

Specification of Competency Standards
for the Elderly Care Service Industry
Unit of Competency

Functional Area - Clinical Care

Title	Develop Dementia Care Plans
Code	110808L5
Range	This Unit of Competency is applicable to practitioners who provide clinical care services in the elderly care service industry. The application requires the demonstration of in-depth expertise or theoretical knowledge in a range of technical, professional or managerial working environments, and its execution requires careful thinking, critical analysis and decision-making skills. Practitioners should be able to assess the cognitive functions of the elderly persons, analyze the stage of the elderly's disease, and develop personalized care plans, according to the organization's assessment procedures and practice manual, in order to reduce the impact of the symptoms on the elderly's life, and maintain their quality of life.
Level	5
Credit	5 (For Reference Only)
Competency	<p>Performance Requirements</p> <p>1. Relevant knowledge on dementia care plans</p> <ul style="list-style-type: none"> • Understand the organization's assessment procedures and practice manual • Understand the process, content and significance of developing care plans, such as: <ul style="list-style-type: none"> ○ Cognitive function assessment and determination of disease stage ○ Establish care needs and set plan goals ○ Perform nursing procedures ○ Review the effectiveness of the plans, etc. • Understand the goals of care plans, such as: <ul style="list-style-type: none"> ○ Delay the rate of deterioration ○ Reduce the impact of symptoms ○ Maintain the quality of life, etc. • Understand the obstacles caused by dementia and its symptoms to the elderly persons and how they affect their lives, such as: <ul style="list-style-type: none"> ○ Memory: loses their memories at later stages, forgetting familiar people and things ○ Communication: loses their language skills at later stages ○ Mood and behavior: significant changes in mood at the middle stages, and behavioral problems may occur, such as: wandering, disruption of biological clock, etc. ○ Physical ability: needs to stay in bed for prolonged periods at later stages, etc. • Understand the skills and related tools for assessing the cognitive function of the elderly persons • Understand the care needs of patients with dementia • Understand the needs to cooperate with other medical professionals • Understand the skills to build relationships with elderly persons and carers • Understand the skills of writing care plans • Understand the techniques for reviewing the effectiveness of care plans, such as: <ul style="list-style-type: none"> ○ SMART analysis and assessment of effectiveness <p>2. Develop dementia care plans</p> <ul style="list-style-type: none"> • Utilize different methods to assess the cognitive abilities of the elderly persons, and the impact on their lives, in order to assess the stage of the disease, such as: <ul style="list-style-type: none"> ○ Appropriately use assessment tools, such as: Hong Kong Montreal Cognitive Assessment (HK-MoCA), Cornell Scale for Depression in Dementia, Cohen-

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	<p>Mansfield Agitation Inventory, Rating Anxiety in Dementia, Elderly Cognitive Deterioration Questionnaire (IQ-Code), Clinical Dementia Rating Scale (CDR)</p> <ul style="list-style-type: none"> ○ Medical reports and records of different professions, such as: CT scan, Magnetic Resonance Scan (MRI), blood tests, etc. ○ Interview with the elderly persons and carers ○ Assessment of activities of daily living, etc. <ul style="list-style-type: none"> ● Analyze the data from assessment tools and other assessment results, and integrate the information on the elderly's dementia on their cognitive function, mental condition, impact on life, disease stage, and carer's level of support, establish the priority of care needs, and develop the care plan goals ● Design personalized care plans according to the elderly's care needs and plan goals, such as: <ul style="list-style-type: none"> ○ Medical follow-up, nursing diagnosis and inspection of medication compliance to delay deterioration ○ Improve the elderly's mood and stabilize their mental conditions by receiving occupational therapy and non-pharmacological therapy services, such as: reminiscence therapy, cognitive training, reality orientation, sensory integration therapy, etc. ○ Maintain close contact with the elderly's family members, and execute other measures to maintain their normal lives and reduce the risk of their symptoms and effects to the carers, such as: maintain an appropriate amount of exercise, perform activities that require more thought, maintain healthy diets, maintain social interactions, etc. ○ Living arrangements, referrals to relevant community support services to reduce the stress on carers and allow the elderly persons to stay in familiar community to maintain their quality of live, such as: Day Care Centres for the Elderly, respite services, etc. ● Ensure the relevant nursing measures and treatments can achieve the established goals of the care plans ● Establish effective communication methods to allow the staff, elderly persons and their family members clearly understand the content of care plans ● Regularly review and assess the effectiveness of the care plan, and amend as needed ● Appropriately record and store the care plans <p>3. Exhibit professionalism</p> <ul style="list-style-type: none"> ● Utilize professional knowledge to conduct accurate and comprehensive cognitive impairment assessments for the elderly persons ● Analyze the needs of the elderly persons, establish a good relationship with them and their family members, maintain an objective attitude, and develop dementia care plans
Assessment Criteria	<p>The integrated outcome requirements of this Unit of Competency are:</p> <ul style="list-style-type: none"> ● Able to develop personalized dementia care plans for the elderly persons, according to the organization's assessment procedures and practice manual, professional knowledge, comprehensive assessment results of their cognitive function, and priorities of their care needs; and ● Able to review the progress of the care plans, analyze and perform amendments to maintain the elderly's quality of life.
Remark	