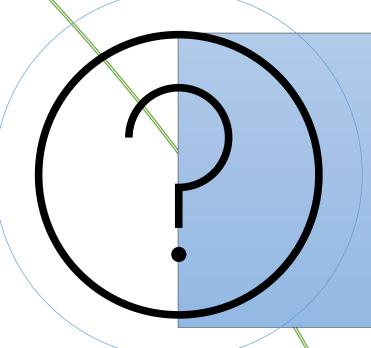
Supporting General Practice Nurses In Providing Optimal Dementia Care - Development of a training program specific to their role

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Introduction

The population of people aged 65 years and over is increasing worldwide and with this the prevalence of dementia. In Australia dementia is now the leading cause of disability and the leading cause of death for women^{1.} Team-based primary care can improve health and social outcomes and reduce hospital admissions for people living with dementia (PLWD) and their carer(s)². General practice nurses (GPN) have a role in working collaboratively with general practitioners (GP) to identify and care for PLWD and their carer(s)³.

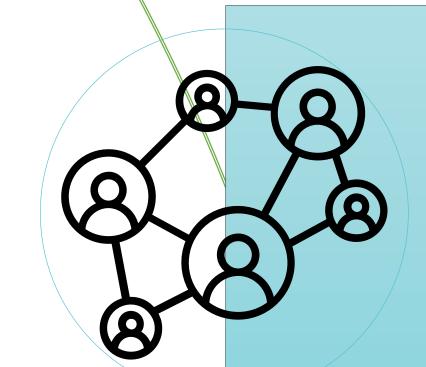
This poster describes the development of a Dementia Training Australia (DTA) GPN training program using Kern's 6 step model⁴.



Problem identification and general needs analysis

GPNs need to be prepared to provide care for increasing numbers of PLWD and their carer(s).

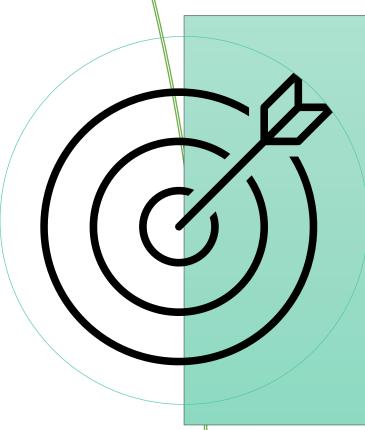
There is evidence that GPNs require support to build the knowledge, skills and confidence to fulfil this role⁵ Limited dementia training opportunities for GPNs exist.



Targeted needs assessment

A list of content topics was developed through a rapid review of the literature using google scholar and PubMed and consultation with Australian dementia care education experts identified through the authors' networks.

42 primary care nurses completed a survey to prioritise 12 topics for inclusion in a training program. These nurses were recruited through the Australian Primary Care Nurse Association (APNA) National Conference and two practice nurse Facebook pages (APNA) member only and the Australia Practice Nurse Network).



Goals and objectives

The training topics as prioritised by the GPNs will be the starting point for the training content development.

Recognising potential dementia – red flags; Impact of dementia on the person; Dementia and mild cognitive impairment – the basics; Strength-based care planning with people living with dementia; Patient and carer education; Dementia, the community and the role of primary care; Dementia risk reduction and prevention; Family and carers as partners in dementia care; Communication and dementia; Autonomy, risk and ethics of care; Cultural considerations in dementia care; Stigma, myths and misconceptions



Educational strategies

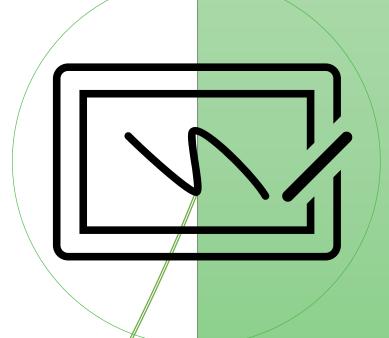
Self-directed online followed by webinar(s) and/or face-to-face,

Use of case studies and lived experience stories

Discussion groups

Reflective practice and journalling

Provision of tools to support translation to practice



Implementation

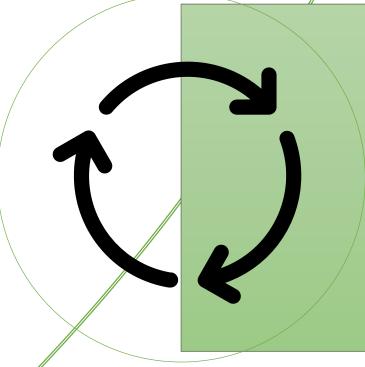
The training implementation plan includes

Three 1.5-hour sessions

Hybrid delivery

Continuing Professional Development (CPD) endorsed activity

Facilitation through Dementia Training Australia, Primary Health Networks and peak primary care nursing bodies



Evaluation and feedback

Training program evaluation may include

Use of the Dementia Knowledge Assessment Scale (DKAS)⁶ to assess dementia knowledge pre and post the training.

A commitment to change approach⁷ to measure levels of commitment and confidence in implementing a change to practice

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