

CAREER and EDUCATION PATHWAYS PROJECT

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Vic/Tas DTSC, September 2013

Introduction

In accordance with the Department of Health and Ageing's National Priority Areas (NPA) for the Dementia Training Study Centres (DTSC), the Victoria / Tasmania DTSC (Vic/Tas DTSC) was assigned *Career and Education Pathways* in the care of people with dementia as its operational NPA. During the previous funding round a collaborative meeting was held with representatives of the DTSC, Dementia Care Essentials (DCE), Dementia Collaborative Research Centres (DCRC) and Dementia Behaviour Management Advisory Service (DBMAS) to map an articulation pathway across the components of the dementia initiative. This model was the initial input to the start of the process to map career pathways (see Appendix). Whilst the Vic/Tas DTSC was developing the career and education pathways project, through collaboration with the NSW/ACT DTSC it became apparent that there were some benefits to the project as a whole by working together as the NSW/ACT DTSC was developing competency standards in dementia care for nurses -this was one of its major NPAs. The Directors of the Vic/Tas DTSC and NSW/ACT DTSC recognised the synergies in working together to develop *nursing competency standards* and map *career pathways in dementia care*.

To commence the process of identifying how the stages of dementia impact on care and the skills and knowledge of various health professionals that are required for the different stages of dementia including an educational pathway to get there, the Vic/Tas DTSC invited 23 experts in research, education and clinical practice in the field of dementia to identify what pathways are currently available and how career and/or educational pathways could be improved. 21 of the experts accepted the invitation to attend the workshop (Appendix). A two day workshop was held in Sydney on 8/9th December 2011 that focussed on career pathways (day 1) and nursing competencies (day 2).

Day One Workshop: Career and Education Pathways

The purpose of this workshop was to identify a set of skills required by health professionals working with people living with dementia.

The framework for developing dementia services pathways (*Dementia services pathways – an essential guide to effective service planning, February 2011, KPMG*) provided an appropriate framework against which to map career and education pathways. Specifically the experts were asked to consider first the needs of the person with dementia at each stage and then the skills required meeting those needs.

Stage of dementia:

Stage 1: Awareness, recognition and referral

Stage 2: Initial assessment and diagnosis, post diagnosis support

Stage 3: Management, care, support and review

Stage 4: End of life

From this workshop an extensive set of skills was identified. Precisely WHO required the skills (i.e. the health worker/professional) was not important at this point. The aim was to avoid a focus on current vocational and professional boundaries to ensure the needs of the person with dementia drove this process. It was also recognised that current roles and practitioners may change as the Health Workforce reforms, the Productivity Commission's recommendations and the *Living Longer Living Better*¹ response impact care of older people.

Following the workshop an agreed skills list was developed by the expert reference group. The collated spread sheets were emailed to everyone who attended the workshop and the spread sheet updated based on this first round of feedback and returned to those who responded to round 1 to check that the experts' feedback had been correctly represented. 6 people responded to round 1. The second stage was with a group of 4 experts to refine the content and reach consensus. From the expert feedback this list was then divided into 'core' and 'desirable' skills (a) at each stage of the dementia pathway and (b) for five levels of practice. The original levels included 1-7 with level 1 - the 'public', level 2 – ENs and AH assistants, level 3 – specialist ENs and AH. Level 1 was omitted and levels 2 and 3 were combined. The final levels were equated to the following educational pathway:

Level 5 – Specialist health professionals (dementia specialists), Qualification level required: dementia specific Master's degree

Level 4 – Care Managers (GPs, NPs, ACAT, Case Managers), Qualification level required: include in post graduate curricula

Level 3 – All health professionals (eg. RN), Qualification level required: included in Bachelor's degree or equivalent (*example provided in report*)

Level 2 - ENs, Allied Health Assistants, Qualification level required: include in Certificate IV

Level 1 – Direct Care (ADL care, PCA), Qualification level required: include in Certificate III

¹<http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-aged-care-reform-measures-toc>

In order to test this against the 'real world' and potential career pathways a web-based content analysis of educational offerings in dementia care and job advertisements for health professionals in dementia care was undertaken. Interviews with management staff at an ageing-in-place facility and a private aged care hospital were also conducted to further reality test our results.

Finally the skills required across the dementia pathway, the educational level expected to acquire and practice the skills and the potential career pathways were linked. It is expected that this map/escalator will be of assistance to employees, employers and others looking to work in the field of dementia care. Organisations offering dementia education will find the information integral to planning appropriate courses. In addition the competency standards developed by the NSW/ACT DTSC could be linked to the appropriate Levels of these pathways.

This information will be available on the national DTSC web site.

Available postgraduate study offerings in dementia care

Postgraduate Certificate:	Postgraduate Diploma:	Bachelor of Nursing postgrad units:	Masters:
Postgraduate units as part of Graduate Certificate: Recognising and responding to dementia in indigenous communities (Flinders University of Remote Health); decision making in dementia care (Griffith University); palliation in dementia care (QUT)	Graduate Diploma in Nursing – Aged Care Stream (Queensland University of Technology);	<i>art and skill of dementia care</i> (Griffith University);	Master of Gerontology (La Trobe University);
Graduate certificate in dementia studies (Edith Cowan University, WA);	Graduate diploma in dementia studies (Edith Cowan University, WA);	<i>studies in dementia</i> (Queensland University of Technology).	Master of Nursing in Dementia Care (University of New England);
Graduate Certificate in Dementia Care (University of Wollongong);	Graduate Diploma in Aged Services Management (Victoria University);		Master of Nursing (Queensland University of Technology).
Graduate Certificate in Gerontology (La Trobe University);	Graduate Diploma in Dementia Care and Service (Victoria University);		Master of Health Sciences (Aged Services) – (Victoria University)
Graduate Certificate in Aged Care (The College of Nursing, Burwood);	<i>Postgraduate unit as part of Graduate Diploma: ageing with chronic and complex conditions</i> (University of South Australia);		Master of Medicine (GPs): one unit is ‘caring for ageing Australians’ (University of Queensland).
Graduate Certificate in Aged Services (Victoria University);	Postgraduate Diploma in Gerontology (La Trobe University);		
Graduate Certificate in Nursing – Aged Care Stream (Queensland University of Technology);	Postgraduate Diploma in Mental Health (Monash University);		
<i>Postgraduate units as part of Graduate Certificate: Recognising and responding to dementia in indigenous communities</i> (Flinders University of Remote Health); <i>decision making in dementia care</i> (Griffith University); <i>palliation in dementia care</i> (Queensland University of Technology).	Postgraduate dementia program for registered nurses (Age Concern, National).		

Recruitment criteria in advertisements for health professionals specialising in dementia care

Categories	Criteria	Description1	Description2	Description3
OT Assistant	Certificate III in Allied Health Assistance	Experience working with people / residents with dementia		
Physiotherapist	Tertiary education in physiotherapy	Develop resident-centred therapy and pain management programs		
Community EACH Nurse	Registered Nurse	Sound management and clinical skills	Previous aged care or community experience desirable but not essential	
Consultant Geriatrician	Clinics in dementia, falls, continence or pain	Demonstrated clinical ability commensurate with that expected of a Specialist Geriatrician.	as comprehensive training	
Clinical Nurse consultant	Registered Nurse with AHPRA, 3 years post grad experience as an RN in a nursing home/aged care environment	Commitment and ability to relate to the aged, particularly with dementia care.	Demonstrated ability to assess resident needs	
Registered Nurse	Registered Nurse	Perform clinical, social and self care assessments.		
Enrolled Nurse	Relevant qualifications and registration	Dementia skills and knowledge to care for residents in memory support wing.	Previous experience in residential aged care would be an advantage	
Aged Care Lifestyle Officer	Certificate IV in Leisure & Lifestyle (or equivalent)	Dementia specific experience and an interest in planning programs for people with dementia		
Care Manager	Tertiary qualifications in health / welfare	Excellent understanding of Person centred approach and strong client advocacy focus	Strong skills in caring for the elderly and have dementia experience	Significant experience in care co-ordination in the community aged care setting
Dementia Consultant	Tertiary qualifications in a relevant discipline.	Knowledge and understanding of the issues involved in dementia.	Knowledge and understanding of the Aged Care Sector.	

Former DON, currently at DBMAS on required staff capabilities / capacities and gaps

Capabilities

A passion for the work, wanting to make a difference.

Demonstration how they would make a difference, what drives them. Eg. personal experience or something that 'turned the light on'.

Showing empathy for older person, putting yourself in their shoes.

Being a good role model.

Ongoing professional development.

Not just attended organisational training but have done some other development.

It is about initiative.

Evidence of having taken initiative in courses.

Comments re gaps in education

Certificate III not good enough - modules not really applicable to the sort of work you are doing. It needs to be more applied.

There is NO module of person-centred care - needs to be induction / training - this is too important.

Everyone should do *Dementia Care Essentials*. Good to do as well: TIME modules.

A project around this (*Dementia Care Essentials*) with DBMAS - needs to be standard around this. Core learning required.

Calming the person who has dementia - empathy / insight.

Dementia 101 eg. *Dementia Care Essentials* (mandatory).

BPSD (module) and person-centred care.

Communication area around family (customer services).

Conflict resolution / families and carer.

Check out core modules / electives. Before even walk through the door need certain modules.

Management issues

Ongoing support around appropriate education to staff and how you provide this when 24 hour service. Industry having trouble with this.

What is right for my family?

Gap in education plan, therefore need education around that issue.

DONs need to be better at professional development. Look at recruitment / induction. Aptitude for skills - link into governance, leadership.

Reflective practices - ability to reflect on what you're doing and analysing it (concept mapping - organisations having trouble with BPSD).

Structure for self reflection around practice built into role.

Unfortunately current training programs for nurses are task driven rather than consideration from a broader focus - too compartmentalised, need a sense of whole.

Dementia Strategy Manager on required staff capabilities / capacities and gaps

Capabilities
Dementia Care Essentials - mandatory for all staff.
Need to be interested / passionate about working with people with dementia.
In house training in how to care for people with dementia / person centred care.
Need leadership / mentorship skills.
Comments re gaps in education
Person-centred care knowledge.
Lack of leadership / mentoring ability in recent nurse graduates.
Senior nursing staff need to understand how to inspire staff.
Dementia knowledge needs to be operational.
Too much focus in education on the science of dementia and less on application of that knowledge.
AA training is too focussed on documentation, care plans - not at right level for PCA learnings. Need focus on basics of PCC such as empathy, respect, dignity etc.
Need a relationship centred approach - understanding the carer's journey.
Lack of understanding of care needs.
Management issues
Leadship skills in nurses.
Unit Managers quickly review resident with GP and focus on quick fix of medication instead of behaviour management of people with dementia.
Need to identify people who want to work with people with dementia.
Get baseline measures of 'approaches to dementia' and then provide training, mentorship. Improve knowledge and skills.

Expert reference group - core and desirable skills, capabilities and knowledge required for all health professionals

Level 3 All health professionals eg. RN

Education / qualification level required: included in Bachelor's degree or equivalent

Stage 1. Awareness, recognition and referral

- core ability to be compassionate/empathetic
- core ability to meaningfully communicate concerns to relevant authority
- core ability to maintain professional boundaries
- core ability to manage family conflict
- core ability to negotiate/navigate through the system
- core ability to self reflect
- core awareness of the ethical/moral issues
- core commitment to person-centred care
- core cultural awareness
- core knowledge of challenges faced by health professionals in rural remote areas
- core knowledge of screening tools
- core skills in communication including oral, verbal and written
- core skills in counselling
- core understanding dementia; dementia literacy
- core understanding behavioural patterns
- core understanding of need driven behaviours
- core understanding of capacity of individuals

Expert reference group - core and desirable skills, capabilities and knowledge required for all health professionals

Stage 2. Initial assessment and diagnosis, post diagnosis support

- core ability to use a MMSE and understand results
- core ability to work within professional boundaries
- desirable advanced knowledge – diagnostic knowledge e.g. research/brain etc.
- core awareness of current research and emerging therapies/best treatments
- desirable awareness of needs to travel for rural people and costs associated with this.
- core commitment to person-centred care
- core cultural awareness and sensitivity skills
- core knowledge of a person’s capacity
- core knowledge of the system/networks/networking/connections/referrals
- desirable knowledge of use of appropriately varied assessment tools
- core provide support to families
- core right attitude – a philosophy of valuing people.
- core skills in advance care planning
- core skills in advocacy – advanced skills with special skills in case management.
- desirable skills in analytics to understand research.
- core skills in assessment of competency
- core skills in communication including oral, verbal and written
- core skills in decision making – discerning about where people go and when to be assertive
- desirable skills in family therapy
- core skills in inter-professional and inter-personal.
- desirable skills in life-planning
- core skills in observation/detection
- core skills in physical assessment
- core skills in research /comprehending research reports
- desirable sense of humour
- core understanding of strengths based assessment

Expert reference group - core and desirable skills, capabilities and knowledge required for all health professionals

Stage 3. Management, care, support and review

- core ability to give integrated seamless advice
- core ability to maintain function
- core commitment to person-centred care
- core flexible and responsive
- core knowledge of professional/personal boundaries
- core ongoing professional development
- core respectful of discipline expertise
- core respectful of a person's wishes
- core skills in assistive technology
- core skills in recognising and responding to stressed behaviour of a person with dementia
- core skills in planning and implementing personalised meaningful activities
- core skills in communication including oral, verbal and written
- core skills in teamwork/leadership/role modelling/mentorship
- core skills in triage
- core skills in pharmaceutical and psychosocial interventions
- core skills in telemedicine
- core skills in rehabilitative therapies
- core strength focussed rather than deficit

Expert reference group - core and desirable skills, capabilities and knowledge required for all health professionals

Stage 4. End of life

- core ability to provide appropriate activities and stimulation
- core advanced pain management skills
- core advanced knowledge of complexity of care and ethical dimensions
- core advanced knowledge of pharmacology (drug interactions)
- core commitment to person-centred care
- core knowledge of hydration and nutrition
- core knowledge of grief and bereavement counselling
- core knowledge of when to refer to specialist services
- core knowledge of complementary therapies (non-pharmacological)
- core knowledge of end of life wishes i.e. funeral
- core knowledge of pastoral care & ability to minister comfort to person with dementia & family
- core psychological knowledge
- core qualified palliative knowledge and professional knowledge of dementia
- core skills in observation – notice/detecting changes
- core skills in physical care
- core skills in medication
- core skills in recognizing and responding to stressed behaviour
- core skills in therapeutic communications
- core trans-cultural knowledge
- core understanding of professional boundaries
- core understanding of the role of sensory therapies

Appendix

Articulation pathways across dementia initiative

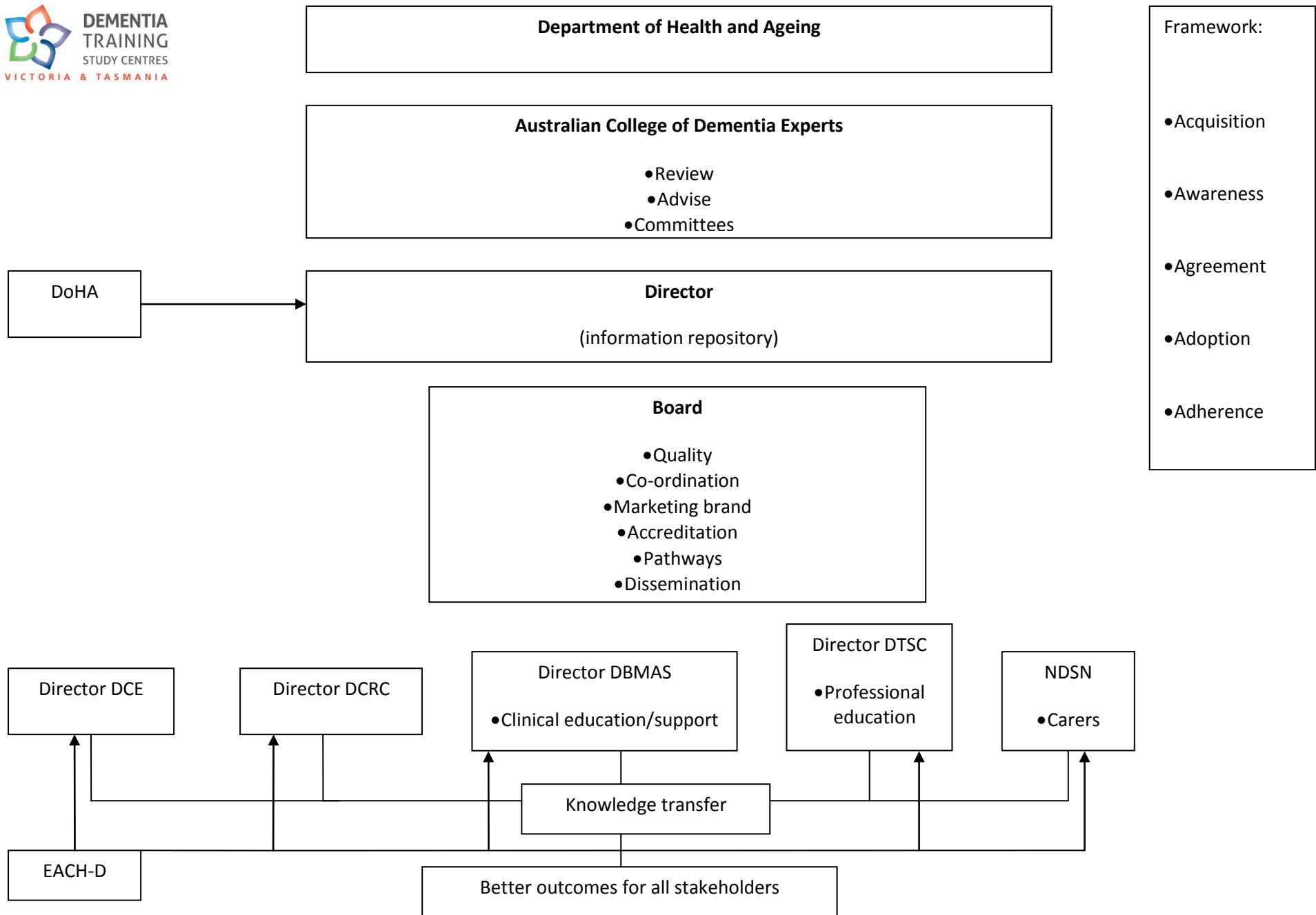
A meeting was held with representatives from the DTSC, DCE, DCRC and DBMAS to map an articulation pathway across the components of the dementia initiative. The group considered ways in which the Dementia Initiative as a whole could be more cohesive. The challenge of putting knowledge into practice was recognised as the theme that will bring the strands of the initiative together.

The following ideas are presented in the following Figure for consideration by all stakeholders

The organizing framework is based on the knowledge translation process put forward by Davis (Davis, Evans et al. 2003) which identifies 5 conditions which must be present for knowledge to be applied routinely. These are:-

- Acquisition – the knowledge has to be ‘discovered’
- Awareness – the practitioner must be aware of it
- Agreement – the practitioner must agree with it
- Adoption – the practitioner must be able to adopt it (resources, authority, opportunity, etc.)
- Adherence – there must be a mechanism for maintaining its use.

(Davis, D., M. Evans, et al. (2003). "The case for knowledge translation: shortening the journey from evidence to effect." *BMJ* 327(7405): 33-5.)



- Framework:
- Acquisition
 - Awareness
 - Agreement
 - Adoption
 - Adherence

Invitation

Dear

Re: The development of career and education pathways in the care of people with dementia project

The Department of Health and Ageing have established a set of National Priority Areas (NPA) for the Dementia Training Study Centres (DTSC). The Victoria and Tasmania DTSC has been assigned Career and Education Pathways in the care of people with dementia as its operational NPA.

I am writing to invite you to take part in a day of discussion that will begin the process of identifying what pathways are currently available and how career and/or educational pathways could be improved. This will take place in the Wesley Centre in Pitt Street, Sydney on Thursday 8th December. The day will begin at 9.30am with a welcoming cup of coffee.

Travelling expenses will be available from the Victoria/Tasmania DTSC.

Please contact Margaret Winbolt at the Victoria/Tasmania DTSC at Margaret.winbolt@latrobe.edu.au or (03) 9479-5983 if you have any questions or require further information.

Please RSVP to Rebecca Brown via e-mail at r.brown@latrobe.edu.au or by telephone on (03) 9479-6004.

Kind Regards,

Professor Rhonda Nay,

Director

Victoria and Tasmania Dementia Training Study Centre

Project team

Professor Rhonda Nay, Director, ACEBAC;

Ms Carol Chenco, Research Officer, DTSC;

Dr. Margaret Winbolt, Centre Manager, DTSC;

Dr. Deirdre Fetherstonhaugh, Senior Research Fellow & Deputy Director, ACEBAC;

Dr. Michael Bauer, Senior Research Fellow, ACEBAC.

Workshop Attendees

- Fiona Campbell, Assistant Director, Dementia Policy and Programs Section, Office for an Ageing Australia, DoHA;
- Dr Susan Hunt, Senior Nurse, Senior Nurse Advisor, Office for Aged Care Quality and Compliance, DoHA;
- Professor Isabel Higgins, Professor, School of Nursing and Midwifery, Faculty of Health, University of Newcastle;
- Dr. Deirdre Fetherstonhaugh, Senior Research Fellow & Deputy Director, ACEBAC;
- Ms Sally Garratt, Adjunct Associate Professor, ACEBAC;
- Ms Patricia Shuter, Senior Project Officer, QLD DTSC;
- Professor Richard Fleming, Director, NSW/ACT DTSC;
- Dr. Margaret Goodson, Aged Care Educator, The College of Nursing;
- Mr. John Kemsley-Brown, Director, Education Services, The College of Nursing;
- Professor Stephen Gibson, National Ageing Research Institute;
- Dr June Heinrich AM, CEO, Macquarie Community College;
- Ms Tara Quirke, Consumer Dementia Research Network;
- Ms Erica Ryan, Program Coordinator Traineeships Education Services, Alzheimer's Australia Vic;
- Professor Wendy Moyle, Director, Centre for Health Practice Innovation, Griffith University;
- Ms Angela Crombie, Bendigo Health;
- Mrs Jennifer Briggs, Dementia Care Consultant, Jennifer Briggs RCNA representation, South Australia;
- Ms Anne Kelly, Consultancy and Development Manager, Alzheimer's Australia, Tasmania;
- Jamie Gills, Clinical Nurse Consultant, Dementia/Delirium Rehabilitation and Aged Care Services, Central Coast Local Health District;
- Ms Christine Neville, Associate Professor/Deputy Director, UQ Ipswich Clinical School;
- Ms Shannon Tassel, Nurse Practitioner, The Pursuits Group, and
- Ms Loren de Vries, Transitional Nurse Practitioner, Garrawara Centre, Waterfall.