Developing a framework for core competencies in aged care

VALIDATION SURVEY REPORT

presented to

The National Health Workforce Taskforce

by

The Australian Institute for Social Research

In collaboration with Anne Markiewicz & Associates and Evolution Research

THE UNIVERSITY OF ADELAIDE AUSTRALIA

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CONTENTS

1 BACKGROUND TO THE SURVEY

The Validation Survey report is one component of a Project focused on the training needs of people working across the interface of acute care and aged care. The Project has occurred in two phases. During Phase 1, the AISR was commissioned to identify the core competency requirements of this workforce, while Phase 2 has these 5 components

1. Undertake interviews with key stakeholders able to provide information about –

    a) key skill and other requirements of those working at the interface of acute and aged care,
    b) training delivered in the VET and higher education sectors,
    c) training provision delivered by professional associations.

2. **Confirm the current and anticipated core competencies required of health workers who undertake transition care of acute-aged care patients through a Validation Survey.**

3. Identify and map the current provision of education and training being delivered across the jurisdictions and higher education and VET education sectors.

4. Undertake a gap analysis between the core competencies identified, and available training supply.

5. Propose a framework and training strategy for these core competencies to be provided to:

    a) existing workers who need them;
    b) future workers (through incorporation into existing and developing training programs).

    As part of the strategy identify the setting and system facilitators and barriers to its implementation.

This report presents findings on Component 2.

2 VALIDATION SURVEY DESIGN AND PROCESS

During Phase 1 of the Project, the AISR team developed the matrix below in order to capture key competencies through the tripartite domain of skills, knowledge and attitudes/attributes– all of which were found through consultation with stakeholders to require separate identification.

Domains for Core Competencies		
Knowledge	**Skills**	**Attitudes/Attributes**

In Phase 2, this matrix was used to structure the Validation Survey, which was designed to both endorse the skills, knowledge and attitudes/attributes previously identified, and to identify others that may have since emerged as important or perhaps were not identified previously.

The AISR team emailed all of those who participated in the Phase 1 consultations inviting them to contribute to Phase 2 through the Survey, a link to which was embedded in the email letter. The link took them to the AISR website to download and complete the survey. It asked respondents to confirm the competencies identified, and if any new or emerging competencies now apply. It also asked them to identify courses, modules and other forms of supply that they know to be of relevance in meeting the core competencies.

The Steering Group provided the AISR team with links to additional workforce groups at the acute-aged care interface to augment the total size of the sample. The AISR has identified these as two separate groups – Sample 1 (the group originally consulted to identify the core competencies) and Sample 2 (a group not involved in that consultation process). In reporting findings, each group is identified separately because of their different origins.

2.1 The Sample

A total of 108 people were invited to participate in the national survey examining core competencies for members of the health workforce involved in the transition of older people between acute, subacute, community or residential settings. Of these, **41** have participated in the survey (response rate of **38.0%).** Responses have been drawn from five States, with most coming from Victoria (63.4%) and South Australia (26.8%) – *see Tables 1 and 2*.

- Sample 1 consisted of 65 potential participants who had been engaged in the initial identification of competencies during Phase 1 of the Project. Of these, **20** completed the survey, giving a response rate of 30.8%.
- Sample 2 consisted of 43 potential participants who were identified as health workers involved in the transition of older people through the health and aged care sectors. Of these **21** completed the survey, giving a response rate of 48.8%. They were significantly more likely to be allied health professionals (12 of 17 allied health professionals), with 9 of the 11 nurses (or nurse managers) participating in Sample 1.

Table 1: Survey Sample

	Survey sent	Responses	Response rate
Sample 1	65	20	30.8%
Sample 2	43	21	48.8%
Total	**108**	**41**	**38.0%**

Table 2: Location of Survey Sample

State	n	%
NSW	1	2.4
Vic	26	63.4
Qld	2	4.9
SA	11	26.8
WA	1	2.4
Total	**41**	**100.0**

3 PROFILE OF SURVEY PARTICIPANTS

The health workers completing this survey worked predominantly in management (n=17) or had advanced clinical responsibilities (n=12), with only three reporting the provision of support service or supervised clinical care. Of the two whose responses did not fit the assigned categories, one was an academic and the other was involved in service planning and policy development.

Figure 1: Primary occupation role

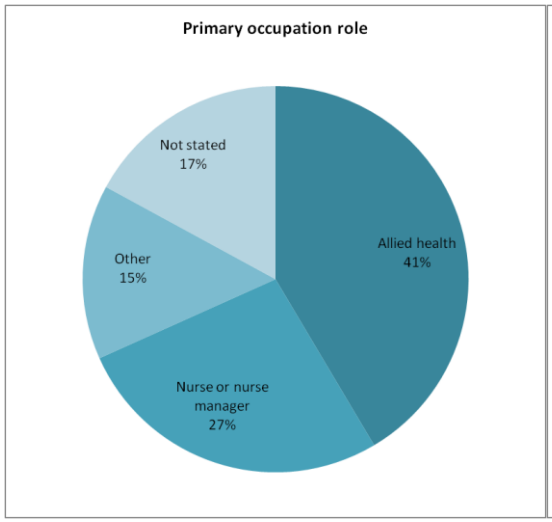
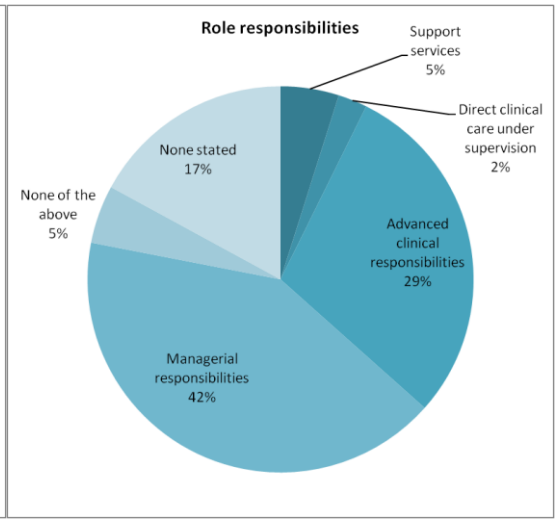


Figure 2: Role responsibilities



Respondents were fairly evenly distributed across the acute (17%), subacute (12%), community (24%) and residential (10%) sectors, and 20% reporting an 'other' response. Similarly, respondents were well distributed across the metropolitan and rural areas.

Figure 3: Main area of work

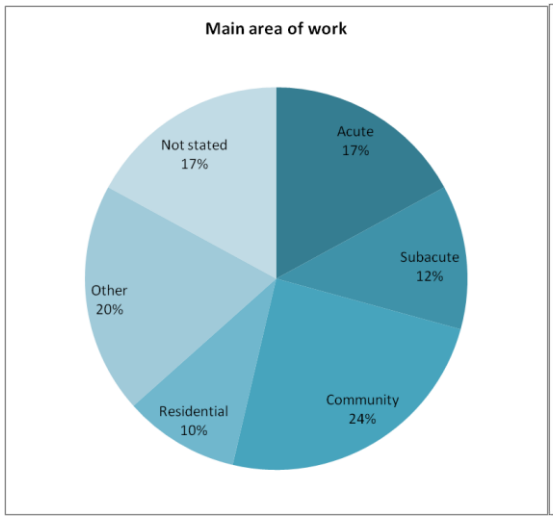
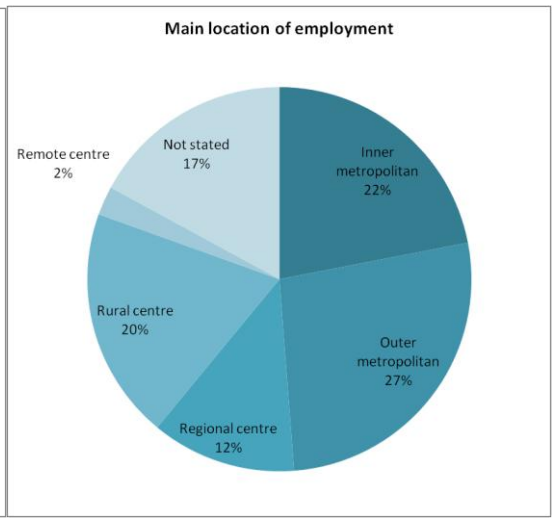


Figure 4: Main location of employment



Seven respondents (17%) provided no information about their primary occupation, the responsibilities of their current role, the main area of their work, or where the work was located. Six of these only responded to items in the knowledge domain, with one providing complete responses to all three domains.

4 VALIDATION OF KNOWLEDGE-RELATED CORE COMPETENCIES

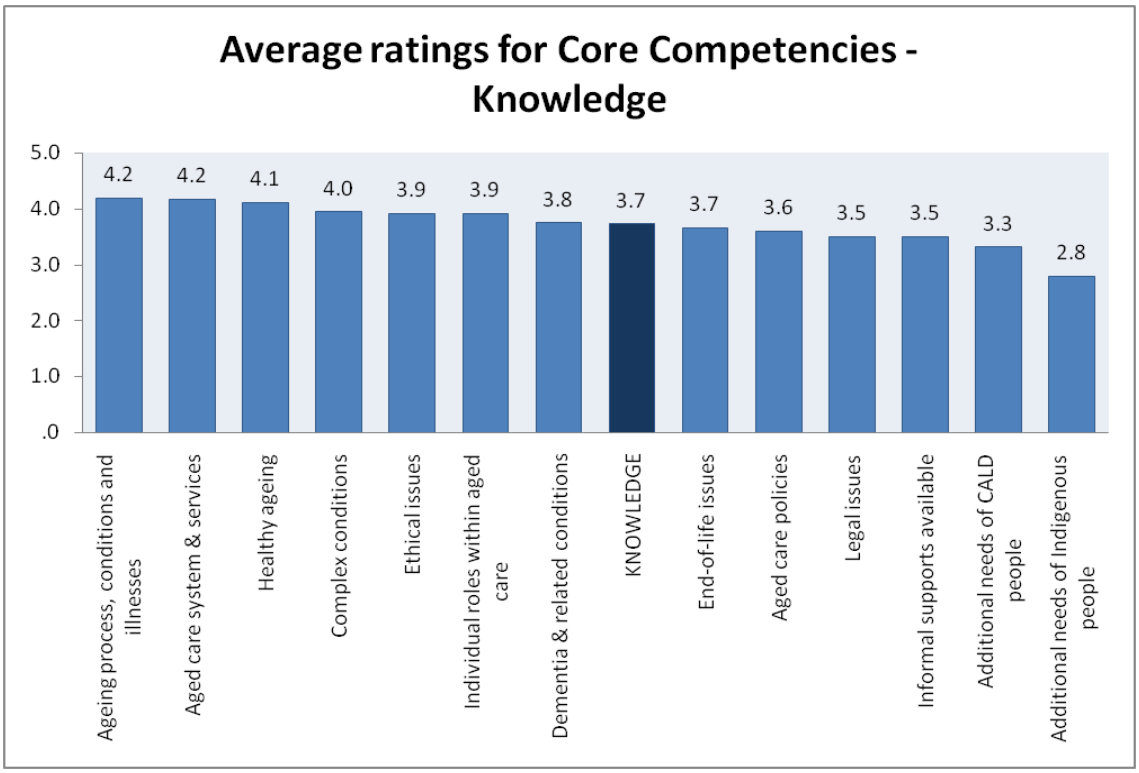
Respondents were asked to rate how each previously identified core competency was reflected in their practice. A total of **13** Knowledge-related core competency statements were rated.

Using a 5 point Likert scale ranging from '1' (not at all) to '5' (extremely well) respondents were most likely to report a response of '4' indicating that their Knowledge-based competencies were **'very well'** reflected in their practice. This is reflected in the Knowledge domain average of **3.7** across the 13 competencies *(as shown in Figure 5).*

Over 40% of participants reported that their knowledge of the ageing process, age related conditions and illnesses and their knowledge of the aged care systems and available aged care services was very well reflected in their practice (average rating of **4.2**). High ratings, indicating a very strong relationship between identified competency and practice were also applied to 'Healthy ageing' (**4.1**), and 'Knowledge of complex as opposed to chronic conditions (**4.0**.)

In contrast, respondents were least likely to report that their knowledge of additional needs of people from an Indigenous background or of those from culturally or linguistically diverse (CALD) backgrounds reflected their practice (however, excluding these two items from the overall score had minimum impact, shifting the average from 3.7 to **3.8**).

Figure 5: Average ratings for Knowledge-related core competencies



Sample 1 demonstrated statistically significantly higher levels of practice of the Knowledge-related core competencies ($p<.05$) than those in Sample 2. This was in demonstrably higher ratings for knowledge of legal issues, the aged care system and available services, management of dementia and related conditions, informal supports, and the additional needs of people from an Indigenous background or of those from CALD backgrounds.

Very few respondents provided (open ended) clarifying comments about their responses to the set questions, and these were more likely to be provided by those reporting that their competencies were **extremely well** reflected in their practice.

This small number of individuals wrote of the need for <u>ongoing education</u> in their roles.

Figure 6: Knowledge of the ageing process …

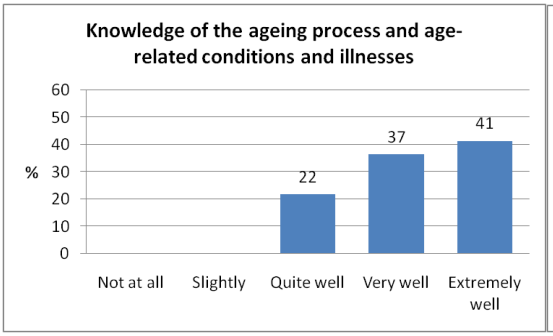


Figure 7: Knowledge of legal issues

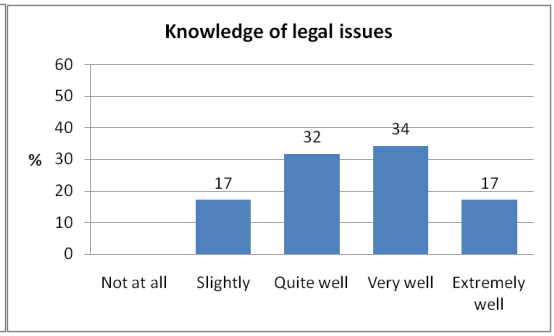


Figure 8: Knowledge of end-of-life issues

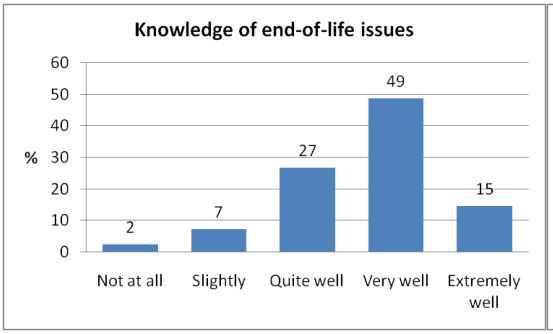


Figure 9: Knowledge of ethical issues

Figure 10: Knowledge of healthy ageing …

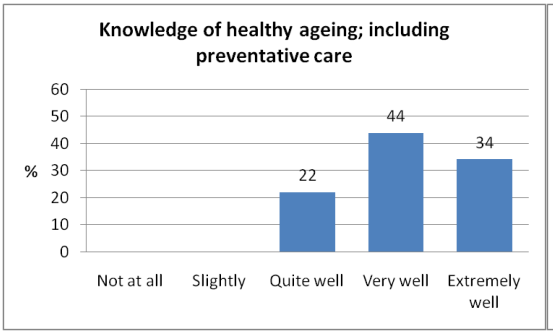


Figure 11: Knowledge of the aged care system

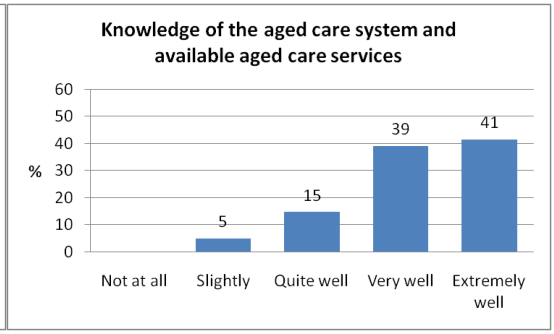


Figure 12: Knowledge of aged care policies

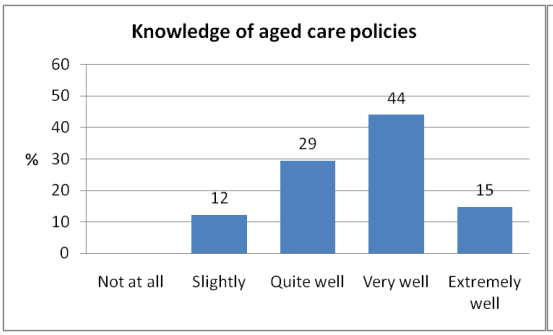


Figure 13: Knowledge of individual roles

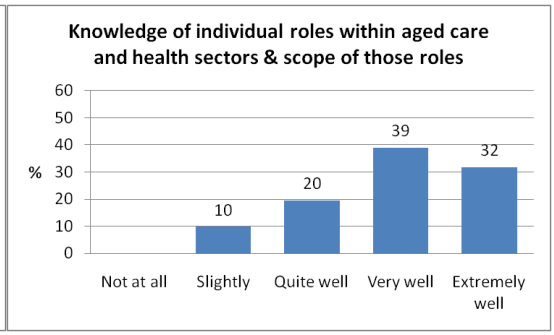


Figure 14: Knowledge of dementia…

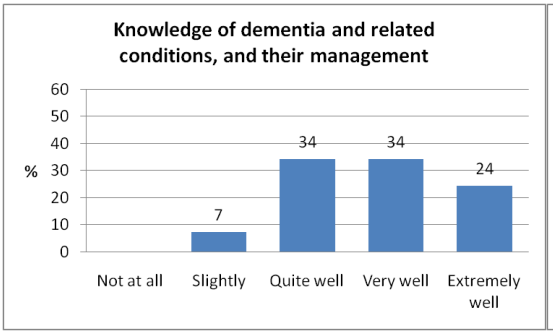


Figure 15: Knowledge of additional needs of people from CALD backgrounds

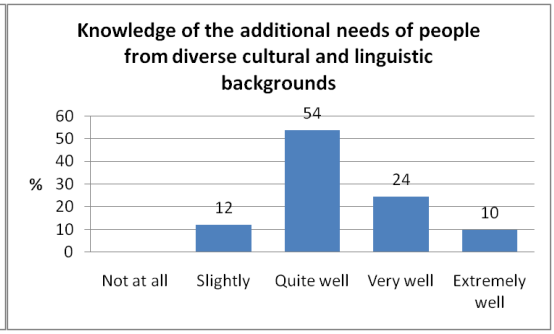


Figure 16: Knowledge of additional needs of people from Indigenous background

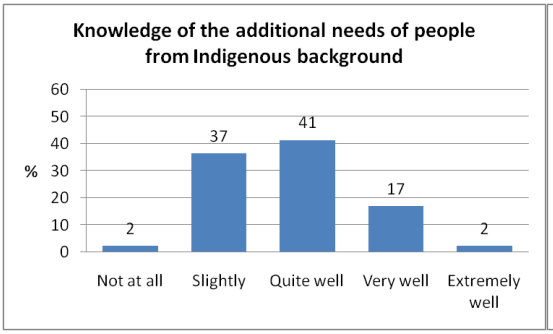


Figure 17: Knowledge of informal supports

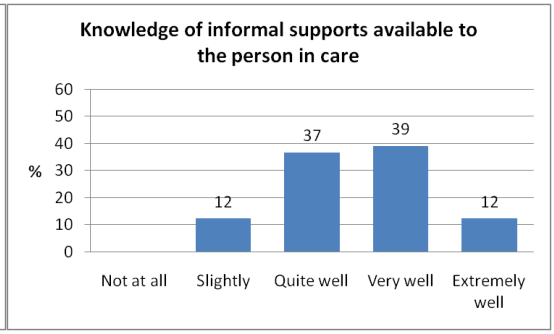
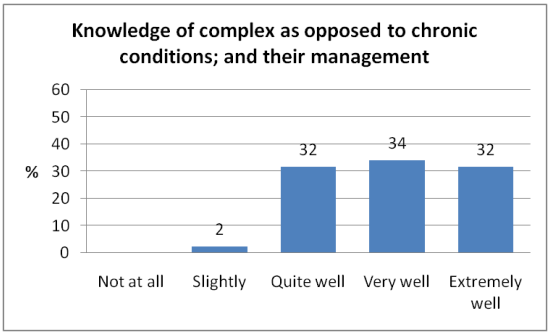


Figure 18: Knowledge of complex … conditions



4.1 Additional Knowledge-related competencies identified

Respondents were asked to identify, using an open-ended question, up to four additional Knowledge-related competencies that are important to providing care in the transition from the acute to aged care service provision. *Table 3* summarises this information (some comments have been excluded because the competencies have been identified previously, or in some cases, because the comments were not framed as competencies eg 'previous nursing'). The table is structured to demonstrate how many respondents identified a particular additional competency, where there is a gap between these and existing identified competencies, and with competencies grouped thematically.

Table 3: Additional Knowledge-related competencies identified

Additional core competency	No	Relevant existing core competency
Knowledge of services and service system		
Knowledge of service options available for older people	1	**Knowledge of aged care system & available aged care services** **Knowledge of individual roles in aged care &health sectors and scope of those roles**
Knowledge of the community service system and managing the ageing person at home	1	
Knowledge of Post Acute Care services- Palliative Care brokerage./ DVA / HACC	1	
Knowledge of Discharge Services available for patients.	1	
Knowledge of transitional care delivery and associated issues		
Knowledge of health service integration and transition care for older persons	1	**Problem solving skills related to the care of older people transitioning across the health sector.** **Smooth handover skills – ability to interpret, provide clear documentation, communication etc** **Knowledge of complex … conditions & their management.** **Team work skills within and across health worker disciplines** **Referral skills, informed by knowledge of different service systems in health & aged care** **Case coordination skills, including case conferencing** **Case management skills, achieving individualised care**
Knowledge of intra-hospital trans-disciplinary health care options for patients.	1	
Knowledge of the barriers and issues occurring at the inter-sectoral interfaces in patient journey and patient information flow (especially acute/ community)	1	
Knowledge of multi-disciplinary team work, case management and coordination for client services	2	
Knowledge of referral processes for older people through acute; sub-acute & long term care environments	1	
Knowledge of service co-ordination	1	

Additional core competency	No	Relevant existing core competency
Knowledge of older people, their carers and their care and support needs		
The ageing person with psychological/psychogeriatric co-morbidities	1	**Knowledge of ageing process & age-related conditions & illnesses** **Management of challenging behaviours skills eg in relation to dementia … or psychiatric conditions**
Knowledge of patient's living environment	1	**Comprehensive assessment of the home environment skills**
Knowledge of the importance of maintaining function	1	**Restorative care skills – nursing, medical, allied health and personal care**
Knowledge of health & wellbeing, including mental health	1	**Knowledge of healthy ageing, including preventive care.** **Knowledge of dementia & related conditions & their management**
Knowledge of dietary needs and difficulty supplying these in transition to residential care	1	**Knowledge of ageing process & age-related conditions & illnesses**
Knowledge of carer and family needs and supports systems and services available	1	**Knowledge of informal supports available to person in care.**
Knowledge of indicators of abuse of older people and of available support services	1	**Knowledge of ageing process & age-related conditions & illnesses**
Knowledge of complex psycho social issues that impact on the older person	1	**Knowledge of ageing process & age-related conditions & illnesses** **Management of challenging behaviours skills eg in relation to dementia … or psychiatric conditions**
Palliative care knowledge	1	**Knowledge of end-of-life issues.** **Palliative care & end-of-life decision making skills**
Knowledge of grief and loss	1	
Knowledge of counselling	1	
The ageing refugee and the barriers to care opportunities	1	**Knowledge of additional needs of people from CALD backgrounds.** **Demonstrated cross cultural awareness & cultural competence**

As Table 3 indicates, only one additional competency was identified – relating to counselling (this was also identified as an additional core skill – see Section 4). It is concluded that all existing competencies in the Knowledge domain have been validated.

5 VALIDATION OF SKILL-RELATED CORE COMPETENCIES

Respondents were asked to rate how each previously identified core competency was reflected in their practice. A total of **29** Skill-related core competency statements were rated.

Only 35 of the 41 participants responded to these items. As with the Knowledge domain, the most common rating applied was '4' indicating their skill-based competencies were **'very well'** reflected in their practice. The overall domain also demonstrated a high correspondence between skills and practice with an average of **3.7** *(as shown in Figure 19).*

Comprehensive assessment of the person, *Communication - verbal*, and *Team work within and across health worker disciplines* were reported to be 'extremely well' reflected in practice by at least 40% of respondents. The highest average rating (4.3) was applied to *Communication – verbal skills* and *Team work within and across disciplines,* followed by *Communication – documentation skills* and *Reflective practice skills* (4.2).

At the other end of the scale, just under 25% stated that their competencies in *Restorative care – nursing and medical skills*, and *Restorative care – personal care skills* (average of 3.0), and *Transfer of pharmacology skills* (average 3.2) were 'not at all' reflected in practice. Palliative care related skills received the next lowest average rating of 3.3.

In addition,*Awareness of Indigenous cultural issues and how to ensure these issues are addressed when working with Indigenous clients* received the lowest average rating of 2.9. This reinforces the ratings applied to the Knowledge-based competency of *Knowledge of the additional needs of people from Indigenous backgrounds.* Interestingly, cross-cultural awareness and related skills received the much higher average rating of 3.7, which did not correspond to the lower average rating (3.3) given to *Knowledge of the additional needs of people from CALD backgrounds.*

While this finding is likely to reflect the fact that a minority rather than a majority of health and aged care workers will have received the training needed for working in a culturally inclusive way with older Indigenous people, it is a concern that low ratings were applied to restorative care (medical, nursing and personal care) skills when this is such a critical part of the transition from acute to residential or community aged care.

Within the Skills domain (as within the Knowledge domain), very few respondents provided additional clarifying comments about their responses to the set questions.

Fig 19: Average ratings for Skills-related core competencies

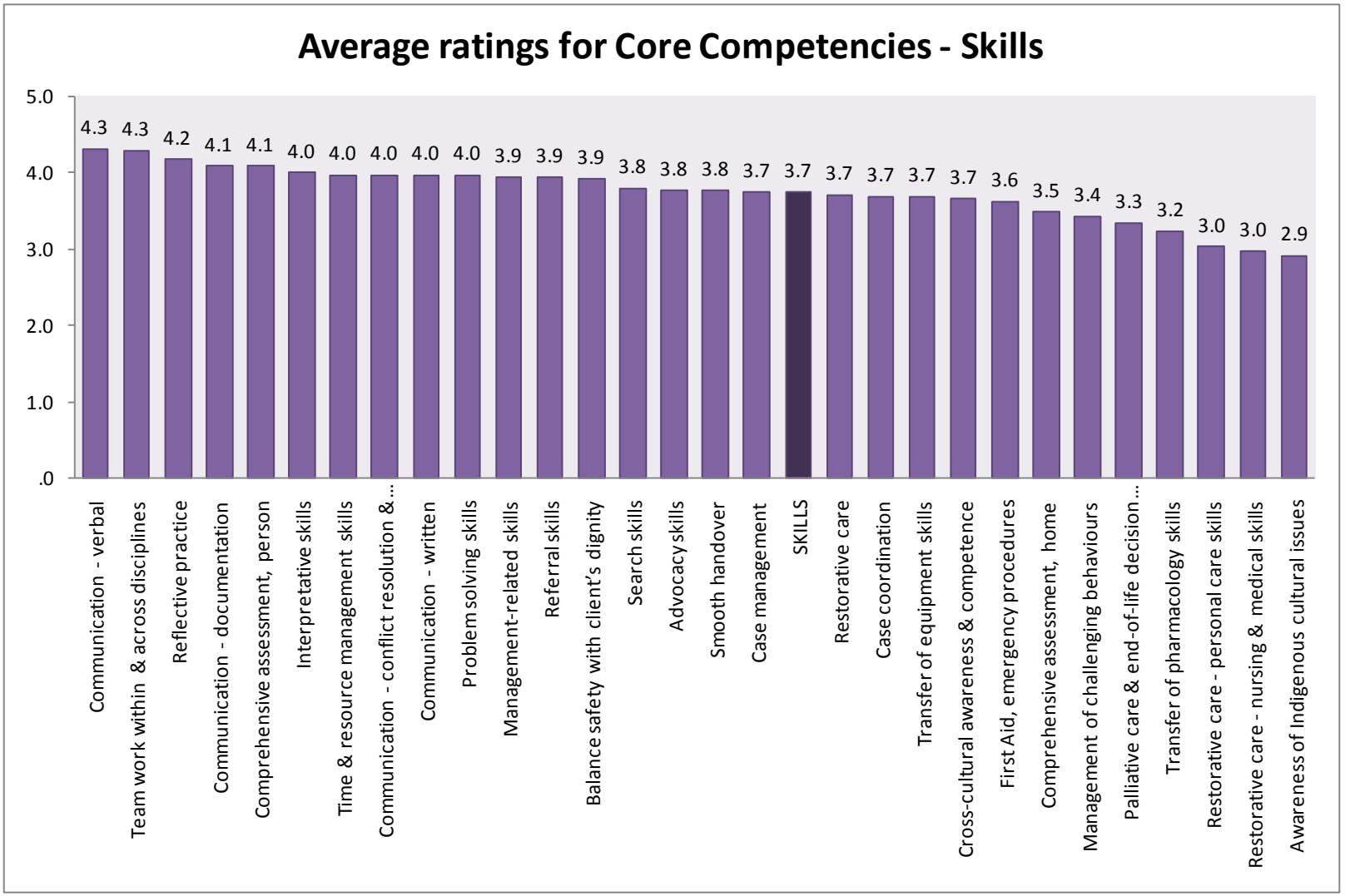


Fig 20: Comprehensive assessment, person

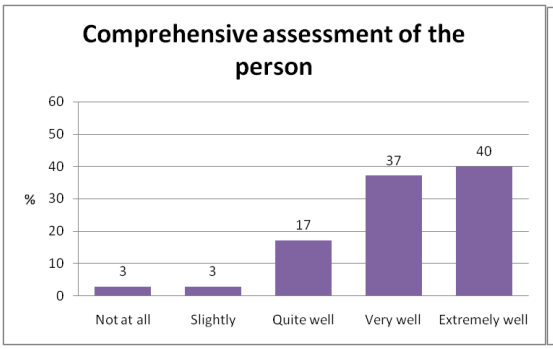


Fig 21: Comprehensive assessment, home

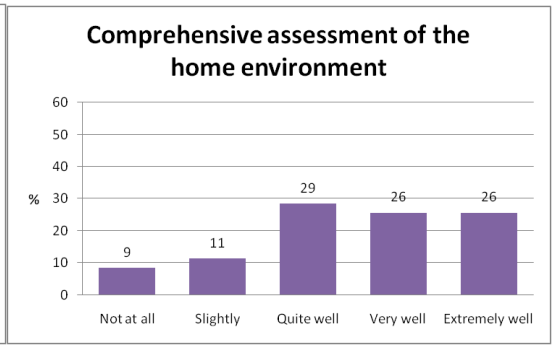


Figure 22: Communication, verbal

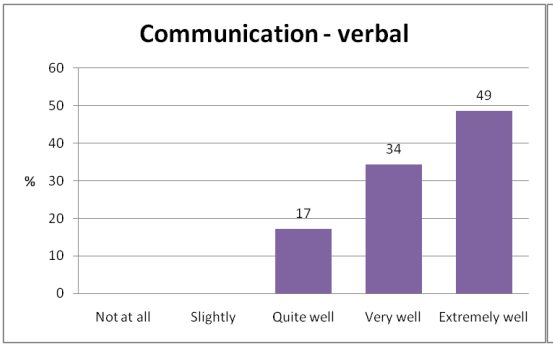


Figure 23: Communication, written

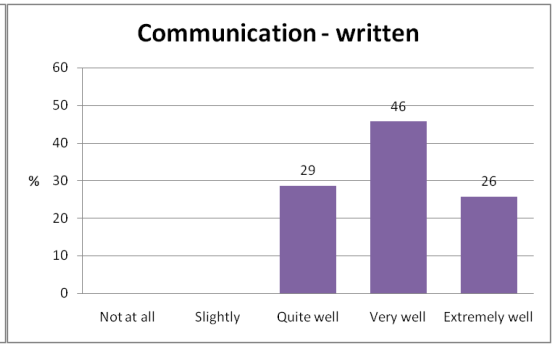


Figure 23: Communication, documentation …

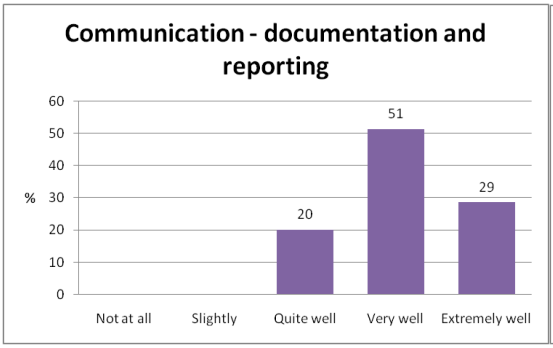


Figure 24: Communication, conflict resolution…

Figure 25: Case coordination ….

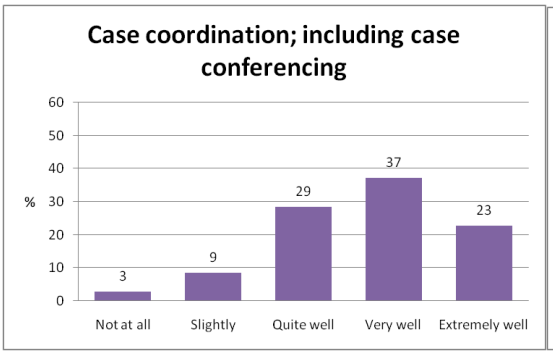


Figure 26: Case management ….

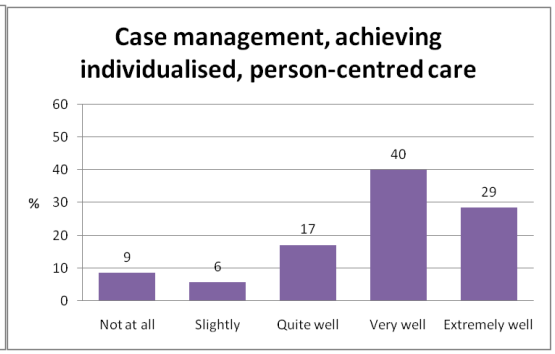


Figure 27: Restorative care, nursing & medical

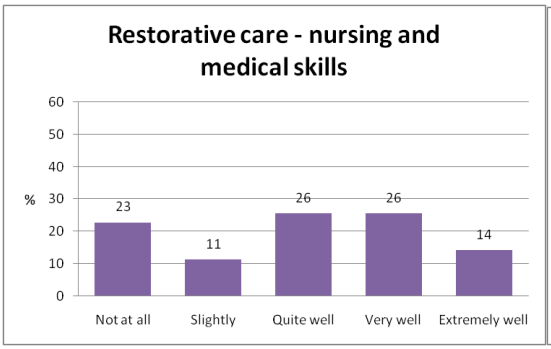


Figure 28: Restorative care, personal care

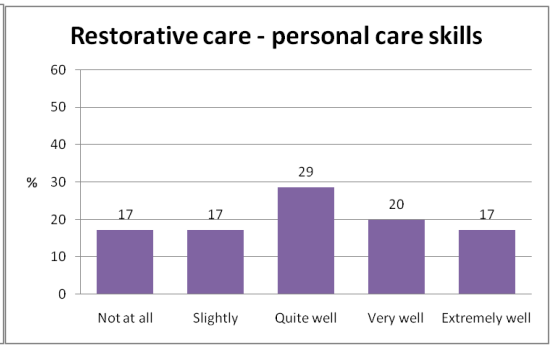


Figure 29: Restorative care, allied health

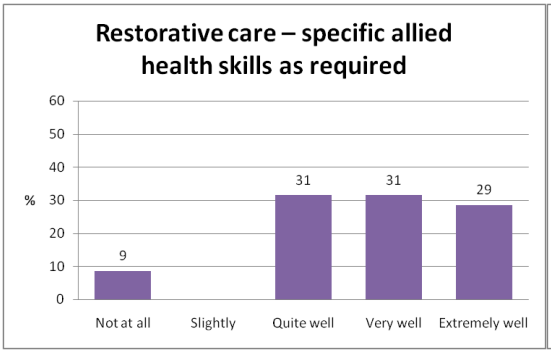


Figure 30: Team work ….

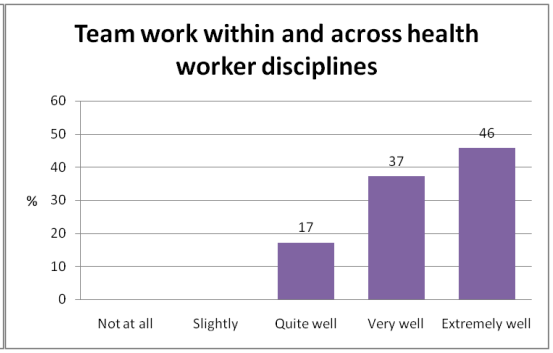


Figure 32: Cross-cultural awareness …

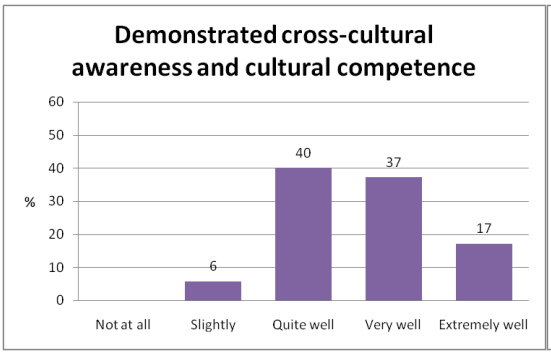


Figure 33: Indigenous cultural awareness

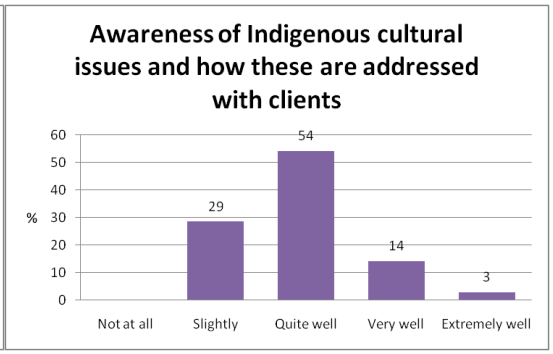


Figure 34: Palliative care, end of life …

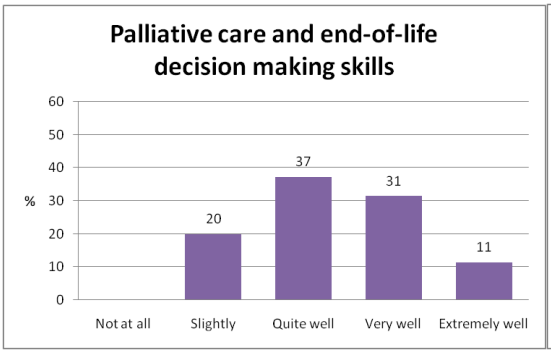


Figure 35: Time & resource management

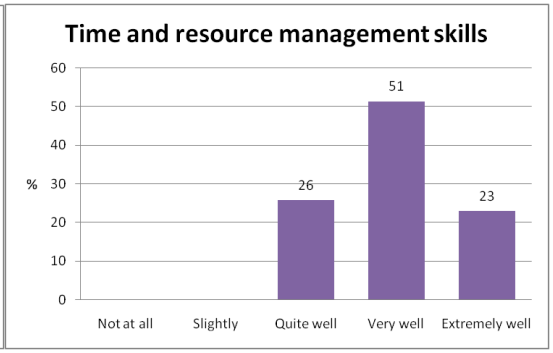


Figure 36: Informed referral

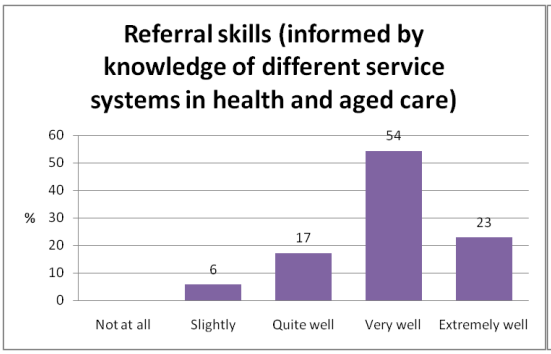


Figure 37: Advocacy for person in care …

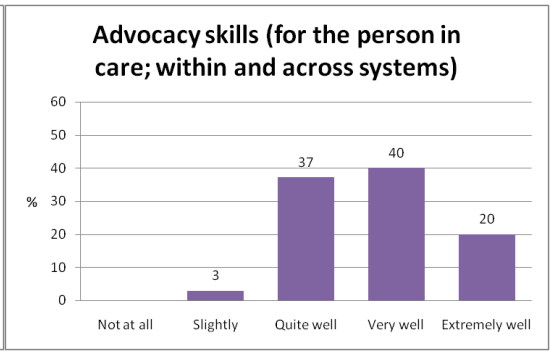


Figure 38: Interpretive, data & information

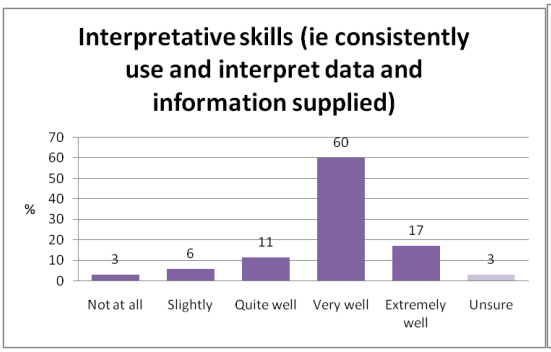


Figure 39: Ability to balance safety requirements with client's dignity of risk

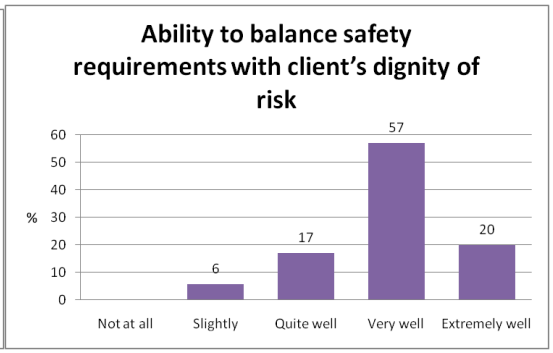


Figure 40: Problem solving re: transitioning

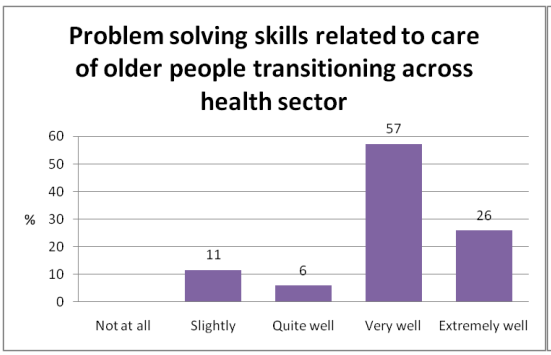


Figure 41: Reflective practice

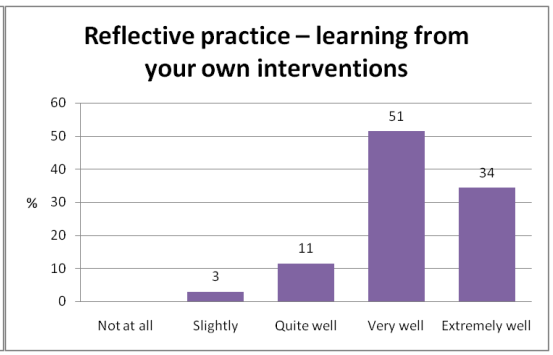


Figure 42: Smooth handover …

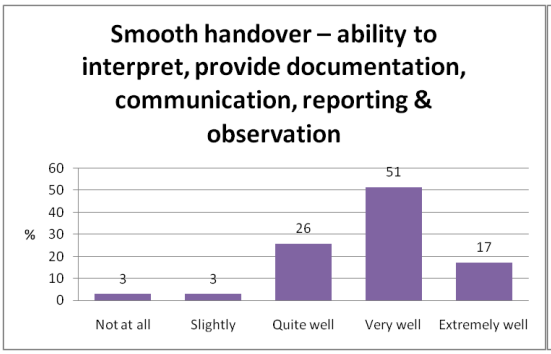


Figure 43: IT search skills

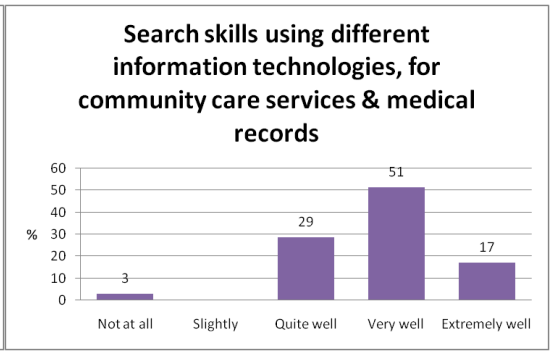


Figure 44: Managing challenging behaviours

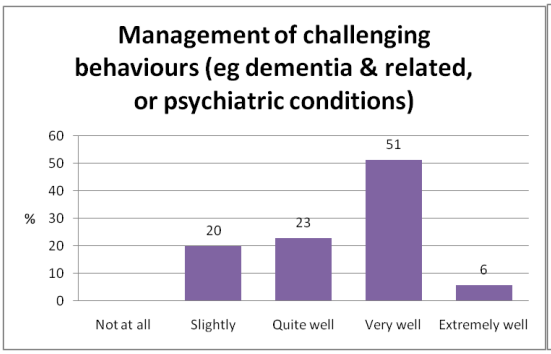


Figure 45: First aid, emergency procedures

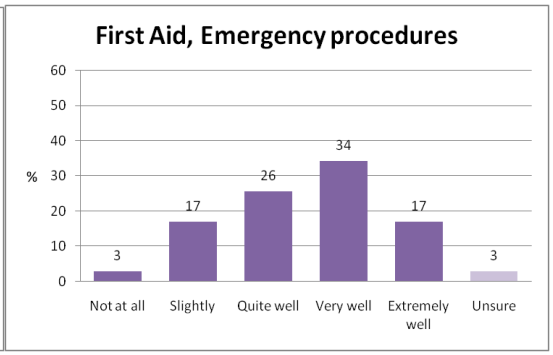


Figure 46: Transfer of equipment

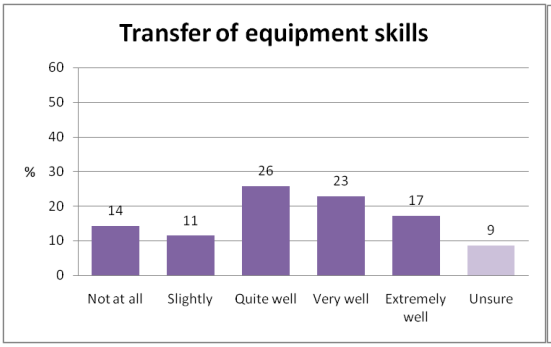


Figure 47: Transfer of pharmacology

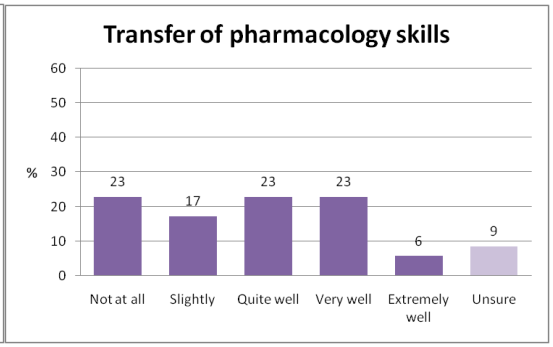
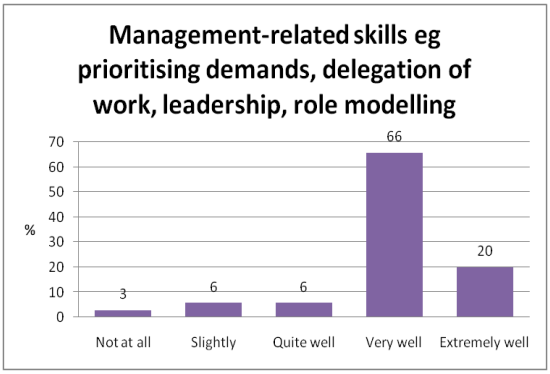


Figure 48: Management related skills



5.1 Additional Skill-related competencies identified

Respondents were asked to identify, using an open-ended question, up to four additional Skill-related competencies that are important to providing care in the transition from the acute to aged care service provision. *Table 4* summarises this information showing how many respondents identified a particular additional competency, and where there is a gap between these and existing identified competencies.

Table 4: Additional Skill-related competencies identified

Additional core competency	No	Relevant existing core competency
Skills in negotiating partnerships / opportunities for combined action across different sectors to manage the patient journey	1	**PARTIAL GAP: NO SPECIFIC NEGOTIATION RE: PARTNERSHIP DEVELOPMENT COMPETENCY PREVIOUSLY IDENTIFIED**
		Communication – conflict resolution and negotiation
Counselling /listening / empathy skills	1	**Partially addressed by Attitude-based competency *Empathy with the older person***
Ability to work as a member of the health care team	1	**Team work skills within and across health worker disciplines**
Ability to apply person centred care	1	**Case management skills, achieving individualised care**
Ability to liaise with family and carers	1	**Communication – verbal and written**
Ability to run case conferences	1	**Case coordination skills, including case conferencing**
Ability to apply advocacy skills in the transition to the aged care environment	1	**Advocacy skills for the person in care, within and across systems**
Conflict resolution skills	1	**Communication – conflict resolution and negotiation**
Ability to seek the opportunity to develop and update skills	1	**THIS IS NOT CONSIDERED BY THE AISR TEAM TO BE A SKILL SPECIFIC TO TRANSITIONING OF CARE, BUT TO BROADER PROFESSIONAL DEVELOPMENT**

As *Table 4* indicates, counselling again emerged as a competency to be included in the core competencies of those working with clients transitioning from acute care to aged care. The previously identified competency of communication skills relating to conflict resolution and negotiation could be further specified to focus on negotiating partnerships of care across sectors for the benefit of the client. The ability to seek skill updating and development opportunities is important, but not specific to transitional care provision.

The survey findings endorse all previously identified Skill-related competencies.

6 VALIDATION OF ATTITUDE/ATTRIBUTE-RELATED CORE COMPETENCIES

The survey sample responded to seven statements which were used to determine how Attitude/Attribute-related core competencies were reflected in practice. As with the Skills domain, only 35 of the 41 respondents completed items contributing to the Attitudes domain.

The overall rating for Attitudes was **4.4**, which was significantly higher than ratings for either Knowledge or Skills, and shows a very close relationship between identified core competencies and practice in the transition care setting. In contrast to the ratings applied to Knowledge and Skill related competencies, no respondents rated any item in the Attitude domain as being 'not at all' reflected in practice.

With two exceptions, over 50% of workers indicated that the previously identified Attitudes and Attributes were **extremely well** reflected in their work practice, with the highest average rating (**4.7**) applied to *Respect for the older person* and *Empathy with the older person,* closely followed by *Commitment to client empowerment* (**4.6**).

The lowest average rating (complementing ratings applied to corresponding Knowledge and Skill related competencies) was applied to *Commitment to cultural diversity* (**3.9**) – and this is a relatively high rating.

Figure 49: Average ratings for Attitude/Attribute-related core competencies

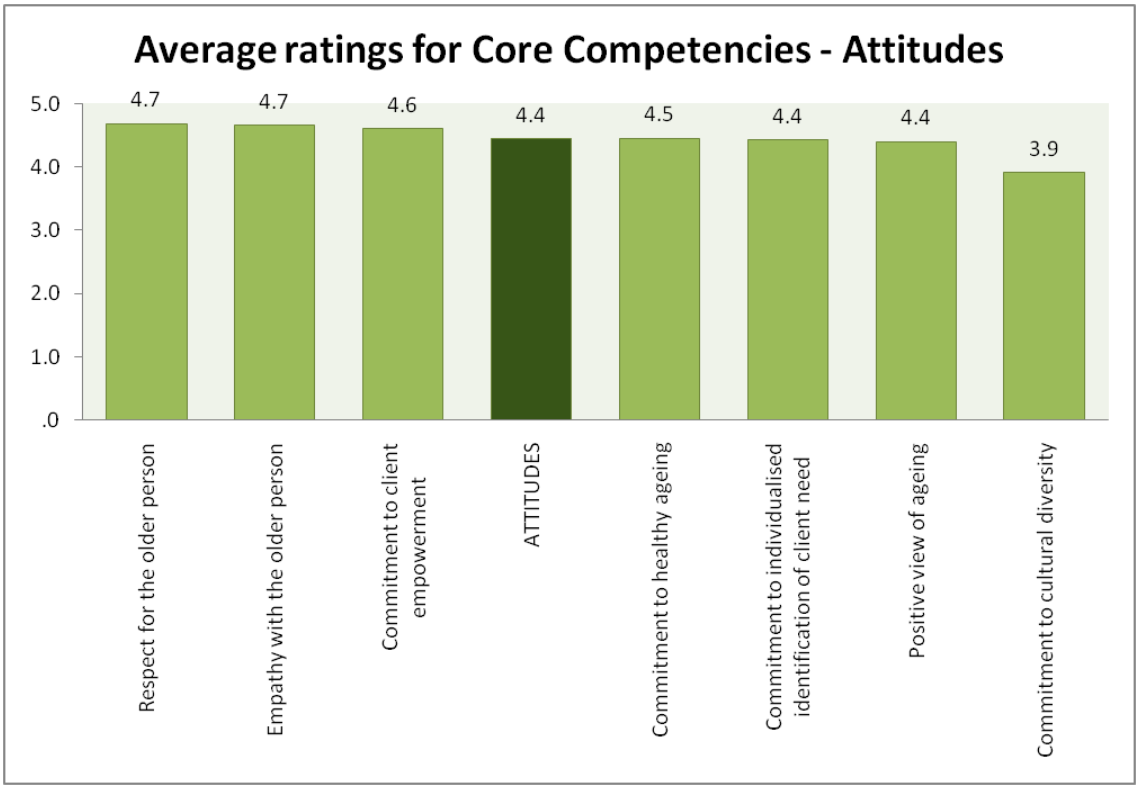


Figure 50: Commitment to healthy ageing

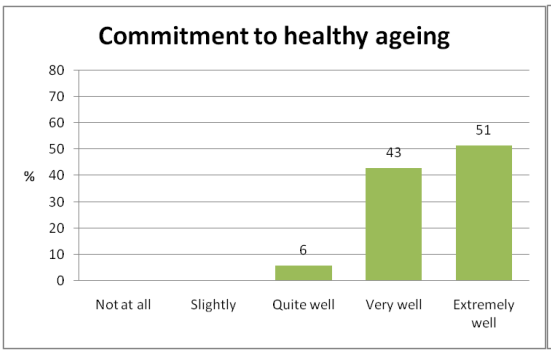


Figure 51: Commitment to client empowerment

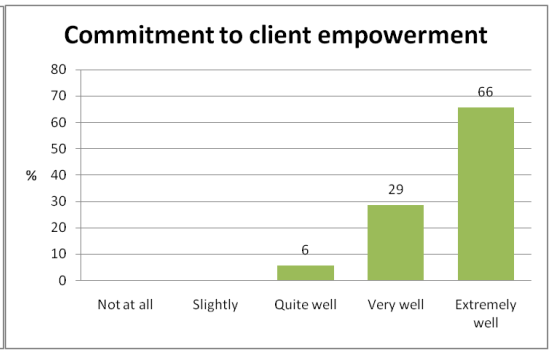


Figure 52: Commitment to individualised Identification of client need

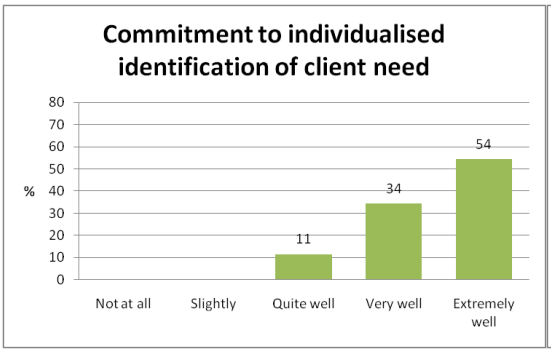


Figure 53: Commitment to cultural diversity

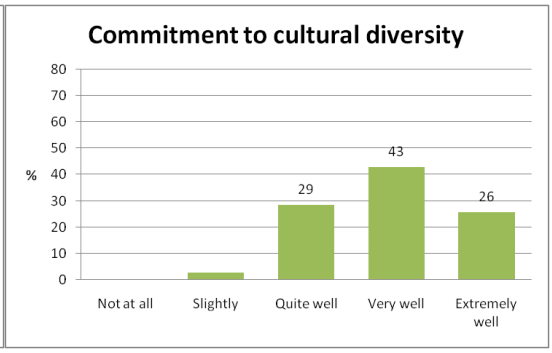


Figure 54: Positive view of ageing

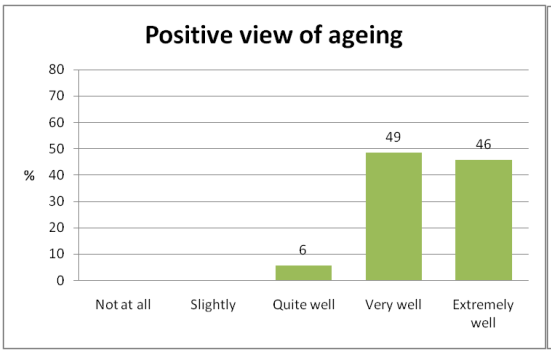
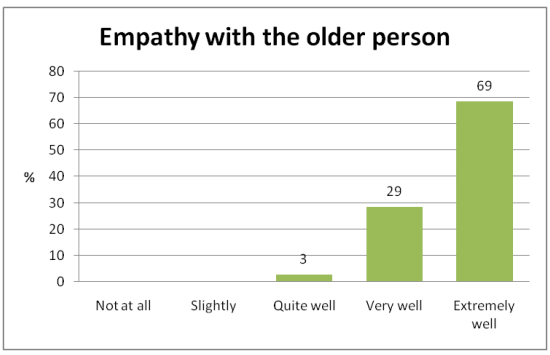


Figure 55: Respect for the older person

Figure 56: Empathy with the older person



6.1 Additional Attitude or Attribute-related competencies identified

Respondents were asked to identify, using an open-ended question, up to four additional Attitude or Attribute-related competencies that are important to providing care in the transition from the acute to aged care service provision. *Table 5* summarises this information, indicating where gaps occur between identified competencies and newly identified competencies. As with the Knowledge and Skill related competencies, additional Attitude or Attribute based competencies have again been identified by a minority of the sample - one individual in all instances. However, this does not necessarily diminish the importance of those competencies.

Table 5: Additional Attitude/Attribute-related competencies identified

Additional core competency	No	Relevant existing core competency
Person-centred practice	1	**Commitment to individualised identification of client need**
Patient's right to make own decisions	1	**Ability to balance safety requirements with client's dignity of risk**
Personal dignity	1	**Respect for the older person**
Positive ageing	1	**Positive view of ageing** **Commitment to healthy ageing**
Positive attitude to adopting new evidence based practice to alter the traditional trajectories engendered by the current health and community care environment	1	
Respect for the contribution of all levels and types of organisational care/ intervention in aged care	1	
Leadership: Engaging other organisations and sectors in producing better outcomes for older people & their families	1	
Leadership: 'Can do' attitude to work through barriers across streams of care; prevalent in aged care	1	

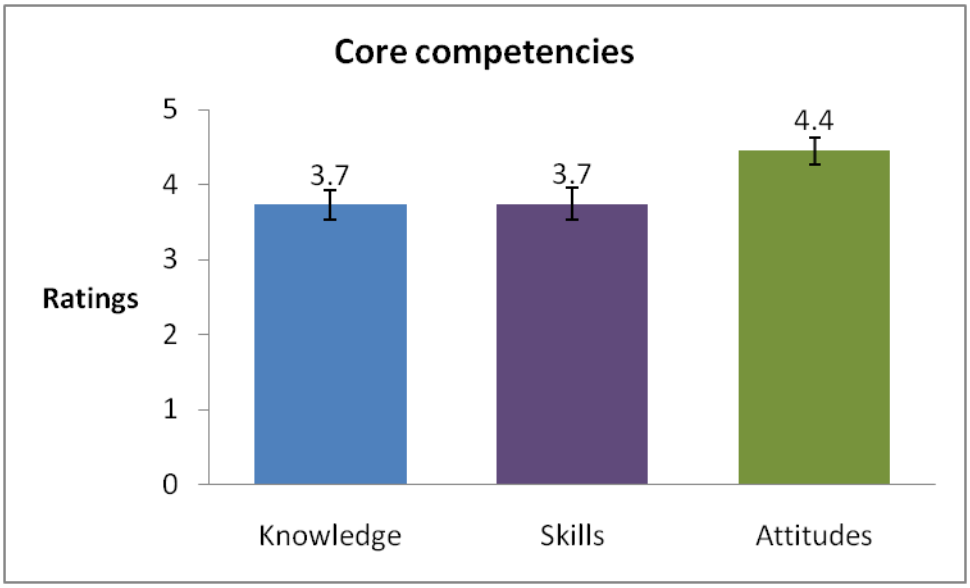
It is concluded that all Attitude and Attribute-related competencies have been endorsed, with an extremely high correlation between identified core competency and practice.

7 SUMMARY OF FINDINGS AND TRENDS IN VALIDATED COMPETENCIES

Across the three domains of Knowledge, Skills and Attitudes/Attributes, there has been strong endorsement for the previously identified core competencies, with average ratings for Knowledge and Skills related competencies of **3.7**, indicating very close relationship between these and actual practice in the acute to aged care transition environment. Even higher ratings (**average 4.4**) were achieved in relation to the identified Attitudes/Attributes core competencies.

Although there was a high proportion of managers in this sample (42%), there were no significant differences between them and those in other work roles in their validation of Skills and Attitudes related domains, although there was a slight, but insignificant, tendency for those with predominant managerial responsibility to report their Knowledge was better reflected in their practice.

Figure 57: Comparison of average ratings of Knowledge, Skills and Attitude related core competencies



Highest Ratings of individual core competencies' congruence with transition care practice

The highest ratings (average of 4.0 or more) were applied to these core competencies –

- Respect for the older person (4.7)
- Empathy with the older person (4.7)
- Commitment to client empowerment (4.6)
- Commitment to healthy ageing (4.5)
- Commitment to individualised identification of client need (4.4)
- Positive view of ageing (4.4).
- Communication – verbal skills (4.3)

- Team work within and across health worker disciplines (4.3)
- Communication – documentation skills (4.2)
- Reflective practice skills (4.2)
- Knowledge of the ageing process, age related conditions and illnesses (4.2)
- Knowledge of the aged care system and available aged care services (4.2)
- Knowledge of healthy ageing, including preventive care (4.1)
- Comprehensive assessment of the person (4.1)
- Knowledge of complex as opposed to chronic conditions, and their management (4.0)

Lowest Ratings of individual core competencies' congruence with transition care practice

It is of note that in all cases, respondents rated core competencies relating to Indigenous, and to a lesser degree, broader cross cultural knowledge and skills as being least likely to be reflected in work practice. We speculate that this may be due to limited exposure to clients in these groups and limited compulsory pre-service training for many that focuses on these issues.

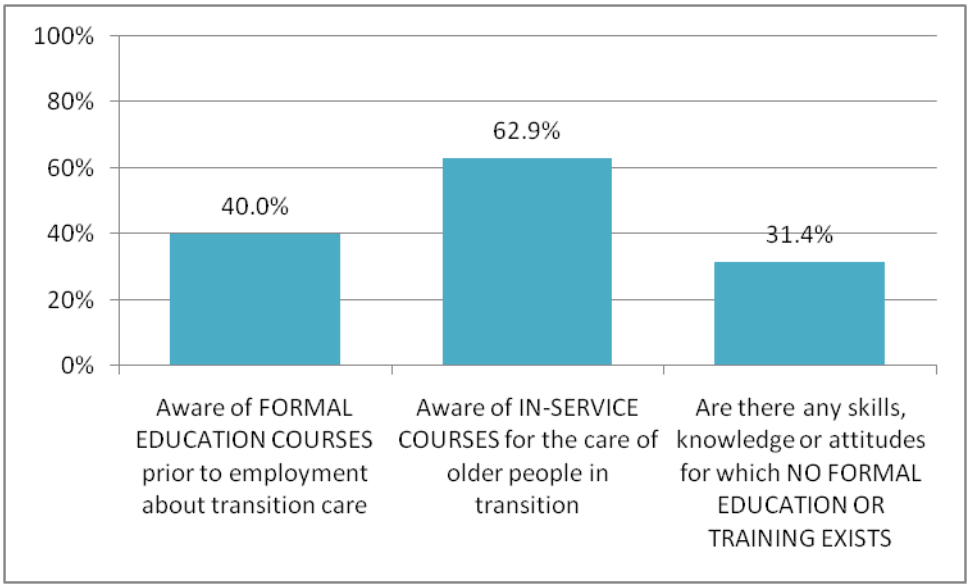
The lowest ratings (less than 3.0) were applied to these core competencies –

- Knowledge of the additional needs of people from Indigenous backgrounds (2.8)
- Awareness of Indigenous cultural issues and how to ensure these issues are addressed when working with Indigenous clients (2.9)
- Restorative care – nursing and medical skills (3.0)
- Restorative care - personal care skills (3.0)

8 AWARENESS OF AVAILABLE TRAINING

Thirty-five participants responded to questions about their awareness of training and education options. Of these, nearly **63 per cent** (n=22) were aware of **in-service** courses, or modules, focusing on the types of knowledge, skills and attitudes important for the care of older people in transition between acute, subacute, community or residential settings. **Forty per cent** were aware of formal **pre-service** training and education and **31.4%** identified that there are some competencies for which they perceived **no formal education or training** is available – *see Figure 58.*

Figure 58: Awareness of available training at pre-service and in-service levels, and gaps in training provision



Respondents from Victoria tended to be less likely to be aware of pre-vocational formal education courses relating to transition care. Although statistically insignificant, there was a slight tendency for those with managerial responsibilities to be more aware of in-service training and training gaps.

8.1 Formal pre-service education and training

Fourteen participants were aware of formal education courses that could be undertaken prior to entry into their profession that would assist in developing the knowledge, skills and attitudes important for the care of older people in transition between acute, subacute, community or residential settings. All 14 gave details of the courses and the providers of these courses.

Some also referred generically to 'post graduate gerontology courses', 'nursing courses', masters in gerontology' and 'gerontology' courses at La Trobe and other universities. Others referred to 'various Certificate III or IV courses for Care Workers provided in the VET sector by TAFE or private providers. One referred to 'various courses' provided by the Bouverie Centre (no further details supplied). Further details are provided in *Table 6.*

Table 6: Pre-service education and training identified

Course	Provider
Certificate 3 in Aged care	TAFE
Therapy Assistant Cert III	TAFE
Meaningful life- transition care	TAFE SA
Short courses in managing clients with dementia	Alzheimers' Australia, in all jurisdictions
Wound management	RDNS

Course	Provider
Continence management	RDNS
Dementia Training	DTEC (details not provided)
Graduate Diploma in Aged Care Nursing	University of Adelaide
Master of Nursing	La Trobe University
Gerontic Nursing	La Trobe University
Palliative care certificate	Flinders University
Certificate in Primary Health Care management	Flinders University
Graduate Certificate in Ageing and Palliative Care	Flinders University
Chronic disease	Flinders University

8.2 In-service education and training

Most respondents (22 of the 35 completing this section) were aware of in-service courses or modules focusing on the types of knowledge, skills and attitudes identified as important for the care of older people in transition between acute, subacute, community or residential settings. All of these provided information about available courses and their providers.

Generic information included 'various courses eg depression in the elderly' provided by NARI (details not supplied), 'various courses' provided by social work departments in organisations, 'various courses' in 'transitional care', in-house training in first aid, food hygiene, managing client conflict, and in manual handling. Further details are provided in *Table 7.*

Table 7: In-service education and training identified

Course	Provider
Dying to know	Hume Regional Palliative Care
Physical assessment of the older person	Nurse Education Gippsland
Dementia updates - short courses	Alzheimers Assoc; nationally
Post Graduate clinical forum	Peter James Centre; Eastern Health
'Various courses'	CPD for Allied health - Greater Green Triangle region
Meaningful Life -	TAFE SA
Interpreter course	Southern Health
Infection control	Health skills Aust
Enhancing Practice	Northern Health

Course	Provider
Dementia Training	Health Service Alzheimers' Australia Dementia Care Australia
Advocacy	Disability Information and Advocacy Service - NE Vic
Aged Care Issues	St Georges Health
Active Ageing	Eastern Health
Post graduate physiotherapy cert/ diploma and aged care/gerontology	APA plus input from University sector in some states
Regular person-centred education	Latrobe Regional Hospital
Falls Prevention Conferences	National Institute of Health

A small number of individuals providing unprompted, and open ended feedback identified the need for ongoing education in their roles.

8.3 Competencies for which no education and training was identified

Eleven respondents reported that there were skills, areas of knowledge or attitudes for which they were unaware of any relevant formal education or training.

Nine of these provided examples of these gaps and how these can be addressed. Unfortunately, most have not referred to the core competencies as defined in the survey. Therefore, Table 8 relates only to those competencies identified and validated. The additional information is provided separately.

Table 8: Gaps in Pre-service and In-service education and training

Gap	Strategy to address the gap
Commitment to individualised identification of client need.	*'Formal and informal supervision; organizational culture'* *'Policy statements; organisational approach Adopt a "walk in their shoes" approach to health workers when first employed to experience what it is like for the aged person receiving care'*
Ethical issues with end of life and nutrition / hydration	*'Short courses'*
Respect for the older person	*'Culture and general education; experience working with elderly'*
Positive view of ageing	*'Case based learning mentorship / team coaches'*
Communication across and within sectors	*No strategy suggested*
Transfer of equipment skills	*No strategy suggested*

Management of challenging behaviours eg dementia related	*No strategy suggested*
Knowledge of aged care system and available services	*Database; internet based information; or reference book of resources available in local areas.*

Other areas of need for training, identified by these nine respondents involved the following (expressed in their words') –

- *'How to bring practice up to evidence based levels and the current thinking in systems application to improve health outcomes for older people'* seen as addressed through *'case based learning'.*
- *'Redesigning health care for older people that combines workforce redesign and best practice service delivery'* seen as addressed through *'Conferences; demonstration learning centres; buddy practice with innovative organisations'.*
- *'Formal mentoring for new aged care workers and undergraduate health workers'* seen as addressed through courses delivered by *MentoringWorks* in Victoria.
- '*Flexibility - how do you teach people to work outside of their need to put people in boxes?*' seen as addressed through '*Monitoring; program development; releasing of funds ensuring flexibility arrangements'.*
- '*Discharge planning processes'* were identified as needing further training, which could be provided by *'Education and training to be included within courses to link knowledge base for clinicians between specific to areas of clinical practice eg linkage between subacute and community based care - the difficulties older people face when discharged home ….'.*