DTSC survey of Occupational Therapists

In 2012, the Queensland Dementia Training Study Centre (QLD DTSC) conducted a national online survey of Occupational Therapists (OTs), along with Social Workers and Diversional Therapists to identify their key dementia education and training needs. The key findings are summarised below.

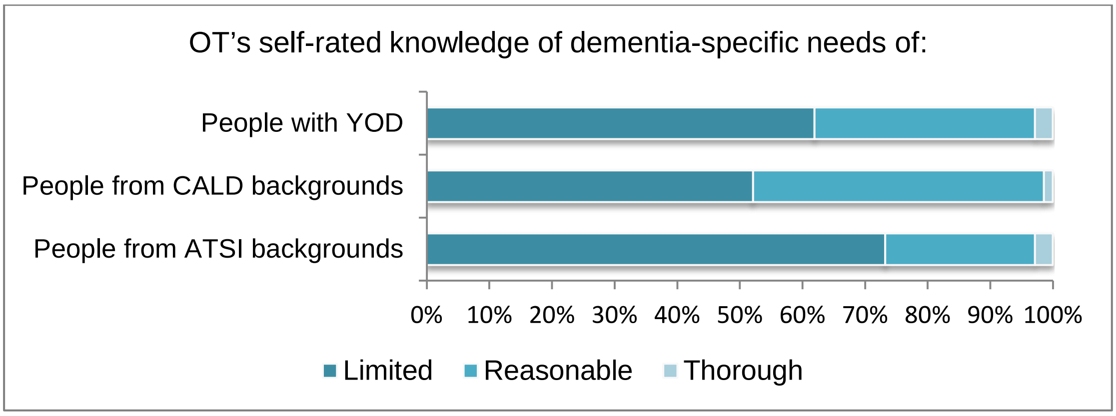
Respondents (N=71):

- were primarily from WA - 70%
- mostly worked in metropolitan areas - 82%
- worked in a range of settings - RACF (32%), acute care (24%), community (23%) and multiple care (16%)
- 23% had a post-graduate qualification

Self-rated dementia specific knowledge

Respondents self-rated their current knowledge of 20 items including aspects of dementia such as types, stages, prevalence; practice related knowledge such as BPSD, falls prevention and ADL; and the needs of specific groups to three levels (limited, reasonable or thorough). They also ranked the level of importance of knowledge of each item to their current role; not important, important or essential.

OT's said they had a limited knowledge about the dementia-specific needs of people from Aboriginal and Torres Strait Islander (ATSI) and Culturally and Linguistically Diverse (CALD) backgrounds as well as people with Younger onset Dementia (YOD). At the same time 66-90% of respondents considered such knowledge as important or essential to their current role.



OT's also said they had a limited knowledge about:

- Assistive technology - 30%
- Differentiating between dementia, delirium and depression – 24%
- BPSD - 23%
- Stages of dementia - 23%

…while 93-97% considered such knowledge as important or essential to their current role.

OT's said they had a limited knowledge about:

- Pain Management - 49%
- Transport and driving - 46%

…while 82% and 68%, respectively, considered such knowledge as important or essential to their current role

Preferred education topics & methods

The most frequently requested topics for further education and training were:

- Supporting families and carers (n=19) including providing counselling, education, strategies, community support, respite, communication
- Behaviour management or interventions (n=18) including for people living in their own home, activities/ non-pharmacological strategies, multi-sensory stimulation
- Assistive/ adaptive technology (n=11) including for people living alone, to help people live in their own home
- Groups with specific needs (n=10) - ATSI (including assessment and interventions, remote community strategies), CALD, Younger onset dementia (YOD),
- Dementia and delirium (n=10) - including following stroke or new head injury
- End of life (n=8) - planning, palliative approach, decisional capacity, anticipatory grief
- Pain management (n=7)
- Assessments (n=6) - Most appropriate assessments for cognitive screening, identifying remaining abilities, measuring QoL, current and evidence-based
- Environmental modification in the home (n=6) - including safety/falls prevention

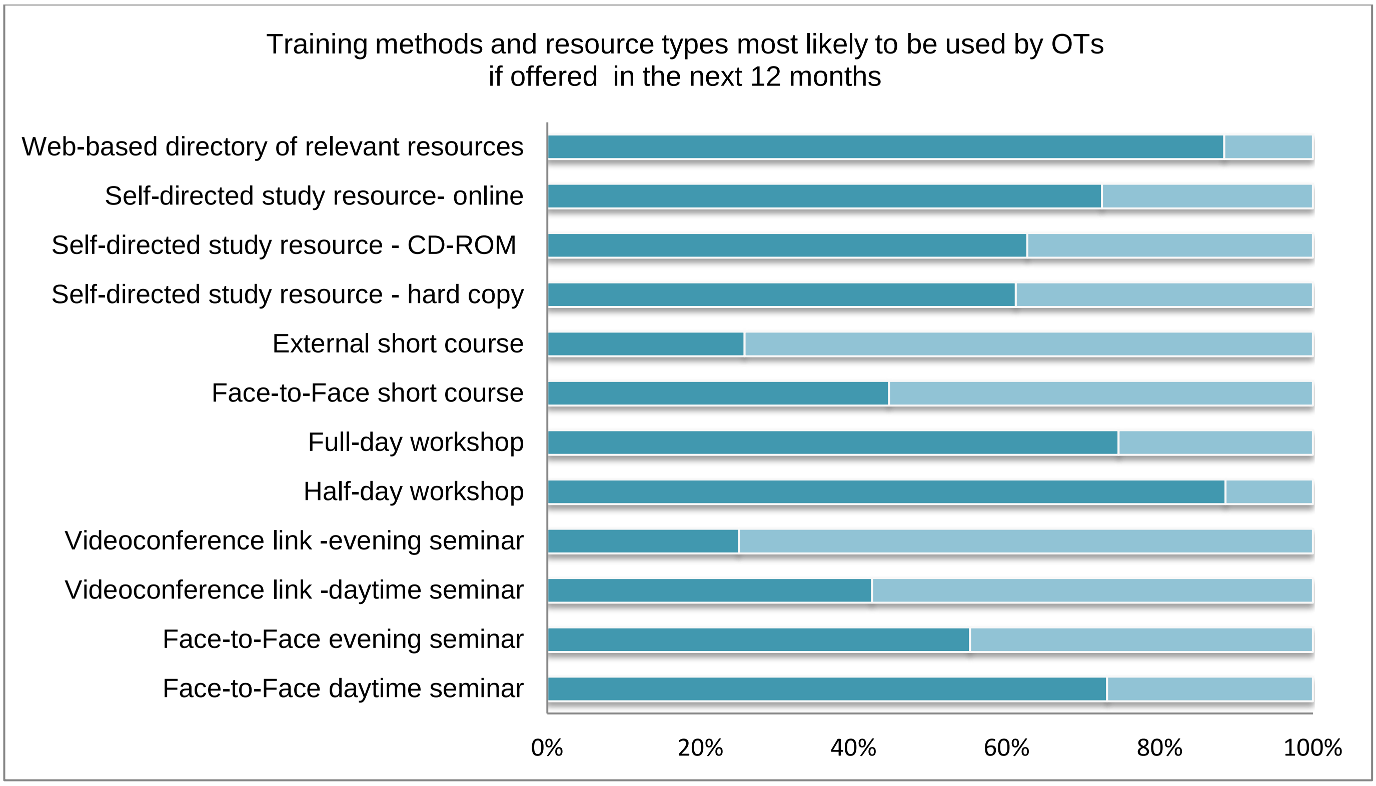
The most popular methods of learning were half or full day workshops, a web-based directory of relevant resources, two-hour face-to-face day time seminars and an online self-directed study resource. Some respondents commented that the reason they preferred face-to-face training was the interaction and opportunity for networking while others acknowledged the benefits of having a range of training methods including self-directed learning. In addition there were a number of comments describing the challenges of accessing training from rural areas, notably travel time and cost.

Value of further dementia-specific education and training

Around two-thirds of respondents commented on the value of further dementia-specific education and training in their current work roles. They most frequently reported it would be of benefit in:

- improving care and services to clients and caregivers or families,
- Improving knowledge and skills, including learning about the latest research and practice innovations
- informing education and training for other staff and colleagues

There were also a number of reflections on learning, limited resources, limitations of current system for PWD, preventative strategies and promoting a holistic approach.



In summary

The survey identified:

- the need for education about the dementia-specific needs of people from ATSI and CALD backgrounds and those with Younger Onset Dementia
- the need for education about a range of topics including but not limited to - dementia basics, differentiating between dementia, delirium and depression, behaviour management and supporting family caregivers of people living with dementia
- a preference for practice area and profession specific education and training.
- a preference for face-to-face training methods (either in half-day or full-day workshops or daytime seminars) and a web-based directory of relevant resources
- the need for a range of training methods including self-directed learning
- access is an issue for those in rural and remote areas, including lack of funding for travel, time constraints because of travel involved, lack of staff to backfill and inadequate access to on-line resources
- OTs value further dementia specific education and training to assist in their current work role

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