

Nurse mentoring to build capacity, capability

Michelle Harris-Allsop highlights the value of an on-site mentor in helping nurses to build their capacity and capability to lead best practice care

A crucial component in implementing person-centred care for people living with dementia is dedicated dementia care specialists out *on the floor* supporting staff, volunteers and family carers to communicate with people who live with a cognitive disability. Despite training, there are still gaps in how to translate what we learn into everyday practice. Many nurses are highly skilled in dementia care, but adjusting the structure of a care team to include a designated dementia care specialist can help to provide practical leadership and build staff capability and confidence in communication skills that support people living with dementia.

Whilst a number of organisations do employ dementia consultants as part of their senior management structure, the people in these positions often oversee multiple sites or community care regions or are based at head office, external to the day-to-day care team. Care teams need mentors on the floor to role model effective communication approaches and the incorporation of person-centred philosophies into day-to-day routines.

Making A Difference at My Vista

In September 2018 I had the pleasure of mentoring the nursing team at My Vista Aged Care in Perth, Western Australia in my role as a specialist dementia consultant with Care Partnerships Australia – a private consultancy for people with dementia and their carers (family and professional). My



Dementia consultant Michelle Harris-Allsop (far right) with members of the My Vista Aged Care nursing team and Clinical Director Dr Mya Daw Sein (far left)

role as a coach is to build the capability of teams working with people who have a diagnosis of dementia in residential care services and private hospitals.

My Vista Aged Care provides care to 102 residents from culturally diverse backgrounds including Macedonian, Yugoslavian, Italian and Vietnamese. With support from My Vista's Clinical Director Dr Mya Daw Sein, I worked with a team of 12 nurses over two weeks in the care environment, sharing experience, knowledge and providing solutions for best practice in dementia care. We spent time reviewing the nurses' knowledge and how they can de-escalate responsive behaviours, communicate and create a calm environment for residents with dementia. The mentoring project was funded by My Vista and supported by its CEO Irene Mooney.

Care Partnerships Australia introduced the dementia mentoring program Making A Difference in 2018 for teams of Registered Nurses (RNs) and Enrolled Nurses (ENs) working in the community or in residential aged care. The

program aims to promote the online training from Dementia Training Australia (dta.com.au), with additional ongoing practical support from myself in translating the information into effective practice when the nurses are working and supporting a person living with dementia. I am currently providing similar support through the Making A Difference mentoring program at four other organisations this year: Braemar Aged Care, Curtin Heritage Aged Care, My Flex Care and St John Of God Hospital Subiaco.

The Making A Difference program's objectives are to:

- Provide an understanding of person-centered care.
- Provide practical strategies for effective communication.
- Improve the enablement and emotional wellbeing of the person living with dementia.
- Support calm environments.
- Improve knowledge on advance care planning and build capability and capacity.
- Support the staff to support family carers.
- Build partnerships of care.
- Support staff to recognise when the person with dementia is at the end of their life.

Training includes: assessment and care planning for dementia, delirium and depression; communication techniques and responsive behaviours, including use of The Newcastle Model – a framework and process for understanding responsive behaviours in terms of unmet needs (Jackman & Beatty 2015); maximising quality of life for clients; dementia-friendly environments; promoting a restraint-free environment; pain management and palliative care approaches for people with dementia; managing sexuality in dementia care; and supporting families and carers of people with dementia.

Project evaluation

Nine out of the 12 nursing staff who took part in the two-week mentoring program responded to a survey seeking feedback on the program. The majority indicated they were 'very satisfied' with the introduction of the program, the advice, support and solutions offered using The Newcastle Model, the mentoring and advice provided by the consultant on the floor in the context of staff delivering care, development of staff skills, and the training modules provided.

When asked what areas they felt would be most important to address in family support and education, the nurses identified the following, in order of importance: communicating with a person with dementia; understanding the symptoms of dementia; advance care planning; ways to make interactions more meaningful (eg, reminiscence, memory books); what to expect from a

residential dementia care wing; self-care strategies and options for carer respite; and different care options and services available.

Project outcomes

- There has been a change in staff practice, knowledge and attitude in seeing the person with dementia first, not their disability.
- An improvement in the nurses' communication skills, using appropriate techniques (eg validation, reminiscence and reality orientation in their language).
- The nurses were enabled to support relatives and carers about a relationship model of care.
- Collaborative learning and engagement of the team.
- Renewed enthusiasm for best-practice dementia care.
- Staff were interested in challenging their feelings and became more enthusiastic in leading the care.
- The link between dementia and disability is much clearer

in the nurses' minds following the program. They became invested in the human rights of people living with dementia and how their attitude and approach to caring impacts on the wellbeing of the person in their care.

Feedback

Comments from participants included:

- "[the consultant was] able to share knowledge with team members to improve the quality of care to clients with dementia and their family."
- "Staff applied knowledge and took on the training and resource tools and shared with clients/families and peers."
- "One staff member nominated her colleague for suggesting and implementing a care plan strategy that promoted wellbeing and security for the client."
- "Strength-based assessments identified opportunities to improve care plans and

results were witnessed by [sic] increased client happiness and reduced behaviours, leading to reduced carer stress."

- "[It] was a great course. [It] would have been beneficial to have everyone who was doing the modules together for at least one full day."
- "Increased knowledge and building capability within the nurses at site."

Challenges

The challenge was always finding RNs/ENs to backfill the roster when the team worked with me in small groups during the two-week program.

Dementia mentoring

The Making A Difference dementia mentoring program is structured around a model of professional practice in a practical setting. For further details contact me at carepartnershipsaustralia@gmail.com or visit the Care Partnership's Australia website at www.careptyltd.com

Acknowledgments

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References

- Jackman L, Beatty A (2015) Using the Newcastle Model to understand people whose behaviour challenges in dementia care. *Nursing Older People* 27(2) 32-39.
- Rahman S (2017) *Enhancing health and wellbeing in dementia: a person-centred integrated care approach*. London: Jessica Kingsley Publishers.

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