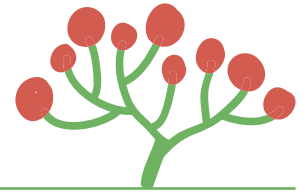


DEVELOPING AN INTER-DISCIPLINARY CROSS-SETTING DEMENTIA CARE COMPETENCY FRAMEWORK



DEMENTIA CARE COMPETENCY FRAMEWORK CONTENT:
CORE COMPETENCIES, DOMAINS OF PRACTICE
AND LEVELS OF PRACTICE



ACKNOWLEDGEMENTS FOR FUNDING AND PROJECT MANAGEMENT



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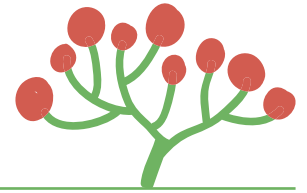
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CORE COMPETENCIES

Facilitating Person Centred and Ethical Care

Working with Families/ Informal Carers

Understanding Living with Dementia

Effectively Communicating

Recognising Dementia

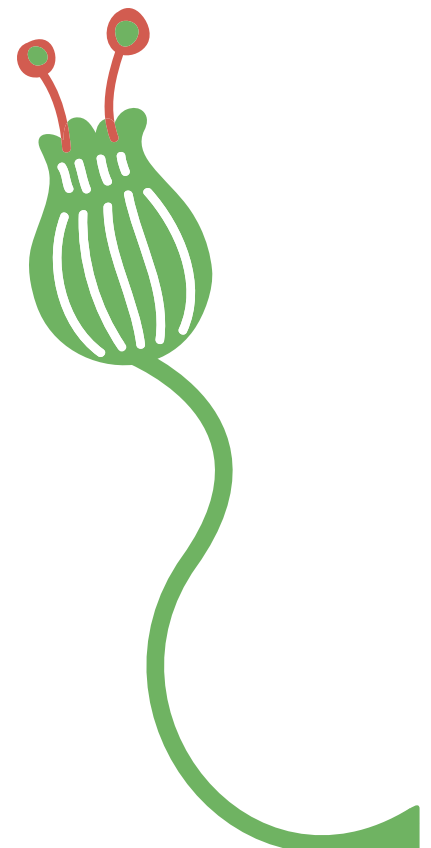
Assuring Diversity and Inclusivity

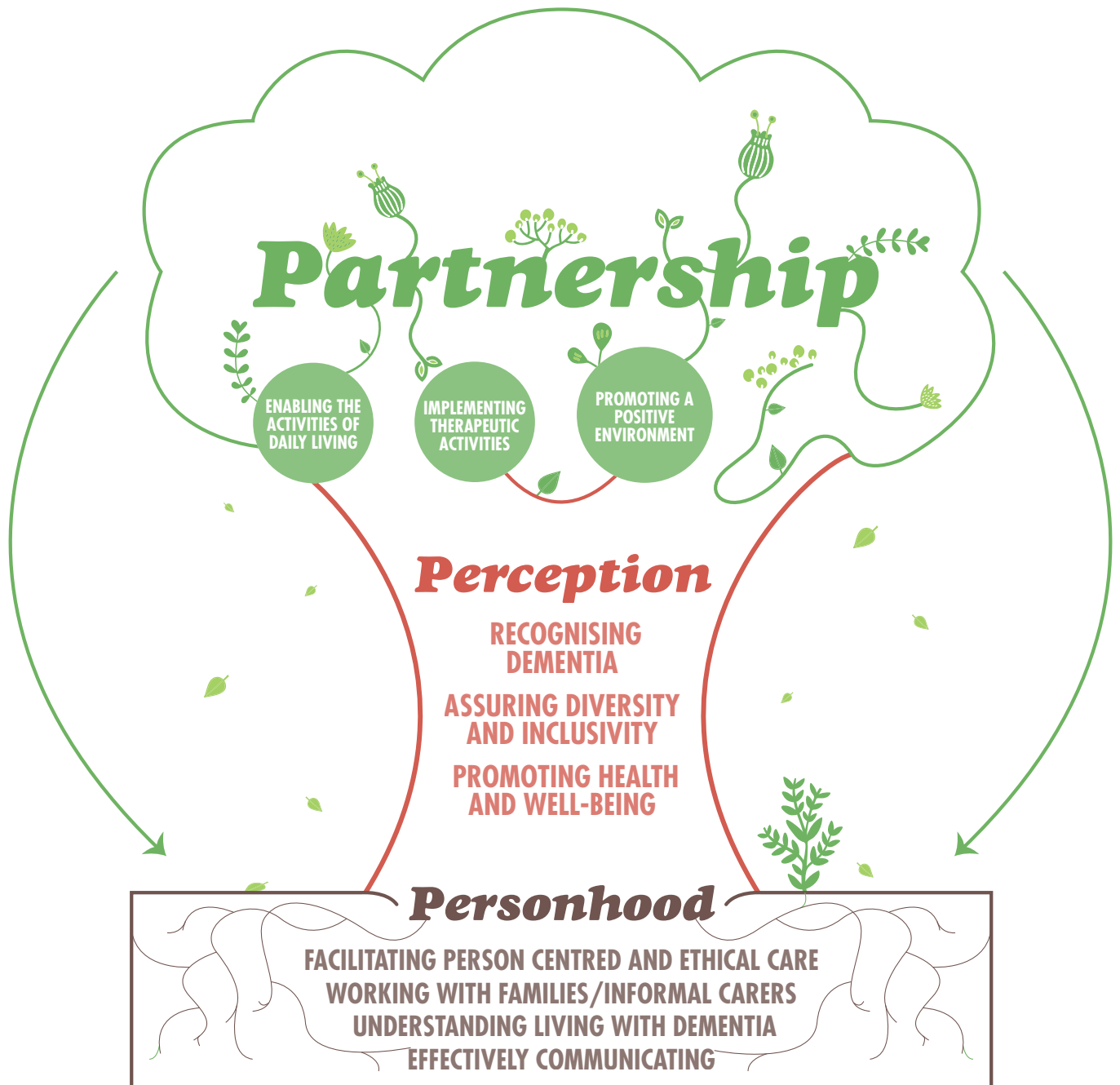
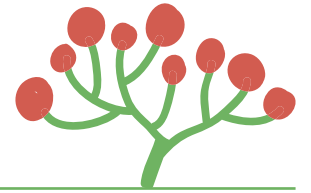
Promoting Health and Well Being

Enabling the Activities of Daily Living

Implementing Therapeutic Activities

Promoting a Positive Environment







CORE COMPETENCIES AND DOMAINS OF PRACTICE AND LEVELS OF PRACTICE

SUMMARY

A total of 40 domains of practice were identified across the 10 core competencies:

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- *Facilitating Person Centred and Ethical Care:* 3 domains of practice
- *Working with Families/ Informal Carers:* 4 domains of practice
- *Understanding Living with Dementia:* 5 domains of practice
- *Effectively Communicating:* 4 domains of practice

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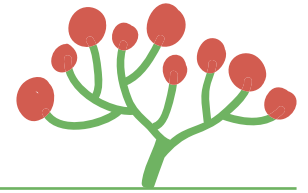
- *Recognising Dementia:* 4 domains of practice
- *Assuring Diversity and Inclusivity:* 3 domains of practice
- *Promoting Health and Well Being:* 4 domains of practice

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- *Enabling the Activities of Daily Living:* 3 domains of practice
- *Implementing Therapeutic Activities:* 7 domains of practice
- *Promoting a Positive Environment:* 3 domains of practice

A total of 3 levels of dementia care practice were created to explain different levels of practice across the core competencies and domains of practice:

- *Essential domains of practice (E1):* 14 across the core competencies
- *Enhanced domains of practice (E2):* 22 across the core competencies
- *Expert domains of practice (E3):* 4 across the core competencies



THE ROOTS

CORE COMPETENCIES AND DOMAINS OF PRACTICE AND LEVELS OF DEMENTIA CARE PRACTICE

1. FACILITATING PERSON CENTRED AND ETHICAL CARE

1.1 PERSONHOOD (e.g. stories of person living with dementia, recovery model focusing on optimum quality of life, lifestyle preferences, cultural, religious and spiritual preferences, respect emphasised, enabling participation in care, autonomy emphasised by supporting the person to take risks, safety from the perspective of the individual, focus on abilities and strengths, strategies to promote self-esteem, promoting expression of sexuality and self-awareness of own values and beliefs and prioritisation of those of the individual) (*Essential 1*)

1.2 ADVOCACY (e.g. empowering strategies, situational capacity used for decision-making, driving

issues, individual rights, balancing rights between person living with dementia, family/informal carers, co-residents and staff, self-determination enabled and abuse issues and equitable access to services) (*Enhanced 2*)

1.3 ETHICAL AND LEGAL ISSUES (e.g. use of policy and legislation to promote individual rights, guardianship, enduring guardianship, power of attorney, advance care plans and advance care directives) (*Expert 3*)

2. WORKING WITH FAMILIES/ INFORMAL CARERS

**2.1 PARTNERSHIP WITH FAMILY/
INFORMAL CARERS** (e.g. information provision, participation in care planning and implementing of care throughout the dementia



THE ROOTS

journey and communication strategies to discuss responses to care) (*Essential 1*)

2.2 DISTINCT CARE NEEDS (e.g. separate holistic assessment, needs considered in context of the person living with dementia and emphasise non-judgemental approach to the way family/informal carers provide care to person living with dementia) (*Enhanced 2*)

2.3 HEALTH AND SOCIAL CARE SYSTEMS (e.g. liaising with a wide range of services, responsive to changing needs throughout the dementia journey, referrals to and facilitating access to services and resources provided to family/informal carers) (*Enhanced 2*)

2.4 THERAPEUTIC INTERVENTIONS WITH FAMILY/INFORMAL CARERS (e.g. screening for risk of burden, depression, abuse, grief and loss and interventions, such as scheduled meetings, carer support groups, carer education, family therapy and counselling) (*Expert 3*)

3. UNDERSTANDING LIVING WITH DEMENTIA

3.1 FEATURES OF DEMENTIA (e.g. changes in the way a person manages everyday activities, signs, symptoms and behavioural and psychological symptoms of dementia) (*Essential 1*)

3.2 MAIN TYPES OF DEMENTIA (e.g. Alzheimer's disease, vascular, Lewy body, fronto-temporal and younger onset dementia) (*Essential 1*)

3.3 MULTIPLE IMPACTS OF DEMENTIA (e.g. at an individual and family/informal carer level across all aspects of health and well-being and the economic and social costs on the wider community) (*Essential 1*)

3.4 JOURNEY OF DEMENTIA FOR PERSON LIVING WITH DEMENTIA (e.g. stages, progression, recognition as a long term condition and transitions) (*Essential 1*)



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3.5 CAUSE, RISK FACTORS AND RISK REDUCTION STRATEGIES (e.g. increasing age, midlife high blood pressure, alcohol intake, hereditary, physical activity, pre-disposing co-morbidities and trauma.)
(Enhanced 1)

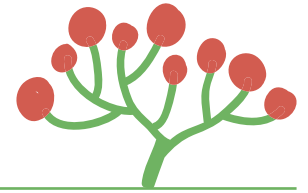
4. EFFECTIVELY COMMUNICATING

4.1 SENSITIVE TO CHANGES ASSOCIATED WITH DEMENTIA
(e.g. modifications made to reflect impact of dementia, life history, behaviour may be an attempt to communicate unmet need, non-judgmental, respect emphasised and use of an interpreter)
(Essential 1)

4.2 STAFF AND OTHER STAKEHOLDERS (e.g. systems developed to ensure accuracy of information across multiple care providers, complexity of dementia care included in communications and approach inclusive to all providers of care) *(Essential 1)*

4.3 TEAMWORK AND COLLABORATION
(e.g. inclusivity of the person with dementia, families/informal carers and members of the multi-disciplinary team across care services) *(Essential 1)*

4.4 RESPONSIVENESS TO LEVEL OF AWARENESS ABOUT A DIAGNOSIS OF DEMENTIA BY INDIVIDUALS AND FAMILY/INFORMAL CARERS
(e.g. answering questions and reassuring during interactions)
(Enhanced 2)



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CORE COMPETENCIES AND DOMAINS OF PRACTICE AND LEVELS OF DEMENTIA CARE PRACTICE

5. RECOGNISING DEMENTIA

5.1 PRESENTATION AS A POSSIBLE DEMENTIA (e.g. responding in a timely way to individual and family/informal carers concerns of memory and functional changes, involving the individual, family/informal carers and members of the community, health and aged care team, consideration of cultural and social background and referrals for screening) (*Essential 1*)

5.2 COGNITIVE SCREENING (e.g. application and interpretation of validated cognitive assessment tools) (*Enhanced*)

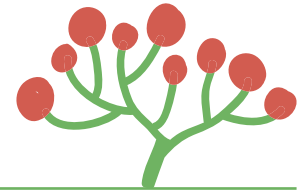
5.3 DEMENTIA ASSESSMENTS (e.g. holistic approach involving person living with dementia and family/informal carers, GP, medical consultant, life history taking, discipline specific methods and behaviours recognised as unmet need) (*Enhanced 2*)

5.4 DIFFERENTIAL DIAGNOSIS AND FACTORS THAT EXACERBATE DEMENTIA

(e.g. differential screening for delirium, depression and non-dementia related confusion, identifying unsafe polypharmacy, mental health, trauma and physical co-morbidities including pain and formalising a diagnosis) (*Enhanced 2*)

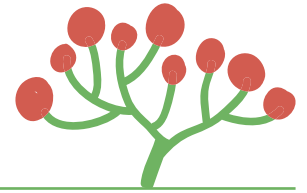
6. ASSURING DIVERSITY AND INCLUSIVITY

6.1 INTERACTIONS ENSURE DISTINCT NEEDS ACKNOWLEDGED (e.g. communities who are financially disadvantaged, homeless, rural and remote, Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, living with a disability, Gay, Lesbian, Bisexual and Transgender, younger onset dementia, post-traumatic stress and person living with HIV and AIDS) (*Essential 1*)



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- 6.2 ASSESSMENT IDENTIFIES SPECIFIC NEEDS** (e.g. specialised screening tools, sensitive to life story, cultural and spiritual needs, assesses specific trigger points for stress and sensitive to confidentiality issues) *(Enhanced 2)*
- 6.3 INTERVENTIONS SPECIFIC** (e.g. fosters flexible care strategies to meet specific needs, engagement with specialist services, orients mainstream services to meet special needs and liaison with special community groups or representatives) *(Enhanced 2)*
- 7. PROMOTING HEALTH AND WELL BEING**
- 7.1 RISK REDUCTION STRATEGIES** (e.g. at the community level, such as cardio-vascular factors and links between the diseases/ conditions associated with dementia) *(Essential 1)*
- 7.2 FOCUS ON CAPACITIES AT THE INDIVIDUAL LEVEL** (e.g. early diagnosis, maintenance of physical and mental well-being and strategies to promote broad health improvements, including functional, social and cognitive capacities) *(Enhanced 2)*
- 7.3 COMMUNITY ENGAGEMENT INITIATIVES** (e.g. volunteer programmes, cultural and arts programmes, gardening activities, men’s sheds, club activities, dementia cafes, exercise programmes, engaging with the outdoors, employer education schemes retreats out bush and school initiatives) *(Enhanced 2)*
- 7.4 HEALTH PROMOTION AND HEALTH EDUCATION ACTIVITIES** (e.g. focus on multiple impacts of dementia, such as accidents in the home, mental health and physical co-morbidities, driving and stigma engaging in everyday activities) *(Enhanced 2)*



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CORE COMPETENCIES AND DOMAINS OF PRACTICE AND LEVELS OF DEMENTIA CARE PRACTICE

8. ENABLING THE ACTIVITIES OF DAILY LIVING

8.1 PHYSICAL HEALTH (e.g. prevention, assessment and management of co-morbidities, nutrition, awareness of the impact of pain and delirium on behaviour recognised as an unmet need, falls prevention, continence issues and infections) (*Essential 1*)

8.2 ASSESSMENT AND CARE PLANNING (e.g. assisting with activities of daily living, flexible and up-to-date care plans, holistic approach, use of multiple sources of evidence (including verbal, non-verbal and life history) and creative approaches to promote independence) (*Enhanced 2*)

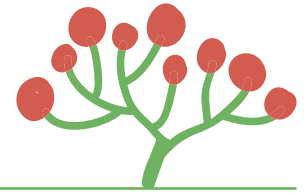
8.3 RESOURCE FOR PERSON LIVING WITH DEMENTIA AND THEIR FAMILY/INFORMAL CARERS (e.g. provides advice and guidance about

day-to-day challenges, referral to community and specialist services, promotes use of modifications and assistive technologies and committed to meeting the desired outcomes of the person living with dementia) (*Enhanced 2*)

9. IMPLEMENTING THERAPEUTIC ACTIVITIES

9.1 ASSESSMENT AND TREATMENT OF REVERSIBLE PROBLEMS (e.g. usual or specialist assessments to identify pain, delirium, sensory deficit, environmental stress, loneliness, malnutrition, depression or other mental health problems, physical co-morbidities, polypharmacy, strategies developed and implemented and referrals to specialist service) (*Enhanced 2*)

9.2 BEHAVIOUR ACKNOWLEDGED AS AN EXPRESSION OF AN UNMET NEED (e.g. specialist assessment tools used to identify anxiety,



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depression, grief, perseverance, agitated repetitive behaviour, agitated wandering, intrusive behaviour, sexual disinhibition and aggression. (*Enhanced 2*)

9.3 NON-PHARMACOLOGICAL INTERVENTIONS (e.g. environmental strategies, social and cultural activities, physical activity therapies, counselling and massage) (*Enhanced 2*)

9.4 SPECIALIST NON-PHARMACOLOGICAL INTERVENTIONS (e.g. support groups, memory and cognitive enhancement programmes, art, dance and music therapies and use of assistive technology and virtual reality) (*Enhanced 2*)

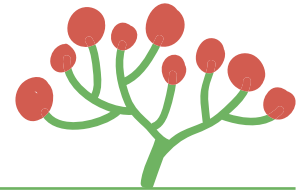
9.5 PALLIATIVE APPROACH (e.g. from diagnosis to dying adopting interventions sensitive to the stage of the journey) (*Enhanced 2*)

9.6 SPECIALIST INTERVENTIONS WHEN BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) DIAGNOSED (e.g. undiagnosed unmet need, previous interventions ineffective, younger onset dementia, co-morbidities and atypical drug interactions) (*Expert 3*)

9.7 PHARMACOLOGICAL INTERVENTIONS (e.g. basic medication administration safety, prescribing, dosage used, side effects, drug interactions, monitoring and evaluating medication regimen) (*Expert 3*)

10. PROMOTING A POSITIVE ENVIRONMENT

10.1 CARE ENVIRONMENT FOR PERSON LIVING WITH DEMENTIA AND FAMILY/INFORMAL CARERS (e.g. partnerships with family/informal carers, balance between risk assessment and safety and care routine reflects dementia care needs) (*Essential 1*)



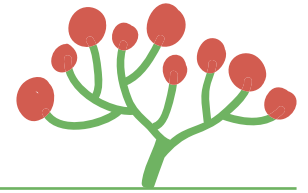
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10.2 PHYSICAL ENVIRONMENT

(e.g. welcoming, positive visual displays, homely, stimulation levels responsive to need, orientation cues, promotes independence through environmental modifications, audit tools used, injury prevention strategies, environments enabling physical activity and balancing privacy and socialisation) (*Enhanced2*)

10.3 WORK ENVIRONMENT FOR STAFF

(e.g. encouraging internal and external dementia care education, promoting a positivity around dementia care provision and strategies to reduce staff stress associated with providing dementia care) (*Enhanced 2*)



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