

# 1st CoP Session (Dementia Care Practitioner CoP) 30 July 2021

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## 1. 1st Learning Activity : Issue Discussion & Confirmation Activity

### A) Issues raised during the CoP Workshop

#### 1. How do I enable the care team (staff of all levels) to practise Person Centered Care (PCC) in dementia care?

##### **Why this topic was voted for :**

- PCC is a guiding principle that is not easy to practice, especially in dementia care
- PCC is the gold standard

##### **What are the current issues now?**

- There is no clear training roadmap on PCC available for practitioners now
- Lack of PCC element in care planning
- Shortage in manpower

## 2. How do we standardize clinical practice for dementia care across different organisations?

### **Why this topic was voted for :**

- There is a lack of detailed guidelines on dementia care e.g. managing behavior of concerns
- Practicing dementia care causes high stress to care staff

### **What are the current issues now?:**

- How to manage behaviours of concern

6

## 3. How do we support new dementia practitioners?

### **Why this topic was voted for :**

- Ensure there is uniformity in practice
- Equip new DPs with skills in managing behaviours of concern
- Help new DPs practice self-care while caring for PWDs

### **What are the current issues now?:**

- By 1 Jul, DDCs will be required to nominate or hire staff to fulfil the role of a DP, and these staff might not be experienced in leading a team to care for PWDs

25

## B) Issues raised during the Networking Session

| No. | Your ONE work issue (e.g. How do I .....?)  |
|-----|---|
| G1  | <p>How do we <b>provide activities which are meaningful, sustainable, and successful</b>, that are individualised, and for clients at different stages e.g. at the reflex level?</p> <ol style="list-style-type: none"> <li>1. Keeping PLWD engaged through programmes at different stages of diseases, especially those with challenging behaviours, short attention span, despite resource limitations (manpower, infrastructure)</li> <li>2. Continually supporting staff in understanding and reframing challenging behaviours as unmet care needs and uncover and leveraging residual strengths of individuals. Key focus: Meaningful engagement despite challenging behaviours</li> </ol> |
| G2  | <p>How can we come together as a multi/interdisciplinary team to discuss <b>management of clients, from management of client to caregiver stress</b>? How do we work with other stakeholders (esp. caregivers) to get their cooperation in <b>managing the care needs for PWD</b>?</p>  |
| G3  | <p>How do we better <b>provide care support to direct care staff and caregivers in DDC</b>?<br/> <b>How to empower our colleague and staff</b> to deliver the holistic care to client?</p> <p>How do we <b>manage enhanced dementia care with manpower shortage</b>?</p>  |

## Discussion on Issues – Breakout Rooms

1. Discuss and confirm that you are comfortable for the CoP to address the 3 issues.
2. If you feel new issue(s) need to be addressed by the CoP, please type that down in the google document.
3. Ensure that the new issue(s) are **independent** of the 3 issues and **not subsumed** under any of the 3 issues.
4. Core team member to write down any new issue(s) and why they are important and briefly share the outcome of the discussion to the CoP members.
5. You will use google doc for discussion. **Please click on the link in your chat box to access goggle doc.**

### C) Are there any other new issues to consider?

| Grp | Name of Facilitator  | Suggested new Issue to be discussed by the CoP in addition to the 3 issues above, if any. Make sure the new issue(s) are independant and not subsumed under any of the 3 issues. (e.g. How can we .....? ) (Issue 4)<br><b>(Leave this column blank if there are no new issue)</b> | Why are the new issue(s) important?  |
|-----|----------------------|--|--|
| 1   | Griselda and Pei Lin | <ol style="list-style-type: none"> <li>1. Staff burnout while managing BOC</li> <li>2. Financial assistance and caregiver support resources</li> <li>3. Manpower shortage - 1-1 personalised activities</li> </ol>   | Need to support staff better<br>Need to work with caregiver to provide more holistic care            |
| 2   | Mdm Low and Stephen  | 1. Caregiver (next-of-kin) support. Resources are limited. Suggest to have different organisation take turns to organise support group   | Caregiver is important as part of holistic care and this can improve on the well-being of the client |

|   |                              |  |  |
|---|------------------------------|--|--|
| 3 | Hwan Jing, Namrata and Cindy | 1.Environmental and manpower issues (language)<br>2. How to support and settle in new client (first few weeks when getting to know the client)<br>3.Setting a philosophy of care for PCC |  |
|---|------------------------------|--|--|

## 2. 2nd Learning Activity: World Cafe Discussion

**Issue : How do we support new dementia practitioners?**

### **Why this topic was voted for :**

- Ensure there is uniformity in practice
- Equip new DPs with skills in managing behaviours of concern
- Help new DPs practice self-care while caring for PWDs

### **What are the current issues now?:**

- By 1 Jul, DDCs will be required to nominate or hire staff to fulfil the role of a DP, and these staff might not be experienced in leading a team to care for PWDs

### A) Breakout Room 1 (Facilitator: Griselda and Pei Lin)

|            |  |
|------------|--|
| <b>No:</b> | <b>Q1: How do we ensure there is uniformity in practice?</b>   |
| 1          | <b>Standardised assessment tool</b> ; behavioural mg plan, PAL, MBI , FAST, Well being profile (to identify strength and weakness) staff:client ratio (high, mod, low functioning using IADL eg; high 1:8 for high functioning) , ACLS, NPI, CBS, MoCA, MMSE |

|   |   |
|---|---|
|   | For BOC- ABC<br>(training & regular standardisation/triangulation)<br>Standard tool to measure care needs - MBI   |
| 2 | <b>Role modelling</b> of staff to different centres; on job training for both new and existing staff  |
| 3 | <b>Cross training</b> at different organisation for new DP  |
| 4 | <b>Guiding framework</b> for dementia care practices ; care planning processes  |
| 5 | Who to Hire - roles of MDT at each center   |
| 6 | <b>Training framework</b> for staff   |
| 7 | <b>Staff client ratio</b>   |
| 8 | <b>Pre admission process</b> - getting PCC information of PWD   |
| 9 | <b>Process of handover</b> between organisation (detailed analysis of who the client is and what they like, dislike, triggers, etc). Then don't have to "rediscover" them and can provide quality care "immediately". |

## B) Breakout Room 2 (Facilitator: Mdm Low and Stephen)

|            |   |
|------------|---|
| <b>No:</b> | <b>Q2: How do we equip new DPs with skills in managing behaviours of concern?</b>   |
| 1          | Identify the right training for new DP according to <b>Dementia Competency Framework</b>  |
| 2          | DPs to be rotated to different settings for better learning (MDR)   |
| 3          | Learn from different organisations how BoC is being managed. <b>AIC to assist in setting up structure for DPs to sign up and organisations to host such learning.</b> |
| 4          | CoP platform to learn from different organisation DPs using different case-studies  |
| 5          | Identify and use good framework/guidelines/best-practices to manage BoC   |
| 6          | <b>Standardisation of forms/ structures</b> that leads to a good care outcome. Forms that are inline with MOH Service Requirements                                    |

|   |  |
|---|--|
|   | Client profile/ Biography page i.e. likes/ dislikes to share with staff and how to engage the clients better. The profile page can be useful for managing BoC.<br>Guide new DPs in using the right form and documentation process. |
| 7 | <b>Engage experts</b> to train new DPs in managing BoC (i.e. CCMDA, overseas postings ..)  |
| 8 | <b>Identify and train a group of core team members to work in different Centres.</b> The core team can provide peer supervision to sharpen each other's skills.  |

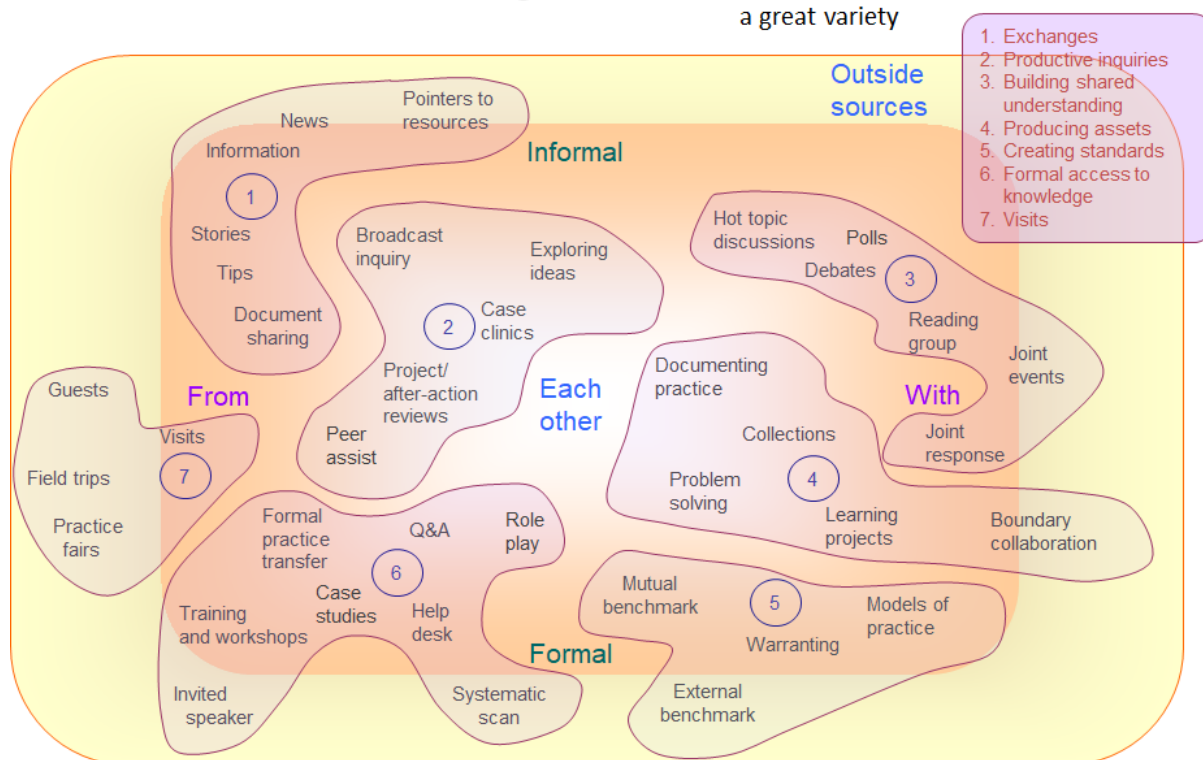
### C) Breakout Room 3 (Facilitator: Hwan Jing, Namrata and Cindy)

|            |  |
|------------|--|
| <b>No:</b> | <b>Q3: How do we help new DPs practice self care while caring for PWDs?</b>  |
| 1          | Identifying early <b>tell tale signs of stress/distress</b> and provide 1 to 1 support before it escalates                     |
| 2          | Having <b>"check in"</b> sessions  |
| 3          | Having a <b>support group and a mentor/"go to" person</b> to consult for case management and to validate own emotions          |
| 4          | Learning how to manage colleagues above us(management) and below us(care staff)  |
| 5          | Virtual chat/Weekly case discussion  |
| 6          | Having a <b>mentor onsite</b> that can advice and serves as a role model on how to responds to various client needs/ behaviour |
| 7          | Getting new DP to slowly take on roles before giving them more responsibilities  |
| 8          | Organisation needs to be very supportive (eg. clearing leave)  |
| 9          | Flexibility of time management eg if DP has other roles (eg. clinical roles or if they are covering >1 centres)                |
| 10         | Group trainings  |
| 11         | Having a chat group-so that queries can be responded to swiftly  |
| 12         | <b>Induction programmes</b>  |
| 13         | Having a <b>Buddy system</b>   |

|    |   |
|----|---|
| 14 | Equipping general <b>stress management strategies</b> |
| 15 | Attachment to various centres                         |

## Learning Activities

a great variety



### 3. Suggested Issues and Learning Activities for CoP Session 2

#### A) Breakout Room 1 (Facilitator: Griselda and Pei Lin)

| No: | Issues   | Learning Activities (e.g. brainstorming, peer assist, guest speaker, case study) |
|-----|--|--|
| 1   | Case study (each SP to submit 1 case study and org to select) - Managing BOC , | Learning Activity 1:case study   |



|   |  |                                  |
|---|--|----------------------------------|
| 2 | Sharing and learning on Activity engagement /library | Learning Activity 2: peer assist |
| 3 | Guest speaker - education on medication              | Learning Activity Guest speaker  |

### B) Breakout Room 2 (Facilitator: Mdm Low and Stephen)

| No: | Issues  | Learning Activities (e.g. brainstorming, peer assist, guest speaker, case study) |
|-----|---|--|
| 1   | CoP platform to learn from different organisation DPs using different case-studies  | Learning Activity 1: Case Study  |
| 2   | Good supervision/ mentoring structure for DPs by clinical experts (multidisciplinary team). Supervision can be done via video recording | Learning Activity 2: ?brainstorming, ?peer assist                                |

### C) Breakout Room 3 (Facilitator: Hwan Jing, Namrata and Cindy)

| No: | Issues  | Learning Activities (e.g. brainstorming, peer assist, guest speaker, case study) |
|-----|---|--|
| 1   | Caring for more advanced client with greater care needs and BOC (different behaviour profile) | Learning Activity 1: Case study  |
| 2   | Responding to various behaviour   | Learning Activity 2: Role play<br>Learning Activity: ?Guest speaker              |

## 4. Check Out Activity

| No. | What is my ONE key learning point?  |
|-----|---|
| 0   | Successful stories, sharing session, useful insight from learning activities              |
| 1   | Sharing of knowledge is the best way to learn   |
| 2   | Videoing of sessions with clients and reviewing it thereafter                             |
| 3   | Working with NOKs is very important   |
| 4   | Providing holistic care from clients to caregivers  |
| 5   | Establishing a mentoring system to ensure staff welfare is taken care of                  |
| 6   | Sharing session that help DP, client and CG   |
| 8   | There's a Dementia Competency Framework!  |
| 9   | Let's work together on a national level   |
| 10  | Hearing from practitioners about their challenges indicates everyone is in the same boat! |
| 11  | Exciting to hear how other organisations address my challenges.                           |