a także podaje przykłady zastosowania: użytkownicy platformy będą wchodzić w interakcje online w celu utworzenia grup mentorskich (funkcja: znajdź e-mentora) w

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oparciu o konkretne wspólne cechy i potrzeby. Zasadniczo uczestnicy będą mieli okazję do omówienia działań i kwestii administracyjnych. W celu omówienia opieki nad osobami cierpiącymi na demencję i problemów z nią związanych organizowane mogą być zajęcia grupowe i fora dyskusyjne, wreszcie oferowane porady i wsparcie dla nowych członków w celu zachowania spójnego charakteru programu.

Model ten (Rezultat projektu Nr 5) opiera się na Cyklu Relacji Mentorskich (Rezultat Projektu Nr 4) i oferuje niezbędne narzędzia do podejścia do szkoleń integracyjnych, integracji społecznej, poprawy efektywności administracyjnej i tworzenia społeczności pomagających osobom cierpiącym na demencję i ich opiekunom uzyskać dobrą jakość życia i złagodzić związane z nimi stygmatyzację i stereotypy. Organizacje mogą następnie przyjąć te dwa modele i zastosować je do innych grup docelowych, takich jak pracownicy opieki. Mówiąc dokładniej, platforma Dem@entoring może być wykorzystywana przez organizacje zawodowe, takie jak Stowarzyszenie Alzheimera lub Dzienne Ośrodki Opieki nad Osobami z Demencją, w celu poprawy ich zrozumienia wyzwań związanych z demencją.

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6 Executive Summary in Italian

Con il programma di tutoraggio del progetto Dem@entoring si intende migliorare la qualità di vita delle famiglie con persone con demenza favorendone l'interazione con altre persone con demenza, i loro caregiver e le loro famiglie. Lo scambio avviene tramite l'utilizzo di strumenti online che consentono la formazione a distanza.

Il programma di tutoraggio online (e-mentoring) vuole formare chi si prende cura di persone con demenza (e-mentor) affinchè diventino tutor di altri caregiver (sia formali che informali) nella stessa situazione. Gli e-mentor saranno formati attraverso risorse educative gratuite (Open Education Resources) volte a sviluppare le loro conoscenze e competenze di tutoraggio online (IO4), che potranno poi trasferire a loro volta ad altri caregiver tramite corsi di e-mentoring (IO2). Tutto ciò avverrà tramite la piattaforma del progetto Dem@entoring. E-mentor esperti recluteranno infine nuovi utenti, assicurando così la sostenibilità del programma.

L'obiettivo di questo documento è descrivere ai partecipanti come diventare e-mentor o e-mentee. Il programma è ideato per poter essere usato in lingue diverse in forma gratuita.

Nel documento, si spiega come il programma Dem@entoring possa essere implementato passo a passo. Per esempio, si spiega come gli utenti della piattaforma potranno interagire tra loro online creando gruppi di tutoraggio corrispondenti a specifici bisogni. Si spiega inoltre come i partecipanti potranno discutere questioni sia logistiche/ amministrative che legate dell'assistenza tramite attività di gruppo e forum. Si illustra infine come i partecipanti potranno supportare e reclutare nuovi membri del programma al fine di garantirne la sostenibilità del progetto.

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Il programma (IO5) si basa su documento IO4-Mentoring Relationship Cycle, che offre tutti gli strumenti per garantire la formazione online e creare una community di famiglie di persone con demenza al fine di aumentarne la qualità di vita. Il programma può essere inoltre adattato ad altri destinatari, come per esempio gli operatori socio-sanitari. Nello specifico, la piattaforma Dem@entoring può essere usata da associazioni che si occupano di Alzheimer e demenza per migliorare le conoscenze e competenze dei caregiver di persone con demenza.

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7 Executive Summary in Greek

Το Mentoring Lifecycle Model επιτρέπει την αλληλεπίδραση μεταξύ ατόμων με άνοια, των φροντιστών τους και των οικογενειών τους με σκοπό να βοηθήσουν άλλους ανθρώπους σε παρόμοιες καταστάσεις να βελτιώσουν την ποιότητα ζωής τους χρησιμοποιώντας ψυχοκοινωνικές παρεμβάσεις με τη βοήθεια διαδικτυακών εργαλείων που επιτρέπουν την εκπαίδευση εξ' αποστάσεως.

Το πρόγραμμα e-mentoring στοχεύει να εκπαιδεύσει μέντορες ώστε να παρέχουν υποστήριξη στις οικογένειες και στους φροντιστές (επίσημους και ανεπίσημους) ατόμων με άνοια. Κατά τη διάρκεια του προγράμματος, οι μέντορες θα εκπαιδευτούν χρησιμοποιώντας το Open Education Resources (OER's) για να αναπτύξουν δεξιότητες και εμπειρία ηλεκτρονικής καθοδήγησης (Mentoring Lifecycle-IO4) προκειμένου να παρέχουν δυνητικά καθοδήγηση σε άλλους φροντιστές ατόμων με άνοια, πράγμα που σημαίνει ότι οι e-mentors θα μεταφέρουν τις γνώσεις, τις δεξιότητες και τα προσόντα τους που απέκτησαν κατά τα μαθήματα του e-mentoring (IO2). Οι e-mentors θα εκπαιδευτούν μέσω της πλατφόρμας του προγράμματος Dem@entoring. Οι έμπειροι e-mentors θα μπορούν να αναζητήσουν νέους χρήστες – φροντιστές και αυτό θα βοηθήσεις στη διασφάλιση της βιωσιμότητας του προγράμματος.

Ο στόχος του IO5 είναι να περιγράψει στους συμμετέχοντες, πώς να γίνουνε e-mentors μέσω της παρουσίασης του μοντέλου, διαφόρων εργαλείων και οδηγιών. Το μοντέλο επιτρέπει τη δημιουργία ομάδων υποστήριξης από άλλους φροντιστές και μέντορες. Το πρόγραμμα παρέχεται σε πολλές γλώσσες με τη μορφή του MOOC (Massive Open Online Course) και που επιτρέπει στους χρήστες να έχουν πρόσβαση στην πλατφόρμα και στο περιεχόμενό της.

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Το Mentoring Lifecycle Model περιγράφει τον τρόπο με τον οποίο μπορεί να λειτουργήσει η πλατφόρμα βήμα προς βήμα, καθώς προσφέρει και παραδείγματα χρήσης. Ουσιαστικά, οι χρήστες της πλατφόρμας θα αλληλοεπιδρούν ο ένας με τον άλλον διαδικτυακά, προκειμένου να δημιουργήσουν ομάδες καθοδήγησης (εύρεση e-mentor) βάσει συγκεκριμένων κοινών χαρακτηριστικών και αναγκών. Επιπλέον, θα μπορούνε να συζητήσουν δραστηριότητες και διοικητικά θέματα. Ακόμη, να συζητήσουνε για τη φροντίδα της άνοιας και τα θέματα που την περιβάλλουν .Εξίσου σημαντικό θέμα είναι η οργάνωση ομαδικών δραστηριοτήτων και φόρουμ για συζητήσεις. Τέλος, θα μπορεί να προσφέρει συμβουλές και υποστήριξη σε νέα μέλη προκειμένου να διατηρηθεί η αλληλεπιδραστική φύση του προγράμματος.

Το Mentoring Lifecycle Model (IO5) ακολουθεί το Mentoring Relationship Cycle (IO4) και προσφέρει τα απαραίτητα εργαλεία για μια ολοκληρωμένη εκπαίδευση, που ενισχύει την κοινωνική ένταξη, μέσω οργανωμένου πλαισίου και ενισχύει τη δημιουργία κοινοτήτων φιλικών προς τα άτομα με άνοια και τους φροντιστές τους προκειμένου να έχουν καλή ποιότητα ζωής και να μειωθεί το στίγμα και τα στερεότυπα που σχετίζονται με την άνοια. Πολλοί και διαφορετικοί οργανισμοί μπορούν στη συνέχεια να χρησιμοποιήσουν αυτά τα δύο μοντέλα και να τα εφαρμόσουν σε άλλες ομάδες, όπως οι επαγγελματίες υγείας και οι φροντιστές ατόμων με νευροεκφυλιστικές παθήσεις. Πιο συγκεκριμένα, η πλατφόρμα Dem@entoring μπορεί να χρησιμοποιηθεί από οργανισμούς, όπως οι Εταιρείες Alzheimer ή τα Κέντρα Ημέρας Alzheimer, για να ενισχύσουν την κατανόησή τους σχετικά με τις προκλήσεις της άνοιας.

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8 Introduction

The Mentoring Lifecycle Model allows the interaction between people with dementia, their formal and informal caregivers to help other people in a similar situation as them to improve their quality of life to live a better life using psychosocial interventions with the help of online tools allowing remote training and learning.

The Dem@entoring program aims to help start peer support groups for caregivers of people with dementia. Such a group can offer support to caregivers and other members of the family or the person with dementia who are also interested. Caregivers might receive help in many ways, such as meeting with other people in a similar situation and sharing experiences with them. In other words, when they meet others in the same situation, they have the opportunity to exchange knowledge and experiences.

The goal is to create a model whose primary purpose is to help the families and the caregivers of people with dementia. This can be done through appropriate psychoeducation. This model could include different skills that can be useful and create communities to help people with dementia have a good quality of life and remove the stigma and stereotypes associated with them.

The Mentor-Mentee relationship is based on peer support. A Peer Support Group is a gathering of caring for family members or friends with dementia. The purpose of this group is to provide support and thus allow them to cope better by:

- Sharing their feelings and experiences
- Learning more about dementia and giving care
- Allowing caregivers to talk through problems they are facing
- Listening to others who share similar feelings and experiences

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- Helping others through the sharing of ideas and knowledge and providing support
- Offering caregivers a break and a chance to take care of themselves
- Encouraging caregivers to take care of themselves to maintain their health and well being
- Tackling loneliness

A support group provides an opportunity for caregivers to share their feelings, problems, ideas and knowledge with others with similar experiences. It helps caregivers pay attention to their own needs and begin to take care of themselves. It also provides the satisfaction which comes from sharing with and helping others. The role of a Peer Support Group is mutual support. A support group cannot solve all problems, nor can it replace the services of health care or social services professionals. It is important to remember that a support group is not a help for everyone. Some people are not willing to share their personal experiences with many others.

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9 Good practices of peer support groups and online services for people with dementia and their caregivers

Nowadays, dementia has become a major medical, social and financial issue because the number of people with dementia is dramatically increasing due to increased life expectancy. People with dementia generally require high levels of care, most of which is provided by informal or family caregivers. Caregivers often have to manage the physical, emotional and/or financial consequences of caring for someone with a chronic health condition. Caregivers of people with dementia are at greater risk of becoming physically and mentally ill than caregivers of other medical conditions.

Psychosocial interventions are effective and can improve caregivers' quality of life, reduce their anxiety or depressive symptoms. According to this review, psychosocial interventions for caregivers of dementia include cognitive and psychotherapeutic interventions, family therapy and counselling, self-help groups, and educational programs. Although understanding the needs of caregivers is critical to developing effective intervention plans, few programs systematically assessed their needs due to the limited time available for caregivers and the stigma surrounding dementia. However, the involvement of caregivers in psychosocial interventions is an integral part of the effective treatment and management of dementia [1].

The World Health Organisation noted the importance of enhancing social relationships for carers [2], and peer support for carers is included in the recommendations of the National Dementia Strategy for England [3]. It has been suggested that peer support can directly improve wellbeing by decreasing feelings of isolation and/or encouraging more appropriate coping strategies and enabling a change

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in behaviour, emotion or cognition [4]. An example of a long-standing and very successful organization that runs peer-to-peer support groups is Alcoholics Anonymous, which has been in operation since 1935.

The good practices that the Dem@entoring program promotes are based on scientific and clinical evidence. The program aims to provide practical advice for caregivers of people with dementia to become good mentors to their peers. This is done by offering an educational reference tool for caregivers interested in evolving, cultivating the necessary background and knowledge about dementia. People with dementia and their carers say that peer support groups are important as they provide opportunities to speak to other people in a similar situation and provide social interaction, which is often needed.

Furthermore, sharing experiences through the Dem@entoring program creates the foundation for peer support, as they strengthen the initial trust and confidence required to develop relationships in which individuals are willing to open up and discuss their problems despite alienation concerns. Through this process, participants will improve their self-esteem and become more resilient both for themselves and to the people with dementia they care for.

Peer support has been found to have a positive impact on individuals who have the same health conditions. More specifically, the contact of peer groups via online services can bring significant improvements in the lives of caregivers. One of the most prominent outcomes of the service is that the quality of life of both caregivers and people with dementia is improved. Wellness is promoted as caregivers improve their coping skills. Individuals begin to understand better and accept the disease of the people

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they care about. Likewise, their worries are reduced, and their satisfaction with their state of health increases.

On the Dem@entoring platform, the user's identity is protected to ensure the privacy of the personal information of the participants. Concerning the individual's autonomy, we provide informed consent that every participant should fill out and sign before the beginning of the program. Participants have the right to end their participation at any time throughout the program. Educators are qualified and skilled with respective experience to provide appropriate training to future mentors.

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10 Model description and methodology

10.1 Mentor-Mentee match and creation of Peer Support Groups

The Mentor-Mentee matching process will be carried out online. Both the Mentor and the Mentee will describe their needs and caring experience to have appropriate and beneficial matches. Mentees should feel that their needs are being met and have the proper guidance and empathy from their Mentor.

To become a Mentee, the user will need to provide information regarding their care experience, educational level, relationship to the person with dementia and the number of years they have been taking care of them. They will also be asked to describe the specific challenges they face and their reasons for looking for support on the platform.

To become a Mentor, the user will have to study the training material (Appendix 2). These include web-seminars and video tutorials that include: general information about dementia, dementia care skills and mentoring skills and competencies. The e-mentoring program comprises three courses (IO2):

- Course I: Knowledge and understanding of dementia diseases
- Course II. E-mentoring knowledge
- Course III: E-mentoring skills

The three courses build upon each other. Course participants may skip Course I or only take parts of it, depending on previous dementia knowledge and dementia care experiences. Course II and III are mandatory. Course II should be passed before the

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start of Course III. After the completion of Course I: Knowledge and understanding of dementia diseases, the Mentor should be able to:

- Describe the five most common cognitive disorders, the seven A's of dementia and the cognitive domains most commonly affected by a dementia disease.
- Describe the most common behavioural and psychological symptoms (BPSD) associated with dementia and the most common behaviour management components and strategies.
- Describe the most common caring strategies related to communication and behaviour, socialization, nutrition, activity, participation, and physical exercise.
- Describe different psychosocial interventions related to cognitive and multisensory stimulation, physical activity and exercise, and the use of different welfare technologies.
- Describe different strategies for the prevention and treatment of accidents and injuries in the home.
- Describe issues specifically related to palliative care and end-of-life.
- Describe strategies related to empowerment and client advocacy.
- Explain the most prominent legal issues concerning dementia care.

After the completion of Course II: E-mentoring knowledge, the Mentor should be able to:

- Describe different adult learning strategies and models

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- Describe different communication methods and strategies useful in mentoring/coaching situations
- Describe different strategies for facilitating adult learning
- Describe different strategies for online teaching, learning and feedback
- Describe legal and behavioural aspects of online learning
- Describe different strategies for debriefing and supervision
- Describe the boundaries of an e-mentor
- After the completion of Course III: E-mentoring skills, the e-mentors should be able to:
- Apply and personalize strategies to facilitate learning among the Mentees
- Apply and use the online platform format to support and guide the Mentee
- Reflect upon your communication and learning facilitation skills
- Recognize the need for debriefing and supervision/mentoring/coaching in the role of a Mentor
- Identify situations where the obligations of the e-mentor and
- Develop and maintain a positive and friendly mentoring situation

In addition to courses I-III, the Dem@entoring platform will include an online mentoring platform with a subscription for dementia caregivers. An online service center will be available especially addressing people with dementia, linking the group members in dialogue.

After successful completion of the online training, an e-mentoring certificate can be achieved. To receive an e-mentoring certificate, the participant must pass a quiz for

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Course II and Course III (e-mentor knowledge and e-mentoring skills, respectively) with at least 75%. An important aspect of the assessment is understanding the user's motive for becoming a Mentor and their willingness to share their experience to support others. After the user completes the assessment, they will become a certified Mentor for the Dem@entoring program.

The system will create each Peer Support Group by matching one or more Mentees to a Mentor based on their provided information and specific needs. To ensure the best possible matches are made, the Mentees will be connected to Mentors with similar care experiences and a similar relationship to the person with dementia. Furthermore, each Mentee will disclose the personal goals that they would like to achieve by taking part in the program to include people with similar goals within the same group. Therefore, the groups will operate more effectively since the members will have a common aim.

Before starting the Peer Support Group, the potential Mentors have to consider the following questions:

1) Do I have the necessary time and energy?

2) Do I have the needed support from family, friends, or health care professionals?

3) Can I cope with the additional demands of organizing a support group?

4) Do I wish to hear about other people's strengths and challenges through dementia care?

5) Are there local or national organizations that might help - for example, an Alzheimer's association?

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6) Are there any health care professionals who might help by a) facilitating the group or b) providing information about dementia and caregiving?

10.2 Mentorship and group activities

Once the Mentor-Mentee match has been completed, the Peer Support Group meetings and activities will take place. This requires having clear and defined roles for each group member and specific objectives to be met. Mentors and Mentees must work together to develop mutually agreed goals. These goals play a significant role in the guidance activities. Mentors need to offer constructive feedback to Mentees on goal progress and have the opportunity to reflect on their actions. Supportive communication and empathy are essential to this process.

Mentors should allow the Mentees the space to identify potential issues and concerns and find solutions for them themselves. They should encourage the Mentees to try different approaches and take risks. The Mentor may provide some ideas, but the Mentee should choose which plan would be put into action. A good Mentor should be an open-minded and active listener. They should use intelligible language and respect cultural differences and diversity. They need to display consistency, reliability, confidentiality, honesty, positivity, and empathy. It is important to note that a good Mentor is not supposed to share their problems with their Mentee but rather share their care experiences and challenges. Mentors should be consistent and not create unrealistic expectations for themselves or their Mentees; they need to maintain a clear understanding of each role.

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10.3 The first meeting

The first meeting is very important because it is where the peer support group members meet each other and the Mentor, and it is where the main objective of the group is established. During the first session, all members will be welcomed. Caregivers are likely to be from different backgrounds with varying levels of comfort in sharing personal information. New members must be welcomed in a friendly way and made to feel comfortable and welcome. During this meeting, the Mentor is required to:

- State the purpose of the group
- Review the rules and guidelines of the sessions
- Provide ice breaker activities to make members feel more comfortable
- Explain to the new members how to actively listen to others so they can learn from their experiences
- Ask members to share information that may be of interest to the group

During the meetings of the peer support group, the Mentor is responsible for starting the discussions. They may begin a discussion by talking about a topic and asking members for their reactions or sharing similar experiences. The Mentor may also ask certain questions to help the discussion flow, such as:

- Do you have any psychological, medical or legal problems that you would like some information on? or some suggestions for dealing with?
- Where have you found support within your family, community?
- How has your life changed since you were faced with dementia?

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- It is preferable to allow for and encourage interaction between members

When it is time for the meeting to end, the Mentor may ask the members to share their thoughts regarding the meeting. The Mentor may also wish to summarize the discussion and ask the members if they agree with their impressions. The date and time of the next meeting should be decided.

10.4 Practical information for meetings

- Suggested size: the size of the group can be 4-6 participants
- Place: online Dem@entoring platform
- Time: most groups meet regularly. It is easier for everyone to remember if the day of the week and the time are the same for each meeting.
- Suggested duration: 4 -12 meetings (i.e., three months weekly)

10.5 Supervision of mentorships

All mentorships will be supervised to ensure the mentoring Course is going as planned and that the set goals are being achieved. Supervision is important because it provides extra support and guidance to the Mentor and the group. Supervisors will be healthcare professionals, experts in dementia and accredited by the scientific partners: Athens Alzheimer Association and Lund University. Thus they will have the necessary knowledge and skills to be effective at supervising. Supervisors will occasionally participate in the group sessions as observers to assess their progress and how the Mentor is managing the group's activities. The main role of the supervisor will involve:

- Assessing the progress of the group and making sure it is on track

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- Providing support to the Mentor
- Giving solutions to issues that might come up throughout the mentorship
- Ensuring that the training approaches followed do not cause any harm to the caregivers or the people in their care.

10.6 End of Mentorship and Evaluation

The mentorships will come to an end after the set of sessions the group agreed upon is completed. By the end of the mentorships, each group should have achieved all their goals, and each Mentee should feel like their needs have been met and feel more equipped to manage the care of the person with dementia than before. After the end of the mentorships, the members of each group will maintain communication with each other and their Mentor for any future issues that may arise, but they will not continue to meet regularly.

The results of the mentorships will be evaluated to understand the effectiveness of this program. The evaluation will focus on identifying which goals have been met successfully. Successful Mentors should demonstrate a range of skills, attributes, and qualities that help the Mentee achieve their goals and illustrate their own personal and professional commitment to continuous learning. The evaluation questionnaires may also be used (Appendix 1).

For the Dem@entoring project, the evaluation of the mentoring can be done online or through a paper form. For the online evaluation, the system should provide the necessary tools after the end of each session. For the paper-based evaluations, the Mentor should design a template and be made available online for printing. This

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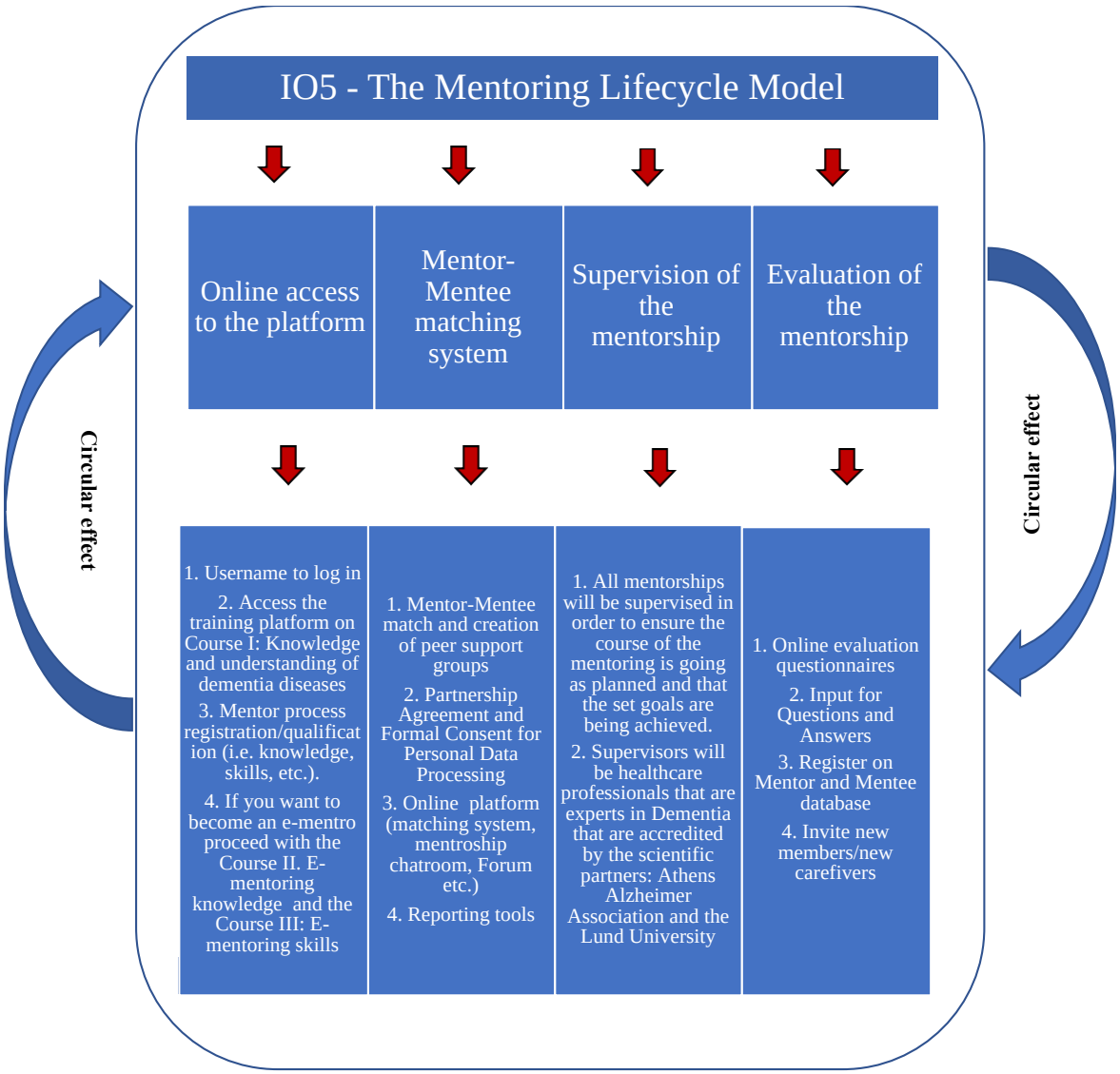
feedback will contribute to maintaining good practices and creating new content better suited to the users' needs.

Below is a schematic structure of the Mentoring Lifecycle Model of the Dem@entoring project:



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11 Instructions on how to access the platform for information and training

The overall Mentoring Lifecycle Model is envisioned to be accessible and operational via the project overall DEM@ENTORING educational platform, providing all the necessary functionality for realizing the model as described thoroughly within this deliverable. The implementation of the work described in this section is part of "IO3: Design & Development of DEM@ENTORING platform and training material", which is still under development and is scheduled to be concluded by the end of September 2020. Nevertheless, to gather requirements and provide an early look-and-feel of the proposed and envisioned functionality, in the sections below, we present some basic wireframes that aim to provide an early understanding of how the lifecycle is implemented within the platform.

Wireframing is a way to design a website service at the structural level and is considered a critical element in a successful UX design. A wireframe is commonly used to lay out content and functionality on a page that considers user needs and user journeys. Wireframes within our project have been used early in the development process to establish the basic structure of the Mentoring Lifecycle Model before visual design and content is added (i.e., Mentor and Mentee areas, etc.). The wireframes are basic a layout of the proposed web pages that demonstrate what interface elements will exist on these key pages. It is a critical part of the interaction design process. These wireframes aimed to provide a visual understanding of these pages in our project to get the consortium members, adjacent stakeholders, and other project team members approval before the creative phase gets underway. In this context, the wireframing

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methodology was also used to create the global and secondary navigation to ensure the terminology and structure used for the DEM@ENTORING educational platform meets user expectations.

11.1 Accessing the DEM@ENTORING educational platform

The login within the DEM@ENTORING educational platform will still utilize the same mechanisms as these have already been implemented. There is a unified environment for both the Mentor and the Mentee, utilizing the same Authentication and Authorization mechanisms that are already in place concerning logging in and accessing the platform. The platform is located at: https://learn.dementoring.eu, and below is a screenshot of the landing page for logging into the platform.

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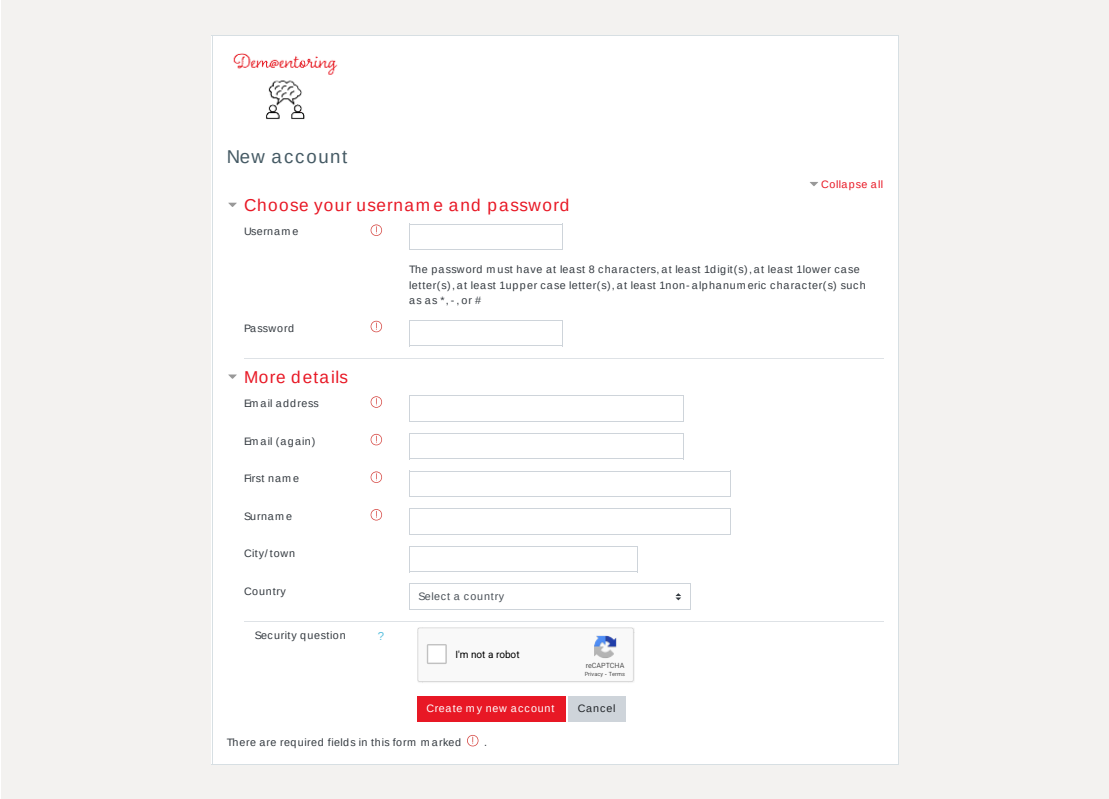
The user can perform the following operations:

- If the user already has a username and a password, the user can fill in the respective fields and click on the "Log in" button to enter the system.
- If the user hasn't accessed the platform before and would like to create an account, clicking on the "New account" button is transferred to the web page below for inserting the information required for opening up an account. At this point, we are considering adding an optional (*) field for the user to indicate whether he would like to register as a Mentor or Mentee into our platform.



- Finally, the user can request re-activating their password if they have forgotten the username and password. The screenshot below portrays searching for the user based on the username or email to initiate the re-activation process.

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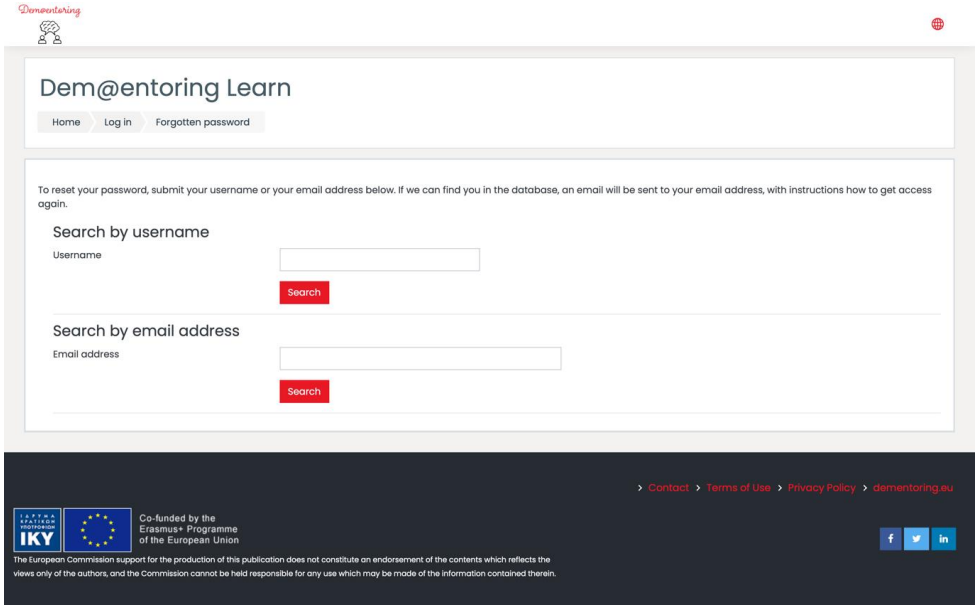
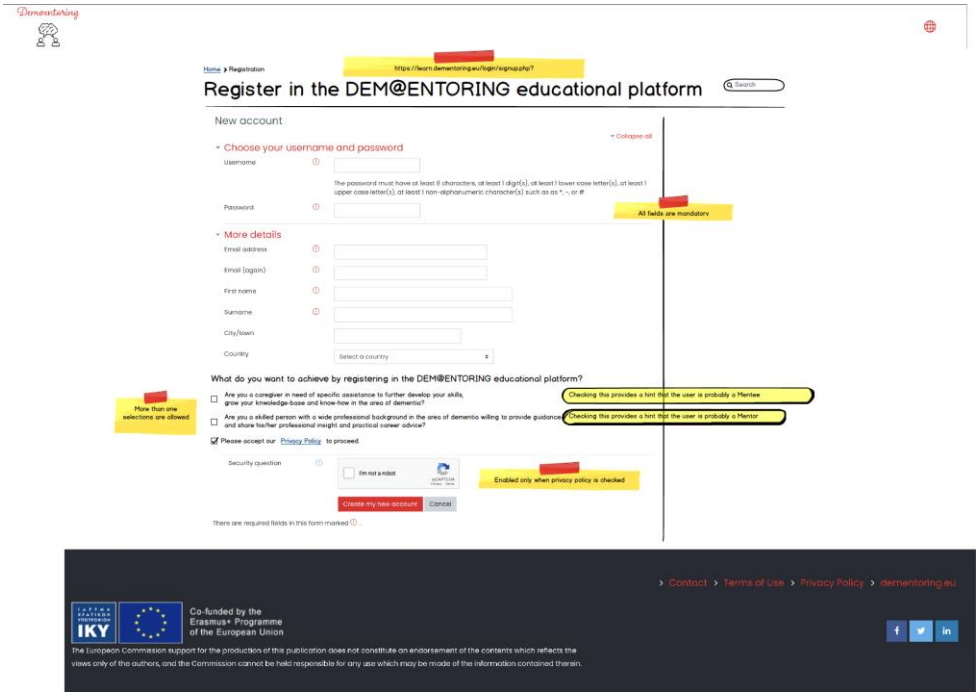


The proposed integrated registration page is featured below.



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The idea behind this registration page is to make the user associate with their needs, expressing if they are considered a Mentor, a Mentee or both. The user can click the following checkboxes according to the indented achievement behind the registration into the platform.

- Are you a caregiver in need of specific assistance to further develop your skills, grow your knowledge-base and know-how in the area of dementia? (the user is considered a Mentee), or
- Are you a skilled person with a wide professional background in dementia willing to provide guidance and share their professional insight and practical career advice? (the user is considered a Mentor).

According to the above selection, the platform will revamp the user dashboard and web-service environment accordingly to cover the different types and roles supported by the system.

11.2 How to set up Your Mentor/Mentee profile

As a Mentor or Mentee (or both), you can fill out and manage a unique mentoring profile that will be used to match you with potential Mentor or Mentees. If you're enrolled as a Mentor, filling out your Mentor profile is a crucial step to ensure you're matched with suitable Mentees. You can access your Mentor profile from your main profile by navigating to **My Profile > My Mentor Profile**, as shown below:

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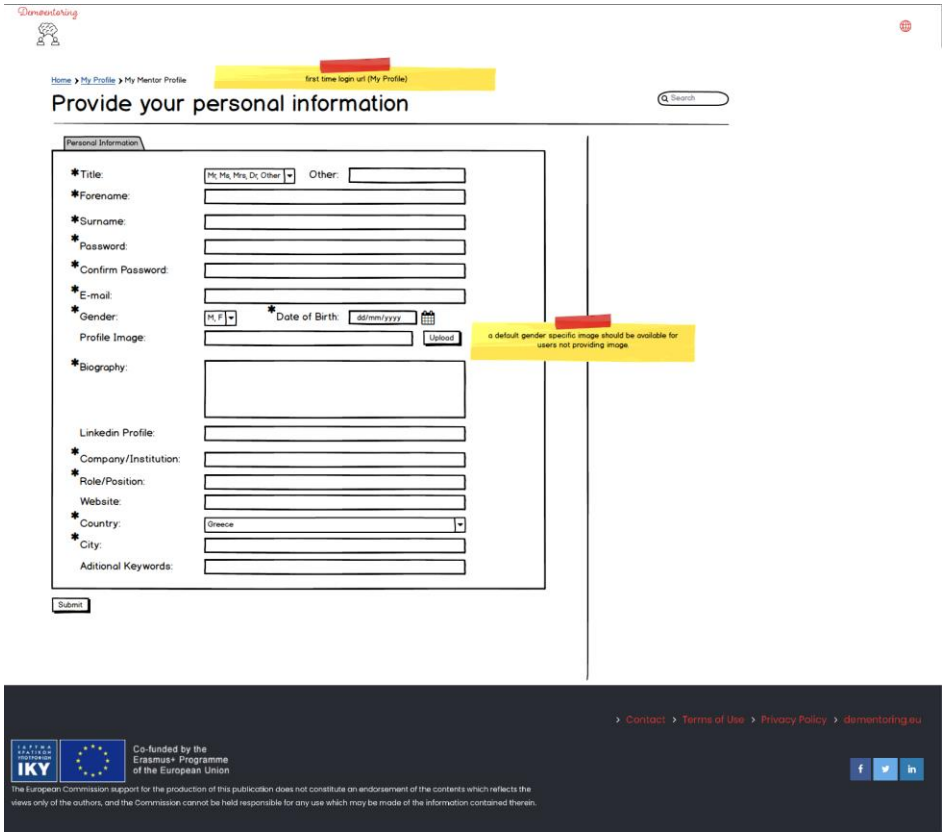

From your Mentor profile, you can:

1. Update your main profile bio to reflect your mentoring expertise and background. Provide as much information as you can to give potential Mentees sufficient insight into whether you're the right match for them.
2. See your previous and current mentoring relationships. For each relationship, you can use the buttons on the right to (a) mark an active relationship as complete, (b) start a new mentoring relationship.
3. View your current Mentor status details, like whether you're active, your current and maximum number of Mentees, and your availability start/end date. In this area, you can also click search Mentee to jump to the **Find a Mentee** in the search page and **Edit Mentor Status** to update your profile.

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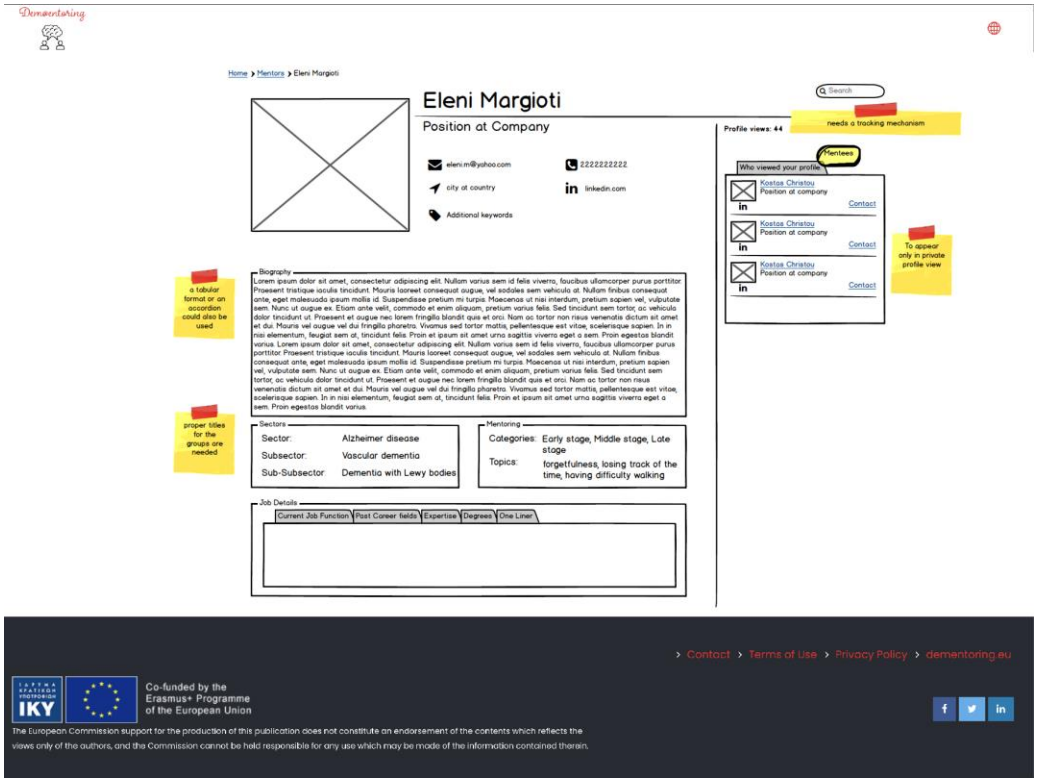
4. Manage your mentoring demographics–these are the demographics you add when you log in to the platform, but you can update them at any time if needed. You'll choose from a defined list of categories and options established from the Dem@entoring consortium. Be sure to take the time to fill these out as completely and accurately as possible, as the selections you make are the criteria used to match you with Mentees.



11.3 Mentee profile overview

If you're enrolled as a Mentee, filling out your Mentee profile is a crucial step to ensuring you're matched with suitable Mentors. You can access your Mentee profile from your main profile by navigating to **My Profile > My Mentee Profile**, as shown

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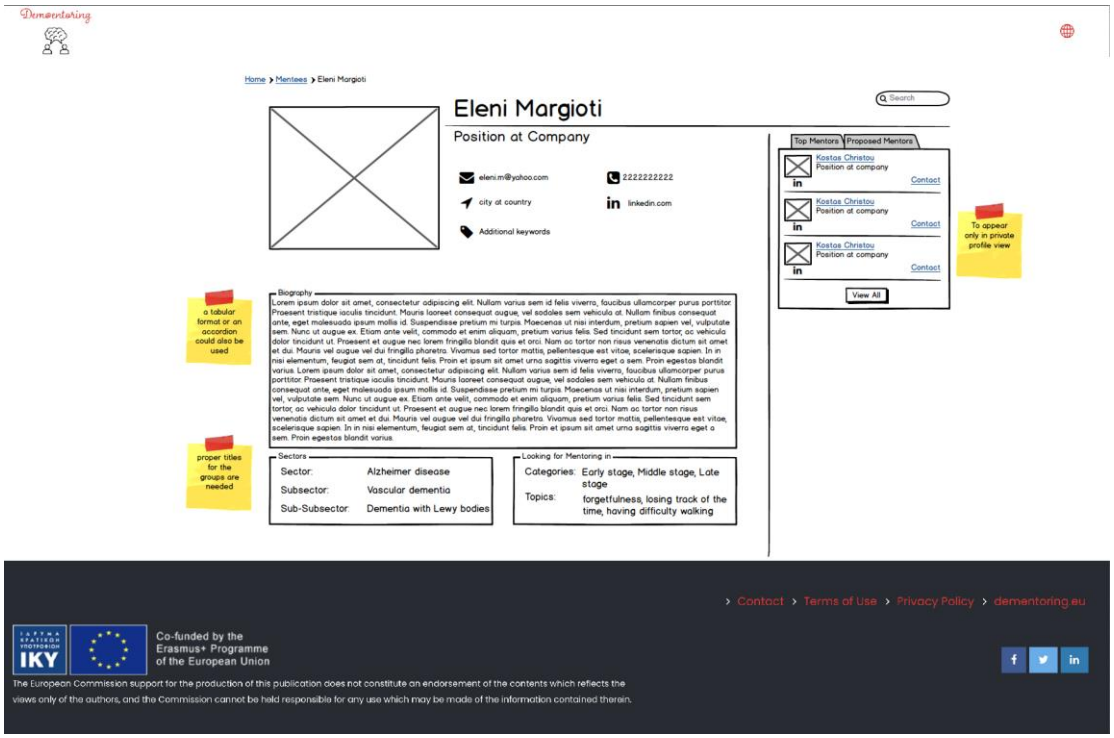
above. The profile editing and user management for the Mentor and Mentee are rather similar.



From your Mentee profile, you can:

1. View your current Mentee status details, like whether you're active and your availability start/end date. You can also click **Search Mentor** to move to the **Find a Mentor** search page and **Edit Mentee Profile** to update your profile in this area.
2. See your previous and current mentoring relationships. For each relationship, you can use the buttons on the right to (1) mark an active relationship as complete, (2) leave an active relationship.
3. Manage your mentoring demographics–these are the demographics you add when you log in to the platform, but you can update them at any time if needed.

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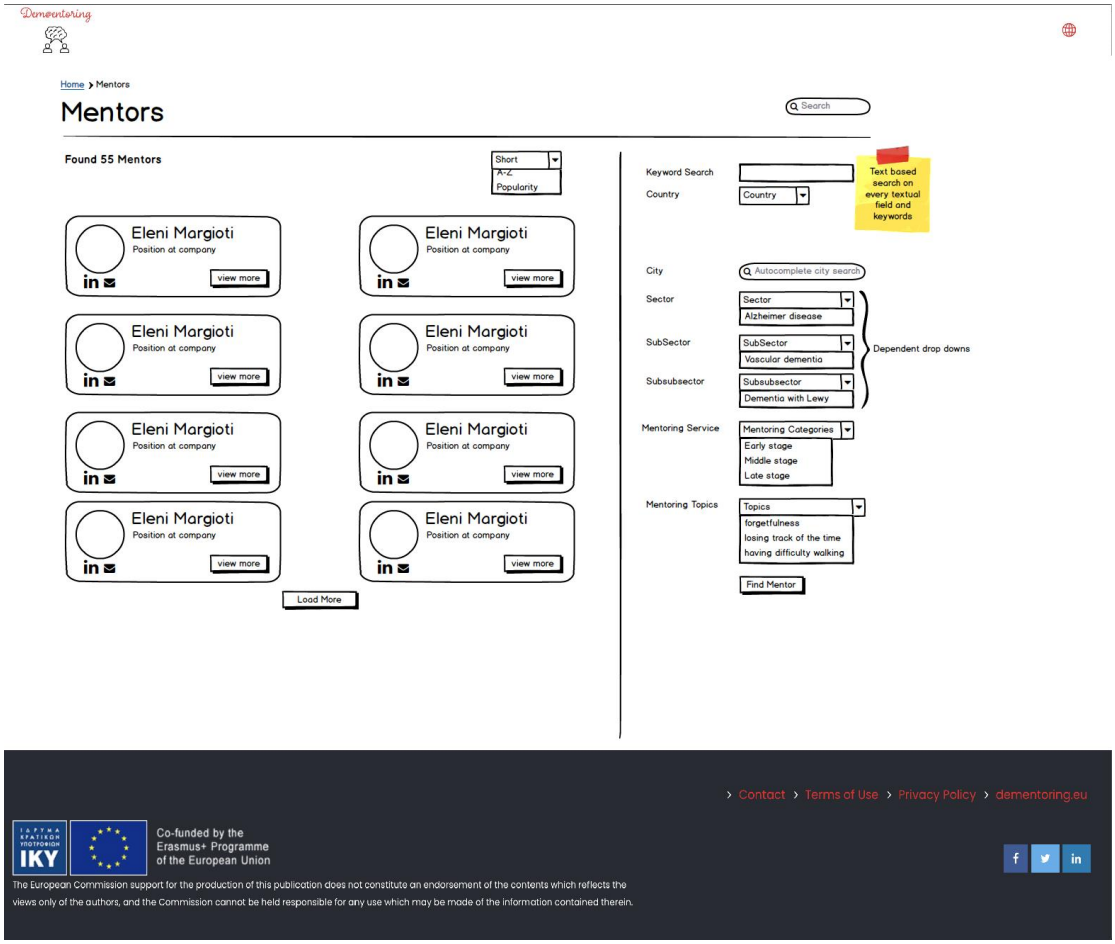
You'll be able to choose from a defined list of categories and options that were established from the Dem@entoring consortium. Be sure to take the time to fill these out as completely and accurately as possible, as the selections you make are the criteria used to match you with Mentors.

Finally, and most importantly, a Mentee can utilize the "Collaboration Service" to search for an appropriate Mentor and connect through the platform for further participation in Mentoring events and collaboration activities. The sample search wireframe is shown below:



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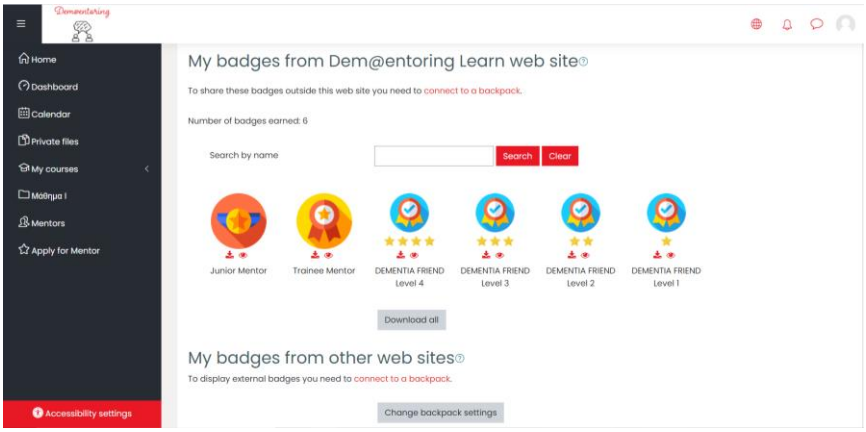
When completing a Course, the user will earn a badge to proceed to the next Course. Each badge represents the knowledge and Skill relevant to each Course. In the image below, you can see some examples of the badges:



A more thorough and detailed presentation of the final Mentor/Mentee collaboration platform featured within the Dem@entoring educational platform is presented in the final version of "IO3: Design & Development of DEM@ENTORING platform and training material", as well as within all the user manuals that are envisioned by the project.

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12 Case study scenario

This is a case scenario of how a Mentee is matched to a Mentor and therefore becomes part of their peer support group.

12.1 Mentee

Ann is a potential Mentee. She is an informal caregiver. She has been taking care of her mother, diagnosed with dementia, for the past five years. Ann is 45 years old, and she is a teacher in high school. She has seventeen years of education with a master's degree (ISCED level 7) (Appendix 4). Her mother has been taking part in the psychosocial interventions of the Day Care Center for people with dementia of the Alzheimer's Association for the past three years. Until recently, Ann has been participating in the caregiver's psychoeducational groups provided by the health care professionals of the Day Care Center. However, due to her increasing caregiving responsibilities, she could not leave the house as frequently as she used to. Therefore, it was suggested to her by the health care professionals that she would benefit from taking part in the Dem@entoring program, which offers psychoeducation and mentoring sessions online.

By creating an account on the Dem@entoring platform: https://learn.dementoring.eu/ Ann will have access to the training material (PowerPoint presentations and videos on dementia) as well as the mentor-matching system, which will connect her to a local and an international community of other more experienced caregivers with extensive mentoring skills, certified by the program.

When the user enters the Mentor-Mentee matching system, they will be asked to provide information regarding: their care experience, educational level, relationship

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to the person with dementia and the number of years they have been taking care of them. They will also be asked to describe the specific challenges they face and their reasons for looking for support on the platform. As a result, the system will match the user with the most appropriate Mentor for their needs.

12.2 Mentor

Mary is a Mentor on the Dem@entoring platform. She is an informal caregiver who has been taking care of her mother for the past eight years. Mary is 57 years old, and she is a bank employee. She has 16 years of educations, including a Bachelor's degree (ISCED level 6). Mary was using the Dem@entoring platform as a Mentee for the past year. At the end of her mentorship, she decided to become a Mentor herself to help others. She realized the impact of peer support groups and wanted to provide the same support for other caregivers in a similar situation. After completing the training program and the assessment, she became a certified Mentor for the Dem@entoring program.

12.3 Starting a Mentor-Mentee online group

When Mary became a Mentor, she started several peer support groups that included Mentees with similar backgrounds and need to her own. The latest Mentee who was matched to her is Ann. She became part of a group that included four other members who are also informal caregivers of a parent diagnosed with dementia for a similar number of years.

Once the group was formed, the members decided on the day and time of the meetings and the duration of the mentorship. This specific group decided to conduct

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the online mentoring group sessions once a week for three months. This decision was based on their needs and availability. Before proceeding with the sessions, all group members signed informed consent and confidentiality forms and a Partnership Agreement / Mentoring Contract (Appendix 3). The questionnaires found in the appendices include a questionnaire where participants can assess how well the model has worked for their individual needs. The questionnaire is named: 13.6 Self-Assessment test of how well this model works for a user.

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13 Guidelines and criteria for organizations to implement the model of the Dem@entoring project

Dem@entoring aims at developing and testing an education and training program for e-mentors to people caring for persons with dementia disease. This educational and training approach will be applied, addressing health and wellbeing to enhance an understanding of the disease.

Dem@entoring is a program that several organizations or centers that work with people with dementia can rely on. For example, an Elderly Care Unit can adapt the Dem@entoring program to their needs to educate professionals, relatives of people with dementia, and those diagnosed with early stage of dementia. Participants must attend all courses of the Dem@entoring program. The knowledge they will acquire will be confirmed by an assessment test, and after passing the test requirements, they can attend the next courses. This will help them become dementia experts and mentor and mentee future participants.

In general, the checklist below can assist several organizations to develop similar training programs. However, there are specific guidelines that should be taken into consideration:

- Identify a specific study topic for the program, which will have both trainers and peer group trainees.
- Create and implement a formal implementation plan based on the Dem@entoring plan.
- Effort for recruitment of the target populations
- Create internal organizational mentorship programs (like e-courses)

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- Deliver or make widely available continuous related training and technical assistance
- Complete an organizational assessment specific to language assistance services
- Standardize procedures for staff members and train staff and caregivers on those procedures
- Notification should clearly state that communication and language assistance is provided by the organization free of charge to individual
- Formalize procedures for translating materials into languages other than English and for evaluating the quality of these translations

Adopting this program's guidelines will help organizations recognize the barriers that might impede an individual from accessing care. Moreover, caregivers and people with dementia will address appropriate goals to live their healthiest life. The implementation of the Dem@entoring demonstrates the value of training regarding health problems of dementia and the economic, demographic and social determinants of health, individual preferences, and other factors to improve patients' health and build healthier communities.

There are various benefits for adopting such systems: cost reduction, productivity improvement, quality improvement, customer service improvement, better resource management, improved decision-making and planning. Based on these benefits, it might be expected that many organizations will adopt a training system for dementia similar to the Dem@entoring program.

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14 Transferability of the model to another target group

A mentoring relationship has the prospective to be widely used throughout an individual's lifetime. Along with mentoring relationships, one's life can be assisted with transition management in and out of various life scenarios. These scenarios concern not only people with dementia and their caregivers but also those who face chronic illness. A chronic health condition is a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time, for example, heart disease, stroke, cancer and diabetes, which are among the most common and costly of all health problems. Thus, the Mentoring Lifecycle Model of the Dem@entoring project could be used by people who face chronic illnesses and their caregivers as it provides just-in-time solutions that draw from the Mentor's experience and the collective experience of others in the group of participants. A major problem of chronic illnesses is the chronicity and, as an aftermath, the high cost of visiting an expert. Using the Dem@entoring platform can lead to cost reduction and positively impact resilience, quality of life, and emotional distress.

Furthermore, the Mentoring Lifecycle Model of the Dem@entoring project can be used by groups of people that have difficulties accessing typical dementia services, such as immigrants who have dementia and their caregivers that do not speak the language of the country they live in. The Mentoring Lifecycle Model of the Dem@entoring project can be useful for them to be used in English and translated into their language. Due to the COVID-19 pandemic, all such activities have had to be postponed, but the methodology for the implementation is well described in the Mentoring Lifecycle Model (IO5), and we will be able to implement it when we are

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allowed. The implementation of the Dem@entoring program will continue and will be part of the Athens Alzheimer Association activities.

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15 Dissemination

During IO5, the Alzheimer Athens Association promoted the dissemination of the program via various media. Due to the pandemic, dissemination took place remotely via social media such as posts on the Facebook page of the AAADRD (which has 9.961 members) and emails to caregivers, and published newsletters that reached 5.500 people. Moreover, AAADRD organized online workshops with more than 1.480 participants interested in dementia and caregiving training. Additionally, seminars and workshops were organized in person that involved 43 trained health care professionals. Finally, more than 70 people participated in the Multiplier Events. All the people that participated in the dissemination activities showed great interest in the programme and wanted to learn more about it. Some participants wanted to learn more to use the knowledge to improve their abilities as caregivers, while the healthcare professionals wanted to learn to transfer the mentoring lifecycle model to their organizations. More information regarding dissemination can be found in the document with all the dissemination activities performed by all partners.

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16 Relevant EU policies and policy links - Useful links

While working on the Dem@entoring project, we researched other projects to see if models similar to the Dem@entoring program were already implemented. This was initiated to assess the strengths and limitations of the other programs so we could proceed with making improvements to our model and finalizing it.

Through our research, we came across the Dementia Alliance International (DAI). DAI collaborates with like-minded individuals diagnosed with dementia providing a unified voice of strength, advocacy, and support to fight for individual autonomy for people with dementia. DAI was established in January 2014 to promote education and awareness about dementia – to eradicate stigma and discrimination – and to improve the quality of the lives of people with dementia.

The aim is to bring the community of people with dementia together as one strong voice to urge the government, private sector, and medical professionals to listen to their concerns and address this urgent global crisis. DAI demonstrates that working together will identify concrete action for implementation with the international community, and in the process, ensure human rights are being fully met.

Dementia Alliance International (DAI) members facilitate and provide free online peer-to-peer support groups and social groups for people with dementia and caregivers through Facebook and Zoom (online video conferencing). DAI also provides individual peer-to-peer mentoring.

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You can find some useful links related to the aim of the Dem@entoring project below:

- www.dementiaallianceinternational.org
- www.alzint.org
- www.alzheimer-europe.org
- www.carers.org
- www.alzint.org

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17 Appendices

17.1 Appendix 1. Questionnaires for Mentors and Mentees

17.2 Questionnaires for participants after the end of the training curriculum (Course I, Course II and Course III)

Course I. Knowledge and understanding of dementia diseases

Quizzes (already uploaded in the platform and are mentioned in the IO2)

Course II. E-mentoring knowledge

*The correct answer is in bold.

Question	3 options
1. Why is the social context important for the mentor-mentee relationship?	1. It affects what people learn. 2. It affects how people learn. **3. It affects both how and what people learn.**
2. Why should mentors take into account the mentees' background before starting the programme?	1. It helps the Mentor assess whether the Mentee needs support or not. **2. It helps mentors adapt the learning material to understand the context for their mentoring programme better.** 3. It helps mentors shorten the mentoring programme, thus saving time for themselves and the mentees.
3. What is a learning context?	1. It includes the characteristics of the place/s where people learn. **2. It includes all the external factors that provide meaning to someone's learning experience and affect the learning performance.** 3. It includes the learning climate and how much the learner feel part of the learning experience.
4. What do we mean by blended learning?	**1. It is an approach, which combines online educational opportunities with traditional place-based classroom methods.** 2. It is an approach, which combines different online adult learning strategies.

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	3. It is an approach, which combines different online learning experiences (simulations, case studies, etc.).
5. Confidentiality is an important component of a successful mentor-mentee relationship. How can it be ensured?	**1. The Mentor and Mentee need to have an open and honest conversation about what they expect regarding confidentiality.** 2. It is key that legal guidance is provided to both the Mentor and the Mentee before starting the relationship. 3. The Mentee should sign a confidentiality template before starting the mentoring relationship.

Course III. E-mentoring skills

*In bold is the correct answer.

1. Why is self-reflection useful as a mentor?	**1. It prompts thinking about my role as a mentor, skills and knowledge, and how a mentor influences and impacts the Mentee's development.** 2. It allows me to think about my strengths and opinions and forward them to the Mentee. 3. It helps me to evaluate the mentor-mentee relationship and make adjustments to it.
2. Why should a mentor give feedback to the Mentee?	**1. Feedback allows the Mentor to acknowledge your Mentee's strengths and motivate the Mentee to work on areas of weakness.** 2. Feedback to the Mentee is required as part of the formal evaluation procedure for the Mentor to become an advanced mentor. 3. Feedback allows the Mentee to reflect on weaknesses to change the behaviour or read more about what skills are necessary to Mentor.
3. There are different ways of working as a mentor. Which ones are correct?	**1. Counselling, virtual/e-mentoring, coaching** 2. Counselling, role model, e-mentoring 3. E-mentoring, lecturing, coaching

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4. Why is trust important in a mentor-mentee relationship?	1. Without trust, the Mentee will not reveal their issues for the Mentor. 2. Trust is necessary to get good scores as a mentor **3. Without trust, the mentees can't develop their strengths and weaknesses and move on with their life.**
5. What are the core mentoring skills?	1. **Active listening, trust-building, encouraging, goal identification** 2. Feedback, inspiration, trust-building, encouraging 3. Evaluation, inspiration, trust-building, active listening.

Questionnaire after the completion of Course I, Course II and Course III.

Please rate the overall experience of the Dem@entoring platform on a scale of 1 to 5 stars.

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17.3 Questionnaires for Mentees after the end of the mentorship

*All the questionnaires must be completed for the Mentor to receive a Participation Certificate and for the Mentor to receive the title of Advanced Mentor Certificate.

Questionnaire 1

Evaluation tool for Mentees

Rate, from 1 to 5, the following sentences (1 to the lowest and 5 to the best). The format of the five-level rates is:

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

- _____ I have met my learning goals.
- _____ It feels as though we are meeting just to meet.
- _____ I have been meeting for months and do not seem to be making any progress.
- _____ I have no desire to follow up with what we discussed in the meetings.
- _____ I feel there is no value to meeting with my Mentor.
- _____ I feel that I can encourage the new trainee.
- _____ I feel that I can handle any challenge.
- _____ I feel secure with supervision.

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Questionnaire 2

Evaluation Questions for Mentees

1. How do you evaluate the overall experience of mentoring as a Mentee?

Please circle one:

1. Very unsatisfied
2. Unsatisfied
3. Neutral
4. Satisfied
5. Very satisfied

2. As a Mentee, have you experienced any problems in terms of? Please circle one answer:

Interpersonal relationship

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Time schedule

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Role clarity

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

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Focus on clear objectives

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Relationships with others

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Questionnaire 3

Please rate the overall performance of your Mentor on a scale of 1 to 5 stars.

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17.4 Questionnaires for Mentors after the end of the mentorship

Questionnaire 4

Evaluation Questions for Mentors

1. **How do you evaluate the overall experience of mentoring as a Mentor? Please circle one:**

1. Very unsatisfied
2. Unsatisfied
3. Neutral
4. Satisfied
5. Very satisfied

2. **As a Mentor, have you experienced any problems in terms of? Please circle one answer:**

Interpersonal relationship

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Time schedule

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Role clarity

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

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Focus on clear objectives

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Relationships with others

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

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17.5 Questionnaire for Mentors and Mentees after the mentorship.

Questionnaire 5

Evaluation Questions for the relationship between Mentors and Mentees

1. How well the relationship between Mentor and Mentee works?

Mentor's comments	Mentee's comments

2. Could the relationship improve? If so, in what ways would it be done?

Mentor's comments	Mentee's comments

3. How would you evaluate the quality and frequency of communication?

Mentor's comments	Mentee's comments

4. What is useful and what is less useful in this relationship?

Mentor's comments	Mentee's comments

5. Have the goals of the relationship been achieved?

Mentor's comments	Mentee's comments

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17.6 Self-Assessment test of how well this model works for a user

Dear Dem@entoring user,

Congratulations on completing your dem@entoring training. Please take two more minutes to reply to the following evaluation questionnaire. The questionnaire has been designed to give us your feedback for developing the Dem@entoring platform and the respective learning material.

Your opinion is important for us!

Thank you!

The Dem@entoring Team

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Evaluation of the Dem@entoring Platform & the Learning material

Scale:

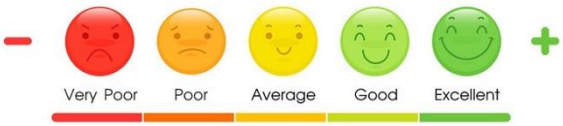
1: Very Poor

2: Poor

3: Average

4: Good

5: Excellent



Questions & Answers					
The dem@entoring online ecosystem was easy to access and easy to use.					
Please explain…					
The extent of the content or its duration was adequate.					
Please explain…					
The dem@entoring learning material was easy to understand.					
Please explain…					

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The educational method used was appropriate.					
Please explain…					
I feel ready to apply what I've just learnt.					
Please explain…					
The dem@entoring questions and testing approach after each section was helpful to understand the learning material.					
Please explain…					
The dem@entoring mentor-mentee collaboration platform was easy to use.					
Please explain…					

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The mentor search facility helped me find the information I was looking for quickly and effectively.					
Please explain…					
The communication facilities within the dem@entoring mentor-mentee collaboration platform were sufficient.					
Please explain…					
The rewarding and gamification aspects of the platform was adequate and indicative.					
Please explain…					

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17.7 Appendix 2. Training course curriculum (IO2)

Course I: Knowledge and understanding of dementia diseases

1. Introduction to Dementia and Cognitive Disorders (1.1-1.2)
   1.1 Difficulties in cognition
   1.2 The most common cognitive disorders

2. Behavioural and Psychological Symptoms of Dementia (BPSD) (2.1-2.7)
   2.1 Challenging behaviours associated with dementia
   2.2 Psychosocial management of BPSD, including a care plan
   2.3 Principles of care for people with dementia regarding BPSD
   2.4 Communication and understanding behaviour
   2.5 Socialization
   2.6 Feeding and nutrition
   2.7 Activity and participation

3. Psychosocial intervention (3.1-3.4)
   3.1 Cognitive stimulation
   3.2 Multisensory stimulation
   3.3 Physical activity and exercise
   3.4 Use of welfare technology

4. Risk and Medication Management (4.1-4.4)
   4.1 Home accidents prevention
   4.2 Physical and pharmacological restraints
   4.3 Abuse
   4.4 Sexuality

Course II. E-mentoring knowledge

1. Adult learning strategies and models (1.1-1.2)
   1.1 Social interaction learning – "learning with others"
   1.2 The role of the physical, the organizational and psychosocial context in learning

2. Strategies for facilitating adult learning (2.1-2.4)
   2.1 Building on previous knowledge
   2.2 Use of the context for learning
   2.3 Use of cases and examples
   2.4 Use of blended learning

3. Strategies for online teaching, learning and feedback (3.1-3.3)

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3.1 Methods and strategies for online communication
3.2 Strategies for providing feedback online
3.3 Strategies for setting up a learning-friendly situation

4. Legal and behavioural aspects of online learning (4.1-4.3)
   4.1 Ownership of data and material
   4.2 Privacy and integrity
   4.3 Malpractice issues

5. Debriefing and supervision (5.1-5.2)
   5.1 Strategies for debriefing and supervision
   5.2 Available resources for debriefing and supervision

Course III: E-mentoring skills

1. Communication with mentees (1.1)
   1.1 How to establish a confidential and friendly learning atmosphere

2. Strategies to facilitate learning (2.1-2.3)
   2.1 Use of online platforms to support learning
   2.2 Moodle features and design
   2.3 Management of material and media on the platform

3. Self-reflection on communication and facilitation skills (3.1)
   3.1 Self-reflection and feedback

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17.8 Appendix 3. Partnership Agreement and Formal Consent for Personal Data Processing

The Mentoring Contract and the Formal Consent for Personal Data Processing should be signed before starting the mentoring.

Partnership Agreement/Mentoring Contract

This is a statement of commitment to a mentoring relationship between:

..... (the Mentor) and ..... (the Mentee).

The two parties reached an agreement on the following:

They will be involved with the roles assigned to them in the mentoring program of ..... (the title of the project) with duration .....

Both parties are aware of the goals and objectives of the mentoring program and the methodology to follow and agree with them.

In addition to:

- Both parties, Mentor and Mentee, will honour commitments and promises and respect deadlines, privacy, and boundaries.
- Neither of the two parties will make excessive demands on each other's time;
- The Mentor will assist the Mentee in achieving objectives but will not be imposed.
- The Mentee will only use the Mentor's authority with the Mentor's consent.
- The mentoring process will be free of charge for both parties.

Finally, the Mentor and Mentees agree to commit to developing a healthy, trust-based mentoring relationship.

Mentor	**Mentee**
Name and Signature	Name and Signature

Place and date: .....

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Formal Consent for Personal Data Processing

1. I declare that I have been informed by the Dem@entoring Processing Manager, under the name "**Live and learn – Innovative ICT based learning and mentoring approaches for Alzheimer's communities**", hereafter "**Dem@entoring**" and I consent to the collection, record keeping and processing of my personal data, on behalf of "the Dem@entoring", following the provisions of Law 2472/97 and Regulation (EU) 2016/679 of the European Parliament.

2. I specifically consent to the video recording of my mentorship for the needs of the European project "Dem@entoring". **The Dem@entoring** commits itself to be limited to the legal processing only of the strictly necessary personal data for its purposes. Disclosure of the data to third parties can only be made when required for the legal implementation of the operating rules.

3. The Dem@entoring is committed to maintaining the confidentiality and privacy of the above data and taking all necessary measures for their security and protection.

4. Finally, I declare that I have been informed by the **Dem@entoring** Processing Manager of my right to the access, correction, restriction and/or deletion and objection to the processing, and the withdrawal of my consent, without affecting the legitimacy of the processing.

The Participant **The Dem@entoring team**

Place and Date: .....

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17.9 Appendix 4. Professionals' educational levels in primary health care according to the International Standard Classification of Education (ISCED).

Table 1. Categorization of professional support providers, according to the International Standard Classification of Education (ISCED)* in eight European countries.

ISCED LEVEL: At or above ISCED level	General health care training	Specialized health care training	Specialized training in dementia
7: Master's or equivalent, vocational	**Psychologist** (psychol), provides counseling and help to people with psychological problems **Social worker** (SW), provides staff management for residential care or home help service **Physiotherapist**, provides rehabilitation to identify and improve, e.g., disabled movement and function	**GP**, physician who treats patients within a district for all types of diseases **MD psychiatry**[1] (MD-psych)/Old Age Psychiatrist, specialized in psychiatry **MD neurology**[1] (MD-neuro), specialized in neurology **MD-internal medicine**, specialized in internal medicine	**MD geriatrics** (MD-ger), geriatrician or psycho- geriatrician specialized in geriatrics
6: Bachelor's or equivalent, vocational	**Social worker**, provides staff management for residential care or home help service **Registered nurse** (RN), provides care and service including help with PADLs, medical treatments, and managing the nursing care team **Occupational therapist** (OT), provides rehabilitation to achieve optimum level of functional ability. This may include adaptation of the home and providing aids and equipment to assist with managing everyday activities. **Physiotherapist**[2], provides rehabilitation to identify and improve, e.g., disabled movement and function. **Case manager**, see "Specialized health care training"	**Community psychiatric registered nurse**, (RN-comm-psych), supports older people at home and in nursing/residential homes. Specialized in psychiatry. **Home help officer**, carries out needs' assessment prior to decision about home services and care **Case manager**, professional (nurse or social worker) function that may include finding and outreach, comprehensive assessment and care planning, coordination of service, service provision, monitoring, and evaluation, and, in addition, meeting special needs	**RN specialized in dementia** (RN dem), has an overall responsibility for dementia care in an area/municipality. Provides counseling, supervision, and assessments, and mediates contacts. Education at advanced level: Care of the elderly (1-year Master), District nurse (1-year Master), Psychiatric care (1 year Master).
5: Short-cycle tertiary education, vocational	**Registered nurses**, not Bachelor's level **State examined nurse** (SEN), not Bachelor's level **Occupational therapist**, Bachelor's level, provides rehabilitation to achieve optimum level of functional ability. This may include adaptation of the home and providing aids and equipment to assist in managing everyday activities.		**State examined nurses specialized in dementia care** (SEN dem), not Bachelor's level
4: Post-secondary non-tertiary, vocational	**Licensed practical nurse** (LPN)/auxiliary nurse (Aux-N), provides care and service including help with IADLs and PADLs, and, in addition, minor medical treatment. Health care trained at secondary school level.		

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3: Upper secondary, vocational	**Nurse aid/assistant nurse** (Ass-N), provides care and service including help with IADLs and PADLs. Health care trained for <6 months (OECD 2005). **Support worker** (Supp-work), home carer, psychological supporter, or home trainer paid at enhanced nursing assistant/home carer rate. Social care/nursing trained at secondary level or trained on the job.		
<3	**Social worker assistant** (SW-ass) performs some similar tasks as the social worker. Not trained or trained on the job		

Published in: Lethin C, Leino–Kilpi H, Roe B, Soto Martin M, Saks K, Stephan A, Zwakhalen, S, Zabalegui A, Karlsson S. Formal support for informal caregivers to older persons with dementia through the Course of the disease: an exploratory, cross-sectional study. *BMC Geriatrics*. 2016; 16:32. doi: 10.1186/s12877-016-0210-9.

*International Standard Classification of Education (ISCED), UNESCO 2011. http://uis.unesco.org/en/topic/international-standard-classification-education-isced
OECD (2005). Education at a glance 2005. https://www.oecd.org/education/skills-beyond-school/educationataglance2005-home.htm
[1]MD Psychiatry and MD Neurology: dementia training is normally part of their special training.
[2]Registered nurses, occupational therapists, and physiotherapists are trained at different levels in the eight participating European countries.
IADL = instrumental activity of daily living; PADL = practical activity of daily living.

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