



Charles Sturt
University

Three Rivers
Department of
Rural Health

Aged Care Nursing Career Pathways Program

Handbook

threerivers.csu.edu.au

Live. Study. Work. Rural.

Charles Sturt University - TEQSA Provider Identification:
PRV12018 (Australian University). CRICOS Provider: 00005F.



Contents

Welcome!	5
Acknowledgements	6
Acknowledgement of Country	6
Authorship	6
Funding	6
How to cite this document.....	6
Introduction	7
Learning objectives	7
Chapter 1: Aged Care Career Pathway Program	8
What is a career pathway program?	8
What is an Aged Care Career Pathway Program?	8
What should I expect from this Aged Care Career Pathway Program?	8
Professional development.....	9
Chapter 2: Aged care and RN practice	10
Registered nurse standards	10
Australian aged care practice	10
The Australian Government Aged Care Quality and Safety Commission	11
Aged Care Quality Standards and the Code of Conduct for Aged Care	11
Australian Association of Gerontology (AAG).....	11
Clinical practice guidelines.....	12
International aged care practice.....	12
Person-centred care.....	14
Aged care data	14
Aged care funding	15
Aged care assessment programs (ACAP)	16
Chapter 3: Aged care nursing in the rural context	18
Chapter 4: Aged care assessment tools	20
Tools to undertake a comprehensive gerontic assessment.....	20
Cognitive capacity assessments	21
Delirium and confusion.....	22
Tools to assess ambulation, gait and risk of falls	23
Tools to assess constipation	24
Tools to assess continence.....	25

Tools to assess mental health	25
Tools to assess dysphagia.....	26
Tools to assess risk of pressure injuries	26
Tools to prompt and support medication review	27
Tools to assess hearing, vision, and oral health.....	28
Tools to assess pain	29
Tools to recognise, assess and act against elder abuse.....	29
Chapter 5: Aged care interventions.....	31
Healthy ageing	31
Co-morbidities	31
People with dementia.....	31
Dementia clinical practice guidelines	34
Guidelines for dementia care	34
Dementia education and training	34
Palliative care and end-of-life care.....	35
Palliative care standards.....	35
Culturally appropriate palliative care.....	35
Voluntary assisted dying	36
Chapter 6: Law, ethics, and policy.....	37
Aged care legislation.....	37
The Guardianship Act	37
The Power of Attorney Act.....	38
Mental health legislation.....	38
Wills.....	38
Consent.....	38
Privacy and confidentiality	39
Advocates	39
Facility accreditation.....	39
Ethical requirements	41
Key terms in law and ethics	41
Chapter 7: Professional development.....	43
What is professional development?	43
Continuing professional development (CPD) and registration.....	43
Types of CPD	44
Aged Care Career Pathway Program and CPD	44
Practice reflection.....	44
Clinical supervision	45
Mentoring	45

Evidence-based practice.....	45
Continuing post graduate study	45
Grants and scholarships	46
Chapter 8: Preparing for practice	49
Activity 1	49
Activity 2	49
Activity 3	50
Activity 4	51
Activity 5	51
Activity 6	53
Activity 7	54
References	56

Welcome!

Congratulations on taking the first step into your aged care nursing career! Aged care nursing is an incredible speciality where you will make a meaningful, impactful, and tangible difference to older people and their families.



This Aged Care Nursing Career Pathways Program is the first step in your journey. This program will provide a solid foundation for you to become an expert in the aged care nursing field, striving toward clinical excellence. Your commitment and passion for aged care nursing can really change lives.

Acknowledgements

Acknowledgement of Country

Three Rivers Department of Rural Health respectfully acknowledges the traditional owners and custodians of the lands on which we live and work together. We extend this respect to all Elders, past and present.

Authorship

The original document, Aged Care Transition to Practice Program: CSU Handbook (2018), was developed by the School of Nursing, Midwifery and Indigenous Health, Charles Sturt University by Maree Bernoth, Donna Hodgson, and Catherine Hungerford.

This 2025 edition was collated by Elise Ryan, Elyce Green and Cassandra Biggs in consultation with Maree Bernoth.

Funding

Charles Sturt University Three Rivers Department of Rural Health is funded under the Australian Government's Rural Health Multidisciplinary Training Program. In consortium partnership with the University of New South Wales, The University of Notre Dame Australia, and Western Sydney University, Three Rivers DRH aims to improve the recruitment and retention of nursing, midwifery, allied health, and dentistry professionals in rural and remote Australia.

How to cite this document

Ryan, E., Biggs, C. & Green, E. (2025). *Aged Care Nursing Career Pathways Program* (2nd ed.). Charles Sturt University.

Introduction

The Aged Care Transition to Practice Program was originally developed by the School of Nursing, Paramedicine and Healthcare Sciences at Charles Sturt University in 2018. It was redeveloped as the Aged Care Career Pathway Program in 2025 by Three Rivers Department of Rural Health (DRH), with the permission of the authors.

Three Rivers DRH places great value on its partnerships and collaboration with industry, including those located in the aged care sector. These partnerships and collaborations are particularly important for those located in regional, rural, and remote locations. Three Rivers DRH supports the recruitment and retention of health professionals in regional and rural New South Wales (NSW) in a range of ways, this program being one.

The Aged Care Career Pathway Program (ACCPP) supports early career Registered Nurses (RNs) who are new to the aged care sector. Three Rivers DRH hopes to ensure that new graduate RNs have the knowledge, skills, attitudes, and confidence required support the health and wellness of older people and consider the complex issues experienced by some older people.

The ACCPP is divided into eight chapters. The information in this program is supplementary to the more detailed information that will be provided to you by your employer.

This resource will cover how the career pathway program works and introduce you to frameworks, professional standards, and assessment tools. It covers law, ethics, and policy in the aged care sector which will provide some important context. There is a chapter explaining assessment tools and some of the most common and complex health issues experienced by older people, with prompts for further learning and activities throughout. We have also included a chapter dedicated to your further professional development.

We hope you find this program useful – and we look forward to working with you in the future.

Learning objectives

By the end of this Aged Care Career Pathway Program, you will:

- Have a better understanding of aged care standards, codes, competencies, and related organisations that guide the Registered Nurse and providers in the delivery of quality aged care.
- Be aware of the nuances of aged care in rural and regional Australia.
- Understand the role and scope of aged care assessment tools and frameworks and their application and considerations to older people.
- Be able to utilise interventions related to the health experiences of older people.
- Enhance your understanding and application of the laws, ethics, and policies related to the aged care sector.
- Start to develop your own professional portfolio and actively pursue professional development opportunities.

Chapter 1: Aged Care Career Pathway Program

This chapter focuses on the expectations of RNs undertaking a career pathway program and what it entails.

What is a career pathway program?

Transition to practice or career pathway programs provide support and structure during the transition from student to registered healthcare professional. Such programs encompass clinical and professional education, and facilitated development through assessment, feedback and evaluation of nursing skills, knowledge, and capabilities with the assistance of clinical and educational staff.

Programs are structured and generally twelve months in duration. The placement of the RN in clinical settings during this time may vary, but often RNs are supported to work in a range of settings across the graduate year.

What is an Aged Care Career Pathway Program?

Graduate RNs who participate in this program can increase their clinical competence through structured learning experiences and objectives, and by gaining experience working with older people and undertaking day-to-day clinical practice.

The Career Pathway Program offered by your employer is designed to assist in developing the knowledge, skills, attitudes, and practice of graduate RNs in the aged care sector. It may also be known as a New Graduate Program.

Your employer also sees the program as an important means of supporting and sustaining the delivery of high-quality health services in the aged care sector. With the ageing demographic of the Australian population, it is important to build a competent and sustainable workforce, particularly in regional, rural, and remote locations, where workforce recruitment and retention to healthcare jobs are a major priority.

What should I expect from this Aged Care Career Pathway Program?

Programs are often developed by each organisation in response to their unique needs and stakeholders, such as the older people and their families, graduate RNs and new/current employees, the organisation itself, and the broader community.

You should check with your employer for details regarding the structure and requirements of their Aged Care Program.

Characteristically, such programs will include one or more of the following attributes:

- Employee support in addition to that ordinarily received by a new employee.
 - e.g. supernumerary days, service orientation, core education and support to complete mandatory training.
- Additional education or professional development opportunities including regular workplace mentorship with a senior nurse, manager, or educator.
- Allocation of a preceptor RN (or “buddy”).
- Formative and summative assessments of key skills and competencies that underpin your practice.
- Rotations through different healthcare settings.

- Roster considerations – for example, a “buddy” roster with your preceptor and limited night duty allocation in the first three months.
- Connection with the local university and access to academic mentors.

Professional development

Perhaps the most important feature of any transition to practice or career pathway program, is the additional opportunity you will receive for professional development. This is particularly important for the Graduate RN as they consolidate and apply undergraduate theoretical learning into a ‘real world’ setting.

Ordinarily, professional development will be provided to you by your employer. As part of your registration, you will also need to source your own professional development opportunities (NMBA, 2016a). There are numerous free and paid professional development activities to be found locally and online. Remember to ensure relevance to Australian practice, for more information see chapter 5.

The next chapter provides you with information on some of the frameworks, standards, and competencies that should guide the way in which you practice in the aged care sector. This information is meant to supplement that which is provided to you by your employer.

Chapter 2: Aged care and RN practice

This chapter will discuss the standards, codes, competencies, and organisations that will guide you and your employer in the delivery of quality aged care.



Registered nurse standards

All RNs must practice in accordance with the RN Standards of Practice developed by the regulatory authority, the Nursing and Midwifery Board of Australia (NMBA) (NMBA, 2016b). The NMBA sits under the Australian Health Practitioner Regulation Agency (AHPRA) as one of 15 Boards that regulate health professionals across the health disciplines.



In addition to the Standards of Practice, there are several other important codes and frameworks that govern your work as an RN. These include Code of Conduct for nurses (NMBA, 2018) and the International Council of Nurses (ICN) Code of Ethics for nurses (ICN, 2021).



These documents can be accessed from the Nursing and Midwifery Board of Australia's website: <https://www.nursingmidwiferyboard.gov.au/>

Australian aged care practice

Within the aged care sector in Australia, there are no specific standards of practice for nurses. However, there are organisations and documents that will guide your practice, and the conduct and function of aged care organisations (particularly if it is government funded).

The Australian Government Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission is the national regulator of aged care services in Australia. It safeguards the welfare and rights of older Australians (Aged Care Quality and Safety Commission, N.D.a).

Aged Care Quality Standards and the Code of Conduct for Aged Care

There are 8 Aged Care Quality Standards that guide the level of care and services that older people can access from aged care providers (Aged Care Quality and Safety Commission, N.D.b).

Standard 1: Consumer dignity and choice

Standard 2: Ongoing assessment and planning

Standard 3: Personal care and clinical care

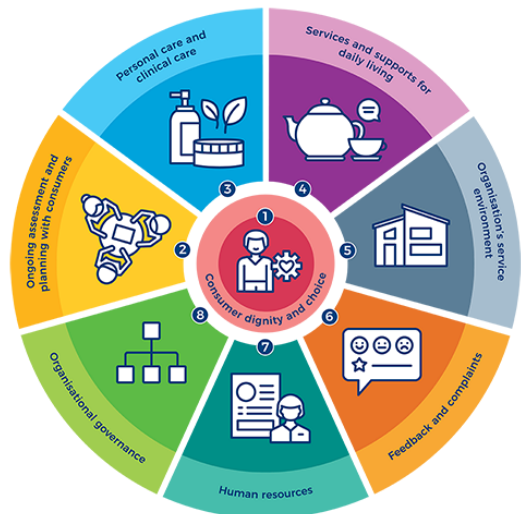
Standard 4: Services and supports for daily living

Standard 5: Organisation's service environment

Standard 6: Feedback and complaints

Standard 7: Human resources

Standard 8: Organisational governance



These standards are also used by the Commission for accreditation purposes- for more information see chapter 6.

The Code of Conduct for Aged Care details how aged care providers, workers, and employees must behave in the workplace and how older people receiving care must be treated. There are eight elements described in the Code (Aged Care Quality and Safety Commission, N.D.c).



The Standards and Code of Conduct documents can be accessed from the Australian Government Aged Care Quality and Safety Commission website. <https://www.agedcarequality.gov.au/providers>

Australian Association of Gerontology (AAG)

The AAG is Australia's peak national body, linking professionals across the multidisciplinary fields of ageing. Since 1964, AAG has connected professionals with an interest in gerontology to help them collaborate and exchange information on ageing. The AAG's goal is to expand knowledge of ageing to improve the experience of ageing.



For more information, or to join the Association, check their website <https://www.aag.asn.au/>

Clinical practice guidelines

Clinical practice guidelines are statements that have been developed by reputable groups or organisations to provide a framework, guide, principles and/or recommendations for clinicians or practitioners, for their work. The aim of Clinical Practice Guidelines is to optimise the care of patients, consumers, or residents. Clinical Practice Guidelines are informed by the most current, systematic research evidence. There are a range of Clinical Practice Guidelines available to RNs who deliver care to older people.

International aged care practice

The Canadian Gerontological Nursing Association (CGNA) publishes the Gerontological Nursing Standards of Practice and Competencies (2020), which provides excellent guidance for your aged care practice. The CGNA describes the conceptual framework of aged care nursing as:

A dynamic interaction between the older person and nurse to achieve health and well-being and respond to illnesses experienced by older persons within the environment. There are four concepts inherent in the conceptual framework: Person, Nursing, Health, and Environment (...). The person and the nurse both contribute to the interaction, thereby collaborating to achieve the older person's goals. Older persons bring their unique experiences, personal knowledge and their own health and well-being expertise; nurses bring their specific body of gerontological knowledge, their nursing skills and the art and science of nursing, all integrated within a relational care approach. The historical and current social and cultural climates, political influences and values of the communities and society also influence the interaction (CGNA, 2020, p. 9).

The CGNA (2020) also details six Standards of Practice that aim to promote best practice in gerontological nursing:

- Standard 1: Relational care
- Standard 2: Ethical care
- Standard 3: Evidence-informed care
- Standard 4: Aesthetical/artful care
- Standard 5: Safe care
- Standard 6: Socio-politically engaged care



Processes for Integration and Application of Gerontological Standards, © CGNA 2020



The CGNA Standards of Practice and more information can be found on their website <https://cgna.net/standards>



Professional development activity

Consider the notion of a professional body (not to be mistaken for industrial organisations e.g., unions). Undertake some investigation, then write a few paragraphs on which professional body you think would best suit you, and why. Examples include (without being limited to):

- Australian College of Nursing (ACN): <https://www.acn.edu.au>
- Australian Association of Gerontology (AAG): <https://www.aag.asn.au>

Write some ideas on what you see as the benefits and challenges of joining a professional body. Include specifics on what you could contribute to the professional body and the profession of nursing.

Take out a membership of the professional body of your choice.

Person-centred care

While person-centred care is not a *standard* per se, it is nevertheless regarded as the mainstream approach to delivering health in the aged care sector.

The concept of patient/person centred care was first described in psychiatry in the 1950s (Byrne et al., 2020). Over the proceeding 60 years, patient/person centred care continued to evolve from considering the physical and psychosocial aspects of a '*patient*' and their disease to the more modern, holistic approach of respecting the '*person*' and their active involvement in their medical decision-making processes (Byrne et al., 2020; Australia Commission on Safety and Quality in Healthcare, 2011).

In aged care, person-centred care includes family and carers to complete the holistic view of the person and their supports.

In recent years, the aged care sector has dramatically transformed from traditional institutional care to older person directed care. The philosophical focus is now on older person autonomy, self-determination, dignity, and informed healthcare choice, irrespective of where they reside or their living arrangements.

RNs play an important role in supporting and facilitating this important culture in clinical and organisation environments.

Aged care data

The Australian Institute of Health and Welfare (AIHW) provides all clinicians with information and data about a range of health and aged care topics.



<https://www.aihw.gov.au/reports-data/health-welfare-services/aged-care/overview>



One source of information related to aged care services in Australia is a website called 'GEN'. This website reports on capacity and activity within aged care services focusing on older people and the services they use. The data on GEN is managed by the AIHW and the Department of Health.

<https://www.gen-agedcaredata.gov.au/>



Professional development activity

Access the AIHW aged care overview and the GEN websites.

Jot down some information relevant to where you live and work, or your clinical interests

Aged care funding

The Australian National Aged Care Classification (AN-ACC) funding model is used by the Australian Government Department of Health and Aged Care to provide subsidies to approved residential aged care providers based on the service type and each older persons' care needs.



For more information on the AN-ACC, the assessments, the funding guide and more see <https://www.health.gov.au/our-work/AN-ACC>

The AN-ACC funding model influences the way in which the aged care sector operates. One reason for this is that funding drives the way in which care is provided. It is important, then, that RNs who work in the aged care sector carefully consider the impact of the AN-ACC on their ability to provide care, and how the AN-ACC may challenge the care they deliver.

Funding classification systems have been incorporated into acute health services for many decades and are often completed daily by senior nursing staff. The accurate and timely completion of these systems ensures that there are adequate numbers of staff to reflect the nursing-hours-per-day required by the patient. It is especially significant that the RN is competent with the funding tool and understands the inter-dependency of the assessment tools, care plan, progress notes and the funding tool. Claims for funding are audited by validators who check all these documents for consistency.

As an RN in the aged care sector, at a minimum level, you will be required to understand and appreciate the AN-ACC and any other relevant funding classification systems that your employer is required to undertake. Your employer will have several policies that can inform you in relation to funding and classification systems used locally and perhaps nationally in their organisation.

Aged care assessment programs (ACAP)

If an older person needs/wants to access government-subsidised aged care services, they will need to be assessed first on their eligibility and then the level they require.

Eligibility is based on a needs assessment and if the person is 65 years or older, or 50 years or older for Aboriginal and Torres Strait Islander people. The services range from help at home (shopping, cooking, personal care, basic home modifications, etc), short-term care (restorative, transition, or respite), and residential aged care.

Currently, there are two assessment types: Regional Assessment Service (for those who need low-level support) and the Aged Care Assessment Team (ACAT) (for those with higher needs).

Once the person has been assessed, a support plan is created, and providers are considered. In many cases, the person will also have out-of-pocket expenses if they engage any services (at any level).



For more information on personalised funding assessments, see the My Aged Care website
<https://www.myagedcare.gov.au/assessment>



Australian Government Department of Health and Aged Care website
<https://www.health.gov.au/our-work/aged-care-assessment-programs/about-the-aged-care-assessment-programs>



The University of Wollongong Centre for Health Service Development developed the range of screening and assessment tools for older people that are now utilised by the ACAP
<https://ro.uow.edu.au/cgi/viewcontent.cgi?article=1471&context=ahsri>



Professional development activity

Check out this article: *Comprehensive Geriatric Assessment- a guide for the non-specialist* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282277/>

Write your notes and reflections below.



Chapter 3: Aged care nursing in the rural context

1 in 3 older Australians live in rural and remote areas (AIHW, 2023c).

Aged care nursing in rural Australia differs from the metropolitan experience in many ways. All Australians living in rural and remote Australia face challenges related to accessibility and availability of health care services, including access to regular General Practitioners, community, and specialist services (AIHW, 2023c). This can have a negative influence on mortality, morbidity, higher burden of disease, and generally poorer health outcomes (AIHW, 2023c). There are less privately owned aged care facilities, with more rural Australians utilising other support services such as home support assistance and aged care through a multi-purpose facility (AIHW, 2023c). It is important to understand the rural and remote context when working in aged care, as most of the older people in your care will have experienced these problems and issues during their life.

Rural practice also has a stronger focus on the multidisciplinary and interprofessional approach, which has many benefits for health professionals and for the older people within the community. The healthcare team know each other personally, work closely together, and often rely on those outside of their discipline for advice and guidance. The nursing role, too, is more diversified (often called 'generalist') with a broader scope of practice and responsibility.

When working in rural communities, it is important to consider how to maintain confidentiality and ethical principles in often small, tight-knit communities where news and gossip travels quickly, or if someone you know is in your care. You might have hobbies or personal interests that you pursue outside of work, where you will be involved with those in your care, their friends, or relatives. In situations like this it is important to maintain clear boundaries and provide an option for yourself or the older person to ask for another person to provide the care (if possible).



Chapter 4: Aged care assessment tools

The use of assessment tools provides a standardised guide to practice and ways for the RN to gauge how much assistance a person may require. Findings from a systematic assessment can also assist the practitioner to identify a range of options in relation to treatment and/or interventions, from which the older person, together with their partners, carers or families can choose. The following list is by no means meant to limit the RN, but rather provide a guide for those who are new to the aged care sector.

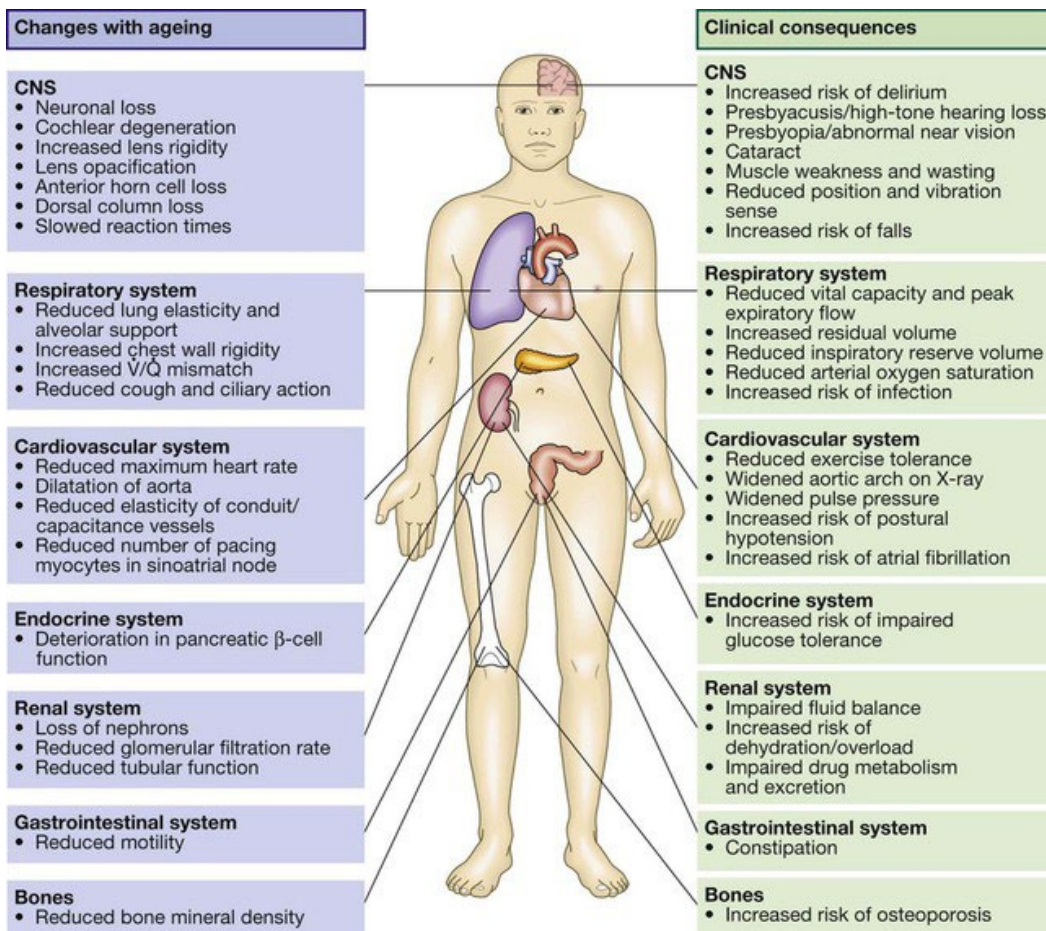
Tools to undertake a comprehensive gerontic assessment

Comprehensive Geriatric Assessment can be defined as “a multidimensional, interdisciplinary, diagnostic process used to measure the medical, physical, psychological, psychosocial and functional capabilities and problems of an [older] person” with the intention of developing a comprehensive management and treatment plan (Victorian Government, Department of Health, 2021). Further to using validated screening or assessment tools, gathering additional information through observation, open questioning of the older person and their family or carers, and reviewing the person’s personal health record may all be helpful in capturing the “whole picture” of the person.



The Agency for Clinical Innovation website has a great resource on tools for assessing older people, particularly focused on cognition, mental health, and drug and alcohol:

<https://aci.health.nsw.gov.au/resources/aged-health/screening-assessment-tools/older-people>



Cognitive capacity assessments

Cognitive decline is a common experience for many older people. It can be a general decline related to ageing or a related decline or caused by a medical condition. Not all older persons will experience cognitive decline.

There are three main tools used to assess cognitive decline: the Mini Mental State Examination (MMSE), the Abbreviated Mental Test Score (AMTS) and the Clock Drawing Test (CDT).



Check out these tools at these websites:

<https://www.ihacpa.gov.au/health-care/classification/subacute-and-non-acute-care/standardised-mini-mental-state-examination>

<https://www.dementiaresearch.org.au/wp-content/uploads/2016/01/AMTS.pdf>

There are two tools developed for use with people from culturally and linguistically diverse background known as the Mini-Cog and the Rowland Universal Dementia Assessment Scale (RUDAS).



Check out these tools at these websites:

<https://mini-cog.com/download-the-mini-cog-instrument/>

<https://www.dementia.org.au/professionals/assessment-and-diagnosis-dementia/rowland-universal-dementia-assessment-scale-rudas>

The Kimberley Indigenous Cognitive Assessment (KICA) was developed specifically for older Aboriginal and Torres Strait Islander people living in rural and remote Australia, with adaptations for metropolitan and regional areas added (The University of Western Australia, 2024).



Instruction, tools, and interpretation of the KICA can be found here: <https://www.iawr.com.au/kica>

Delirium and confusion

Any person who has an acute change in behaviour or cognitive function should be promptly assessed for delirium using a validated tool, and the persons family or carer should be asked about recent alterations to behaviour or cognition (Australian Commission on Safety and Quality in Health Care, 2021). This is particularly important for older people. Delirium may be triggered by acute illness, surgery, injury, or medications (Australian Commission on Safety and Quality in Health Care, 2021). Delirium is considered a medical emergency and must be addressed promptly.

The Delirium Clinical Care Standard published by the Australian Commission on Safety and Quality in Health Care (2021) provides information regarding risk, prevention, assessment, treatment, and general principles of care.



A copy of the Delirium Clinical Care Standard can be found here:

https://www.safetyandquality.gov.au/sites/default/files/2021-11/delirium_clinical_care_standard_2021.pdf

The Agency for Clinical Innovation hosts a website dedicated to the care and management of the hospitalised confused older person. Whilst this website focuses on inpatient care, it has a wealth of information on screening, risk identification, physical assessment, supportive care, and staff education.



The Care of Confused Hospitalised Older Persons (CHOPS) website can be found here:

<https://aci.health.nsw.gov.au/chops>

Delirium screening tools

The 4AT is a brief and simple tool to be used in a clinical setting, and it does not require specialist training.



For a copy and guide to the 4AT delirium detection tool see their website <https://www.the4at.com/>

The Abbreviated Mental Test Score (AMTS) is a 10-point cognition tool specifically designed for older people. The AMTS is also used to assess for dementia. The AMTS is one of the older style screening tools (developed and validated in the 1970s). There are limits to its use, for example, it cannot be used for a person with reduced consciousness (reduced GCS), an interpreter must be used for linguistically diverse persons and some questions may not be appropriate or correctly understood (for example questions regarding the World Wars or current Monarch) for those people with a language barrier and/or cultural differences.

The Confusion Assessment Method is another common tool; however, this is generally completed in conjunction with another assessment, usually the AMTS.



See this link for a copy of the Agency for Clinical Innovation/NSW Health for examples of the AMTS and CAM:

https://aci.health.nsw.gov.au/data/assets/pdf_file/0010/286156/NSW_HEALTH_Delirium_Screen_for_Older_Adults_-_240714.pdf

Tools to assess ambulation, gait and risk of falls

It is not uncommon for older people to experience issues with their gait and balance. For this reason, it is important to be aware of an individual's capacity to ambulate and to know the level of assistive that each person requires.

Ambulation in aged care environments can be significantly altered for many reasons. These include, without being limited to:

- problematic floor surfaces and other environmental hazards,
- problematic footwear,
- lack of confidence, injury, or pain,
- muscle weakness,
- postural instability,
- visual impairment,
- confusion (delirium or dementia),
- side effects of medicines,
- urinary frequency or incontinence,
- agitation, and physical illnesses. (e.g. low vision, Parkinson's, diabetes, limb amputation). (Robson, 2017).



Allied health spotlight

Referral to a physiotherapist and occupational therapist may be of use!

Physiotherapists specialise in body movement and function.

Occupational Therapists specialise in supporting effective participation in activities of daily living and maximising quality of life.

Falls often have a detrimental effect on the health of the older person and contribute to functional decline. It is therefore important for RNs to assess the risk of falls in the older person for whom they provide care.

There are many tools available for assessing the older person's risk of falls. RNs must have a good understanding of the assessment tools used in their place of work. It is also essential that RNs are familiar with the range of prevention strategies for falls, together with post-falls policies and management.

To support the prevention of and minimisation of harm from falls in older people, the Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed Preventing Falls and Harm from Falls in Older People- Best Practice Guidelines for Australian Residential Aged Care Facilities.



Resources developed and provided by the ACSQHC are available at this website:

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/preventing-falls-and-harm-falls-older-people-best-practice-guidelines-australian-hospitals>

Tools to assess constipation

Constipation is a common condition occurring in the older people. Constipation may be acute or chronic, with chronic constipation being further classified as either functional or secondary. Constipation may cause marked discomfort in people and may also exacerbate other physical and cognitive symptoms or problems. Given that constipation may produce non-specific symptoms, the regular monitoring of bowel movements is recommended in aged care settings to minimise actual and potential constipation related consequences quickly and effectively.

There are many risk factors for developing constipation. These include:

- comorbidities,
- medications with side-effects of constipation,
- inadequate fluid intake and nutrition (including dietary fibre),
- immobility,
- toileting conditions,
- polypharmacy,
- reduced urge to defecate,
- laxative overuse,
- hospitalisation or entry into residential aged care,
- pain,
- age, and
- gender (Chapman & Hungerford, 2015).



Read more about constipation in older people, risk factors and assessment, in this article:

<https://www.researchgate.net/publication/274091977> Risk factors for and assessment of constipation

It is important that RNs stay alert to the various risk factors and undertake regular assessments, to prevent constipation from occurring. One way in which RNs can stay alert is to regularly utilise one of the following Constipation Assessment Tools. These include (without being limited to):



Bristol Stool Chart (Heaton & Lewis, 1997), available at: <https://www.continence.org.au/bristol-stool-chart>



Seven Day Bowel Chart (Deakin University, 2000) available at: https://www.continence.org.nz/user_files/continence_tools/seven_day_bowel_chart.pdf



Victoria Bowel Performance Scale (Downing et al., 2007) available at: <http://www.bccancer.bc.ca/family-oncology-network-site/Documents/BPS-PPS%20reference%20sheet%20REVISED%20draft%20Jan%2025%202010%20DP.pdf>

It is important that you identify the preferred constipation tool used by your organisation and familiarise yourself with the indicators identified by the tool.



Allied health spotlight

Referral to a physiotherapist may be of use!

Pelvic floor physiotherapy can assist with bowel and bladder incontinence, pelvic and abdominal health, organ prolapse and so on.

Tools to assess continence

Many older people experience bladder or bowel control problems, particularly urinary frequency and urgency, and/or leakage from the bowel or bladder. These problems are generally referred to as continence problems. Continence problems have the potential to seriously impact on a person's quality of life, particularly in relation to sleeping and social activities. Bladder and bowel control problems are not an inevitable part of ageing, and there are effective treatment and management options available.

As a matter of routine practice, continence screening should occur during every interaction with a person. If symptoms of a urinary tract infection or urinary incontinence are discovered, a thorough continence assessment should be actioned. An assessment to address continence issues must include a medical history, physical examination, and assessment of cognitive and functional abilities.



For an example of a continence example, see this website:

https://aci.health.nsw.gov.au/data/assets/pdf_file/0007/155905/enable_bladder_assessment.pdf



The Continence Foundation of Australia's website also contains excellent resources and information:

<https://www.continence.org.au/>

Tools to assess mental health

Mental health diagnoses are an increasingly prevalent issue for older people, particularly those living in residential aged care. In fact, as of June 2019, the majority (87%) were diagnosed with *at least one* mental health condition or behavioural disorder (AIHW, 2023). Half of all people living in residential aged care have been diagnosed with depression (AIHW, 2023a). A large review of Australian permanent aged care residents between 2008-2012 found that over half of all permanent aged care residents had symptoms of depression and required additional care needs, in comparison to those who did not have symptoms of depression (AIHW, 2013). Given that this finding resulted in identifying large numbers of untreated and undiagnosed episodes of depression, this information supports the current practice of screening and monitoring for depression in aged care settings.

Several tools are suitable for the screening of depression and anxiety in older people and include, without being limited to:



Geriatric Depression Scale (GDS) (Yesavage et al., 1983) available at:

<https://novopsych.com.au/assessments/diagnosis/geriatric-depression-scale-15->

[gds/#:~:text=The%20Geriatric%20Depression%20Scale%20\(GDS,Yesavage%20%26%20Sheikh%2C%201986\).](#)



Cornell Scale for Depression in Dementia (CSDD) (Alexopoulos, Abrams, Young & Shamoian, 1988) available at: <http://www.racgp.org.au/your-practice/guidelines/silverbook/tools/cornell-scale-for-depression-in-dementia>



Hamilton Rating Scale for Depression (HAM-D) (Hamilton, 1960), available at:

<https://dcf.psychiatry.ufl.edu/files/2011/05/HAMILTON-DEPRESSION.pdf>



Montgomery-Asberg Depression Rating Scale (MADRS) (Williams & Kobak, 2008) available at:

<https://www.mdcalc.com/calc/4058/montgomery-asberg-depression-rating-scale-madrs>

Please refer to the local policy manuals provided by your facility, to identify which is the preferred screening tool in your organisation.

Tools to assess dysphagia

Dysphagia, or difficulty with *swallowing*, can occur as a result of stroke, chronic health issues that affect the nervous system, and head and neck surgery. Dysphagia is also associated with ageing and affects some 20% of people aged over 50 years; and most individuals aged 80 years or more. This situation suggests that RNs caring for older people need to be aware of the importance of monitoring for dysphagia, and supporting the person to manage these related symptoms, which will include the need for an appropriate nutrition and swallowing assessment (Sura, 2012).



Allied health spotlight

Referral to a speech pathologist may be of use!

Speech pathologists can assess speech, swallowing, recommend modified food/fluid textures, and promote effective communication strategies for the older person.

Assessment of dysphagia is generally undertaken by an allied health professional (e.g. speech pathologist). RNs play an important role by identifying those who are likely to have swallowing impairments related to function, activity, and/or health conditions. Please follow-up with your employer to determine who conducts this screening in your organisation.



The American Speech-Language-Hearing Association has a practical overview on adult dysphagia: <https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/>

Tools to assess risk of pressure injuries

The key to successful management of pressure injuries is to prevent them through assessment and management of risk factors.

The Waterlow Pressure Area Risk assessment is the most common tool. The Waterlow consists of seven items added to provide a score out of 20, the higher the score the higher the risk. It is important to note that the Waterlow Assessment Tool must be used in conjunction with the health professional's clinical judgement and must be followed up with an implementable action plan.



Find a copy and explanation of the Waterlow Assessment Tool here:

https://archive.healthcareimprovementscotland.scot/www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability



Some more useful information on pressure injuries from the Australian Commission on Safety and Quality in Health Care can be found here: <https://www.safetyandquality.gov.au/our-work/comprehensive-care/related-topics/pressure-injuries>

All assessments (and re-assessments, as pressure injury prevention and care must be ongoing) need to be documented and the plan of care developed or adjusted accordingly.

When using any pressure risk assessment tool, it is important that RNs refer to the associated Pressure Injury Risk assessment manuals, as this will assist them to develop their plan of action. Please ask your employer where this manual is located in your organisation.

Tools to prompt and support medication review

Older people with many co-morbidities may be prescribed medications by a range of medical practitioners who may have taken a *reactive*, rather than *proactive* approach to service provision. This means that medication interactions and side-effects may not have been thoroughly considered. The medical practitioners may not have reviewed the rest of the prescribed medications, which means that the person may be taking medications they do not need, may not be the best choice for them, and potentially are at risk of polypharmacy.

The medicines taken by older people often have anticholinergic or sedative side effects. Such side effects often have impact on blood pressure and balance and may therefore increase the risk of falling (and fractures) and cognitive impairment.

In Australia, medication reviews can be undertaken by clinical pharmacists for older people located in the community, with a referral from the general practitioner. These are called a 'Home Medicine Review'. The clinical pharmacist may use the Drug Burden Index (DBI), which calculates anticholinergic and sedative drug burden. The pharmacist then writes a Medication Management Plan to address any clinical and medication management issues with recommendations for the persons General Practitioner (GP) to review.



Allied health spotlight

Referral to a pharmacist may be of use!

Pharmacists can review medications to optimise pharmacotherapy, achieving better health outcomes, and increasing consumer medication awareness.



Check out the guidelines for Home Medicines Reviews here: <https://www.ppaonline.com.au/wp-content/uploads/2019/01/PSA-Guidelines-for-Providing-Home-Medicines-Review-HMR-Services.pdf>

For older people located in residential aged care facilities, there is the Residential Medication Management Review, where a community pharmacy partners with the (Government funded) residential aged care facility.



For more information on medication management, see this website:

<https://www.ppaonline.com.au/programs/medication-management-programs/residential-medication-management-review-and-quality-use-of-medicines>

RNs often screen for issues related to polypharmacy. This work is key to ensuring the best possible outcomes for residents of aged care facilities. It is therefore important that RNs seek advice about this activity from visiting pharmacists and medical officers or undertake professional development to support their practice in this important area of aged care.

Tools to assess hearing, vision, and oral health

As an RN, you should be aware of the hearing, vision, and oral health of the older people in your care. Your employer will often have a nursing-focused screening tool to identify concerns with hearing, vision, and oral health, and connect the older person with the relevant health professional. Good hearing, vision and oral health can greatly improve a person's quality of life and connectedness as well as general health. It is important to remember that poor oral health can lead to a range of serious outcomes such as pneumonia, cardiac infection and sepsis.

The Australian government provides testing for hearing, vision, and oral health, by a range of allied health professionals.



Information about these different types of assessments can be found at this website: <https://www.myagedcare.gov.au/caring-someone-hearing-vision-oral-health-difficulties>



Hearing Services Program: ensuring eligible Australian with hearing loss can access subsidised hearing services and devices, and help to manage their health loss: <https://www.health.gov.au/our-work/hearing-services-program>



Medicare covers eye tests by an optometrist, one a year for those over 65 years: <https://www.servicesaustralia.gov.au/screening-tests-and-scans-covered-medicare?context=60092#a3>



Oral health is not subsidised or covered by Medicare; however, many community dental practices have payment options for those with concession cards. Some communities, hospitals or educational institutions may have a Public Dental Service which offers free care for any adult eligible for Medicare and on an Australian Government concession card such as Health Care Card, Pensioner Concession Card or Commonwealth Seniors Health Card.

Tools to assess pain

Pain assessment in the older persons population can be difficult, especially if a co-morbid cognitive impairment exists. There is evidence the identification and management of pain in both acute and residential aged care settings is sub-standard, and pain is regularly under- detected, particularly in older people with dementia. The University of Iowa provides a good overview of how to conduct pain assessment, monitor pain, and document such episodes appropriately.



Watch this space!

There are some Artificial Intelligence (AI) tools being developed for assistance in assessing pain, one example is "PainChek"

<https://www.painchek.com/>



Further resources are available here: <https://geriatricpain.org/clinicians/pain-assessment-information>

Tools to recognise, assess and act against elder abuse

Elder abuse is mistreatment or neglect of an older person by a person with whom the older person has a relationship of trust – for example, a spouse or partner, family member, friend, or carer. Elder abuse may be physical, social, financial, psychological, or sexual, with the older person feeling unsafe, controlled, frightened, or intimidated. Sometimes, a person with dementia may not be aware that they are being abused (e.g. financial abuse). In such cases, it is important that health professionals identify the abuse.

For more information see these websites:



Australian Government Australian Institute of Family Studies: Elder Abuse
https://aifs.gov.au/sites/default/files/publication-documents/51_elder_abuse_0_0.pdf



Australian Government Attorney-General's Department: Protecting the Rights of Older Australians
<https://www.ag.gov.au/rights-and-protections/protecting-rights-older-australians>



National Ageing Research Institute: The Australian Elder Abuse Screening Instrument:
<https://www.nari.net.au/ausi>



Professional development activity

Take three (3) of the assessment tools identified above and use them to support the healthcare you provide to five (5) older people.

Write down the strengths and weaknesses of these tools.

Write a paragraph reflecting on how these tools could be used to achieve better outcomes for the older person.

Chapter 5: Aged care interventions

Healthy ageing

Ageing is a normal part of what it means to be human. This fact can sometimes be overlooked in Western cultures, which tend to be youth oriented. Not only is it important to remember that ageing is a normal part of growing old, but also that many people grow old without the need for assistance with care, medicines or any other health-related interventions.

The most important action any health professional can take to support the health and wellness of the older person is to allow them to make their own choices and support them to lead a meaningful life for as long as possible. This includes supporting the older person's spouse/partner and/or other family members.

Likewise, not all health issues that are experienced by older people are complex. Just as many people grow old without the need for health-related interventions, likewise many older people may experience only one health issue, which they are able to manage with the support of a general practitioner or community nurse.

Co-morbidities

A co-morbidity, multi-morbidity, or co-occurring illness is the presence of more than one health condition that co-occurs with or alongside a primary health condition.

Older people are more likely to experience co-morbidities or co-occurring illnesses because of the range of metabolic changes that occur as a part of ageing. As an RN it is important that you are aware of the range of co-morbidities experienced by older people, understand their pathophysiology, interventions, and treatment/management. RNs should consider each morbidity (i.e. disease, condition or illness) individually as well as in combination, and understand how the illnesses interact with each other and affect the older person. The RN should understand how the interventions or management strategies work, how they interact with each other, including awareness of polypharmacy.

The different kinds of co-morbidities experienced in Australia have been identified by the AIHW, at these websites:



<https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity>



<https://www.aihw.gov.au/getmedia/666de2ad-1c92-4db3-9c01-1368ba3c8c98/ah16-3-3-%20chronic-disease-comorbidities.pdf.aspx>



<https://www.aihw.gov.au/reports-data/australias-health>

People with dementia

Dementia is a group of medical conditions characterised by gradual impairment of cognitive function, which may impact memory, speech, behaviour, personality, cognition, gross and fine motor skills (AIHW, 2023b). It most commonly affects people over 65 years, but there are forms of early onset dementia (see below for forms of dementia) (AIHW, 2023b). Dementia is not a normal part of ageing.

In 2022, the AIHW (2023b) estimated that over 401, 000 Australians were living with dementia, with over 60% of those being women. Dementia is the second leading cause of death in Australia, accounting for 10% of all deaths (AIHW, 2023b).

As the disease progresses, many people with dementia will live in residential aged care facilities to get the care they need. Whilst the majority of those in residential care will be over 65 years, some may be younger.

Caring for a person with dementia in the aged care sector comprises a large component of the work of RNs. This is not because all older people have dementia but more that people with dementia are more likely to be cared for in an aged care facility. It is therefore expected that employers will provide their staff with ongoing professional development opportunities on caring for the person with dementia, including how best to provide person- centred care and how to manage the challenging behaviours that are associated with the condition.

Some forms of dementia include:

- Alzheimer's Disease
- Vascular dementia
- Dementia with Lewy bodies
- Frontotemporal dementia
- Alcohol related dementia.

Early onset dementia is characterised as diagnosis before 65 years old. For adults, the forms of early onset dementia are the same as those above. Another form effecting the paediatric population is known as childhood dementia, it is defined by progressive brain damage and is caused by over 100 rare genetic disorders.

Useful websites:



Dementia Australia: <https://www.dementia.org.au/>



Dementia Australia young onset dementia: <https://yod.dementia.org.au/>



AIHW Dementia in Australia: [https://www.aihw.gov.au/reports/dementia/dementia-in-
aus/contents/summary](https://www.aihw.gov.au/reports/dementia/dementia-in-
aus/contents/summary)



The Australian Fronto-Temporal Dementia Association: <https://theaftd.org.au/>



Professional development activity

Research the forms of dementia, and answer these questions

1. What is the pathophysiology and how does it impact the older person?
2. What are the risk factors for dementia?
3. What are the common signs and symptoms?
4. What is the disease process and stages of disease?
5. What are the treatment and management options?

Dementia clinical practice guidelines

The Clinical Practice Guidelines and Principles of Care for People with Dementia, developed by the National Health and Medical Research Council (NHMRC)'s Cognitive Decline Partnership Centre:



<https://cdpc.sydney.edu.au/research/clinical-guidelines-for-dementia/>

Guidelines for dementia care

The Royal Australian College of General Practitioners (RACGP) has provided a useful summary of these guidelines, specific to the interventions that can be used to support the medical treatment of people with dementia. RNs are advised to access this summary to assess if the older person with dementia is receiving all possible treatments available:



<https://www.racgp.org.au/getattachment/f91edc5b-8cd8-456a-b0a1-30c35b5d0f95/Clinical-practice-guidelines-and-principles-of-car.aspx>

The Australian Government Department of Health and Aged Care and MyAgedCare has resources for aged care providers:



<https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/working-with-dementia#dementia-resources>

<https://www.myagedcare.gov.au/caring-someone-living-dementia>

The NSW Agency of Clinical Innovation has published the Key Principles for Improving Healthcare Environments for People with Dementia:



https://aci.health.nsw.gov.au/_data/assets/pdf_file/0019/280270/ACI-Aged-Principles-improving-healthcare-environments-people-dementia.PDF

Dementia education and training

If you feel that you need more support to develop your knowledge and skills needed to care for the person with dementia, please approach your manager for information about the professional development opportunities available with your organisation, or you can enrol in one or both these external courses:



The University of Tasmania's Massive Open Online Course (MOOC), Understanding Dementia, is an easily accessible online course that builds upon the latest in international research on dementia. It's free and anyone can enrol: <https://www.utas.edu.au/wicking/understanding-dementia>



Dementia Training Australia provides free and paid online courses for healthcare professionals and carers of people with dementia: <https://dta.com.au/>

Palliative care and end-of-life care

The aim of palliative care is to improve the quality of life for a person with a life-limiting illness and to also support their families. Older people may develop and be treated for life-limiting conditions when they are in hospital, living in the community or residing in an aged care facility. Some people may experience distressing symptoms at the end of life. It is therefore important for RNs to help to manage these symptoms. The physical comfort of people who are dying requires thorough assessment, excellent nursing care and careful prescribing of medicines.

Palliative care is one of the most important services delivered by and within the aged care industry. Good palliative care is essential to protect the quality of life of older people, and to facilitate appropriate end of life care.

End of life Guidelines and Pathways may assist appropriate and timely prescribing and decision making. The palliative care approach to symptom management is based on thorough assessment of current symptoms, and advance planning for common problems.

There are a range of resources available to help RNs who work in the aged care sector to provide excellent palliative care. Your employer will likely have a policy or procedure to follow as well.

Palliative care standards

The National Palliative Care Standards are published by Palliative Care Australia. The Standards are intended to guide health providers to deliver high-quality palliative care in a wide range of settings (by services in and outside of specialist palliative care services):



<https://palliativecare.org.au/national-palliative-care-standards/>

<https://palliativecare.org.au/publication/standards/>

https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/05/PCA018_Guiding-Principles-for-PC-Aged-Care_W03-002.pdf

Culturally appropriate palliative care

Australia is a multicultural nation, and people have different preferences for the end of their life or their loved ones. It is important that the RN understands the cultural, spiritual, emotional, and physical needs of the person and their family/carers at the end of life. It is important to practice in a culturally safe, collaborative, respectful and responsive manner. See below for useful resources.



End of Life Directions for Aged Care palliative care in diverse populations:

<https://www.eldac.com.au/Toolkits/Primary-Care/Clinical-Action/Palliative-Care-in-Diverse-Populations>

Australian Indigenous Health Info Net: <https://healthinfonet.ecu.edu.au/learn/health-system/palliative-care/culturally-appropriate/>

Victoria State Government Department of Health managing personal, emotional, cultural and spiritual needs in palliative care: <https://www.health.vic.gov.au/patient-care/managing-personal-emotional-cultural-and-spiritual-needs-in-palliative-care>

Voluntary assisted dying

Voluntary assisted dying is a process that allows a person with a life-limiting or terminal medical condition to plan for and legally end their life (NSW Health, 2023; Department of Health, 2022). Most Australian jurisdictions have legalised the process for voluntary assisted dying.

All state health departments have information regarding the relevant laws, processes and general information, here are some below:



NSW Health <https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/eligibility.aspx>

Tasmanian Department of Health <https://www.health.tas.gov.au/health-topics/voluntary-assisted-dying>

Victoria Department of Health <https://www.health.vic.gov.au/patient-care/voluntary-assisted-dying>

Some other helpful resources:



End of Life Directions for Aged Care <https://www.eldac.com.au/Toolkits/End-of-Life-Law/Voluntary-Assisted-Dying/Overview>

Go Gentle Australia <https://www.gogentleaustralia.org.au/>

NSW Health voluntary assisting dying care navigator service
<https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/navigator.aspx>

Chapter 6: Law, ethics, and policy

This chapter provides a brief overview of the very important topics of law, ethics, and policy in the aged care sector. As already noted, older people often have complex health issues that involve not only the physical aspects of their being, but also the social, emotional, cognitive and financial. This creates a range of complexities, not only for the older person and their family, but also for the health services provider.

It is essential that RNs who work in aged care settings have a good understanding of the policy directions being taken by the Australian government. Providing health care to an older person involves far more than simply turning up for a shift and doing what is required at the bedside. It is expected that RNs will know the changes that are occurring in the sector and how this will impact older people and their families.

Aged care legislation

Aged care is governed by numerous pieces of legislation, some of which are Commonwealth and others are State / Territory based. Please review the legislation related to your geographical location as per below, and refer to your employer's policies for more information regarding which legislation exactly applies to the service you are working in. For example, separate legislation often applies between public and private service providers.



A handy website for navigating and understanding aged care laws is:

<https://www.health.gov.au/topics/aged-care/about-aged-care/aged-care-laws-in-australia>

These laws include (without being limited to):

The Aged Care Act 1997 (this Act is being revised as at 2024):



<https://www.legislation.gov.au/C2004A05206/latest/text>

Aged Care (Living Longer Living Better) Act 2013, at:



<https://www.legislation.gov.au/C2013A00076/latest/text>

The Aged Care Diversity Framework sets out how the aged care system meets the needs of all older Australians



<https://www.health.gov.au/our-work/aged-care-diversity-framework-initiative>

The Guardianship Act

Some residents of aged care facilities or within a hospital setting may have a Guardian appointed under a State / Territory Guardianship and Property Management Act (or similar). Please review your employer's policy regarding clinical and legal requirements for people who are receiving medical care and treatment whilst under a Guardianship Order. You also need to familiarise yourself with what decisions a guardian can make on behalf of the person, and what decisions require more formal processes to obtain consent.



Further information about the relevant Guardianship provisions and limitations can be found on this website: <https://www.myagedcare.gov.au/legal-information>

The Power of Attorney Act

In an aged care setting, you may come across terms such as Power of Attorney, Durable Power of Attorney, Enduring Power of Attorney, Health Attorney and Advanced Care Directives. It is essential that you understand these terms and have knowledge regarding how and when these provisions need to be enacted and / or revoked.

Please refer to your employer's policies regarding these matters, and additional legal information for your specific State / Territory is available at these websites: <https://www.legislation.gov.au> and <https://www.myagedcare.gov.au/legal-information>



Mental health legislation

Some residents of aged care facilities or within a hospital setting may be receiving care and treatment under the Mental Health Act relevant to the state or territory in which they live.

Please review your employer's policy regarding clinical and legal requirements for people who are subject to a community or Psychiatric Treatment Order (or equivalent).

Further information about the relevant Mental Health Act for your State or Territory is available at <https://www.legislation.gov.au>



Wills

When working in an aged care environment, there may be occasions when residents and or family members ask for your advice regarding writing or executing a will, and other estate issues. Many agencies have strict rules and clear guidelines regarding the professional behaviours expected of staff in relation to this issue. Please follow these policies and guidelines and refer all questions to more senior staff or your manager.

The relevant Will Act for your State or Territory is available at this URL: <https://www.legislation.gov.au>.



Consent

Consent for treatment is no different in an aged care setting than an acute hospital or when working in settings with other adults. Aged care residents are required to give informed consent meaning that the individual has the right to either accept or decline recommended medical care. All adults, including those in an aged care facility, are to be presumed to have capacity to provide informed consent until the contrary is proven. If you are concerned about the capacity of a person to make informed decisions, please seek the support of your manager or more senior staff, review the appropriate policy, and access more information regarding consent to treatment acts on this website: <https://www.legislation.gov.au>

Privacy and confidentiality

The Privacy Act 1988 is Commonwealth Australian Law and stipulates how personal information regarding an individual must be managed. Confidentiality is both an ethical and legal principle that prohibits disclosure of privileged information without the person's informed consent. However, there may be times when such disclosure is necessary in a health environment. To become aware of these exclusions, please refer to your local Privacy Policy regarding when to disclose private and confidential information without consent.



More about the Privacy Act 1988 is available here: <https://www.legislation.gov.au>

Advocates

You may come across older people who refer treatment options and health decisions to their nominated advocate. An advocate is essentially a third person who ensures that people, particularly those who are most vulnerable in society, can have their voice heard on issues that are important to them, whilst defending and safeguarding the person's rights, during all decision-making processes. In the aged care setting, people may have formal or informal advocates to ensure that their views and wishes are genuinely considered when decisions are being made about their care and their lives. Similar to Power of Attorney issues, please refer to your organisations policies regarding Advocate matters.



For more information see: <https://www.myagedcare.gov.au/advocacy>

Facility accreditation

Accreditation is an internationally recognised evaluation process used in many countries to assess the quality of care and services provided in a range of areas such as health care, long term residential aged care, disability services, and non-health related sectors such as childcare. Accreditation has been rapidly adopted by health and aged care services worldwide as part of a safety and quality framework.

In Australia, residential aged care facilities are required to be accredited to receive Australian Government subsidies. The Australian Aged Care Quality Agency have been appointed as the independent accreditation body to assess the performance of any given aged care facility against a set of legislated Accreditation Standards.



See the Aged Care Quality and Safety Commission website for more information:
<https://www.agedcarequality.gov.au/providers/approval-accreditation/accreditation-and-re-accreditation>

Contemporary accreditation programs have both compliance and quality elements that work in a complementary way to promote quality and safety. Accreditation programs focus on continuous quality improvement strategies. They usually consist of a process that involves self-assessment, review or assessment of performance against predetermined standards by an external independent body and monitoring of ongoing performance against the standards by the accreditation body. This involves periodic full audits, as well as unannounced visits to monitor continuing compliance with standards.



Professional development activity

Choose one or two Standards a week and become familiar with their implementation and role in accreditation

Standard Number & title.	Role in accreditation

Ethical requirements

All health professionals are required by their professional bodies to practice in a lawful and ethical manner. The primary ethical requirement of all health professionals is to respect the following:

- The right of the individual to make decisions about their care (i.e. autonomy, freedom and self-determination)
- The need to avoid inflicting harm (non-maleficence)
- The need to do good (beneficence)
- The need to treat people fairly and with respect (justice and fairness).

Please refer to your local policies and or your local professional support network to further discuss ethical decision making in the clinical context.

Key terms in law and ethics

There are several key terms often used in the aged care sector in relation to law and ethics. It is important that RNs who work in this field have a good understanding of these terms. The following table provides a list and brief definition of the most important of these key terms:

Key Term	Definition
Capacity	A legal term that is used to determine that a person has understood the information provided to them, and that the person has made a decision based on their ability to process this information, including the benefits and risks involved.
Common Law	Principles based on the decisions made by judges in individual cases.
Competence	When a person can speak, understand, and comprehend the language used to communicate information to members of a community; satisfactory processing of this information allows a person to perform tasks and duties to an expected level within the community (using any reasonable resources to communicate).
Doctrine of necessity	Allows health professionals to provide non-consenting care to a person in order to save the person's life, to prevent serious deterioration of the person's health and to minimise ongoing significant pain or distress.
Ethical decision making	A decision based on personal moral, ethical and legal positions that needs to be made between two or more often unfavourable alternatives, in any given circumstance.
Ethical egoism	An ethical theory proposing that people are entitled to make choices and decisions based on their own self-interest, over and above the interest of others.

Harm principle	The principle that a person has the right to complete freedom of choices and actions, regardless of what the greater community believes, on the proviso that their actions do not directly harm, infringe or violate the same freedom of choice of others.
Incapacity	The inability of a person to look after their health, safety, or welfare or to manage their affairs due to a cognitive deficit that impairs their decision-making abilities.
Informed consent	When a person agrees to a recommended course of treatment, a medical or surgical procedure, or participation in a clinical trial, following thorough explanation of the proposed treatment, including actual and potential risks involved, which the person has been able to understand.
Statute Law	A law made by parliament (Commonwealth, State or Territory); the relevance and enactment of this law is openly debated in the parliament prior to becoming law.

Chapter 7: Professional development

What is professional development?

This chapter provides you with information about professional development – the key means by which you will develop and grow personally, professionally and in practice as an RN. This chapter defines “professional development”, explains how it applies to you, provides examples of activities, and outlines aspects of aged care practice that you may consider as part of your professional development.



Continuing professional development (CPD) and registration

Our regulatory authority, the Nursing and Midwifery Board of Australia (NMBA), which is part of the Australian Health Practitioner Regulation Agency, defines professional development as “the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives” (NMBA, 2016).

Professional development has been described as a continuing process that involves reviewing or reflecting on your nursing practice, identifying your learning needs, planning and participating in learning activities, and reflecting on the values of those activities soon after (NMBA, 2016). The continuing lifelong nature of professional development suggests one reason for the term ‘Continuing Professional Development’ (CPD).

It is important that the professional development activities in which you participate are not random but more closely aligned with your area of practice. Prior to undertaking professional development activities, it is important that RNs have:

- identified and prioritised their learning needs, based upon self-reflection and evaluation of practice against the RN Standards of Practice
- developed a learning plan based on these identified learning needs
- participated in learning activities that are effective and appropriate to their level of experience and identified learning needs, and

- formally reflected on the value of the learning activities or the effect that participation will have on their practice.

This more considered approach will ensure that RNs achieve the best possible learning from the time invested.

All RNs are required to complete 20 hours of CPD yearly, to maintain their registration with the NMBA. You must keep a record of all CPD activities. Evidence can include attendance records (kept by the presenter), attendance certificates, or notes from self-directed CPD (e.g. reading journals). There are several apps that can centrally record your CPD activities.

- You can obtain more information about CPD from the NMBA website:
<https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx>

Types of CPD

The type of CPD activity you choose will depend on your situation, interests, and availability. You can access some activities through your employer and others are from external sources. Some CPD activities are free, while others are not. They can include:

- Attending in-services, workshops and education sessions hosted by your employer
- Attending conferences, workshops and seminars hosted by external organisations
- Post-graduate studies
- Reading journals (may attend a journal club)
- Conducting research.

For an RN working outside a metropolitan area, you may need to access these CPD opportunities online or by travelling to a larger town or city where they are hosted.

Aged Care Career Pathway Program and CPD

This program is a useful start to your CPD activity plans. Hopefully it has given you some ideas about topics of interest or helped to identify knowledge gaps. Once you have completed the program, you can write a reflection on your learning and log the time toward your required 20 hours of CPD.

Ask your employer about other modes of support for professional development that you can utilise in conjunction with the Aged Care Career Pathway Program.

Practice reflection

Practice reflection is an important part of the professional growth of RNs and provides a valid means by which RNs can develop their practice whilst also meeting the RN Standards of Practice.

The best reflections are undertaken in a structured way. Keeping a reflective journal is particularly important in the first year of practice as an RN, regardless of the setting in which they are working. These reflective journals provide an important means by which novice RNs, including those who work in the aged care sector, can learn and grow as health professionals.



A great guide to practice reflection can be found here:

https://www.cec.health.nsw.gov.au/data/assets/pdf_file/0010/750529/reflective-practice-workbook.pdf

Clinical supervision

Clinical supervision is a formal and ongoing process of giving and receiving professional support through reflective practice (Hungerford et al., 2015). Clinical supervision, which is received one-to-one or in a group, enables health professionals to formally reflect upon and discuss ways of developing their practice (Dennis et al., 2013). Clinical supervision is about helping the health professional to consider their practice and discuss insights or issues with another (senior) health professional, with a view to improving their knowledge and competence (Schofield & Grant, 2013).

There are two broad aims for clinical supervision. The first is to provide health professionals, including RNs, with a confidential, safe, and supportive environment to critically reflect upon their professional practice and improve their self-awareness (Butterworth & Faugier, 2013). The second is to improve the practice of health professionals and, as a consequence, outcomes for those they are supporting (e.g. older people, family members) (Dilworth et al., 2013). Significant outcomes of clinical supervision include supporting improvements in the mental health and resilience of health professionals, safeguarding practice standards, and improving the quality of care that is being provided to the consumer (Best et al., 2014).

Mentoring

Mentoring and coaching are different to clinical supervision. With mentoring and coaching, the focus is not on reflective practice so much as the mentor or coach supporting the RN with advice (general or specific) and enabling the RN to implement this advice.

Mentoring and coaching also involve the exploration of the RNs' professional and practice objectives, as well as their knowledge and skills, to enable change through questioning, observing, suggesting ways and means of addressing deficits in knowledge or skills, and assessing and evaluating progress.

Evidence-based practice

Evidence-based practice requires that the care administered by health professionals, including RNs, is framed and informed by current research evidence. Evidence-based practice is crucial to the work of RNs, as it provides an important means by which they make sound and logical decisions about the health services they deliver.

Identifying the evidence-base for any practice used in the aged care sector – or any other specialty area – can be a useful exercise. Some practices have evolved over time, sometimes for no other reason than 'this is the way it has always been done around here'. If there is no research evidence base to support practices that have grown over time, then there is a need to question their usefulness.

RNs are well placed to lead the way in supporting and enabling evidence-based practice in their place of work. Novice RNs are in a prime position to inform colleagues of the most recent research evidence – and develop good habits that involve staying abreast of developments in practice.

Continuing post graduate study

There is a large and diverse range of post graduate study options for aged care nurse offered by most Universities, The Australian College of Nursing, TAFE and others. You can complete short courses, accredited transition to practice programs, certificates, graduate certificates, graduate diploma, master's degree; it all depends on your professional development and career goals (with some consideration to financial outlay).

Grants and scholarships

There are often financial incentives or scholarships available for those wanting to work in high demand areas, such as aged care and rural health. A quick internet search will help you find the current options and some examples are listed below.

The Australian Government has several grants and schemes to assist with education, training and workforce retention:



<https://www.health.gov.au/our-work/aged-care-registered-nurses-payment-to-reward-clinical-skills-and-leadership>



<https://www.health.gov.au/topics/aged-care-workforce/opportunities-for-nurses>



<https://www.health.gov.au/our-work/aged-care-transition-to-practice-program?language=en>

The Australian College of Nursing has scholarships based on aged care and rural practice:



<https://www.acn.edu.au/scholarships>

<https://foundation.acn.edu.au/Foundation/grants-awards.aspx>

Health Education and Training with NSW Health often have scholarships and grants available on a range of topics:



<https://www.heti.nsw.gov.au/Placements-Scholarships-Grants/scholarships-and-grants>

CRANA plus support the development of rural and remote health professionals:



<https://crana.org.au/professional-support/awards-scholarships-grants>



Professional development activity

Undertake an e-Learning Activity of your choice. Examples could include any activities from these sites.

- Australian Nursing and Midwifery Federation (ANMF) Aged Care Training Room: <https://www.anmf.org.au/education/aged-care-training-room/>
- Mental Health Professional Online Development (MHPoD):_ <https://www.mhpod.gov.au/>
- Older Persons Advocacy Network: <https://opan.org.au/>
- Aged & Community Care Providers Association: <https://www.accpa.asn.au/>
- Keep Able <https://keepable.com.au/>
- Palliative Care Australia: <https://palliativecare.org.au/>

Write some reflections on the experience. Questions to ask yourself could include the following:

What were the benefits and challenges of this e-Learning activity?

How did it help me in my current role?

How could it have been improved?

How long will I remember the information learned in this e-Learning activity? What could I do to ensure that I retain the information?

Do I need to discuss the content in my workplace to ensure practices are aligned with the current evidence?

Chapter 8: Preparing for practice

This chapter will lead you through some activities related to your own practice and ongoing professional development and help you understand the many facets of aged care practice.

Before you begin, organise a way of recording your CPD activities- download an app or prepare a folder.

Activity 1

Begin a professional portfolio- paper based or electronic.

A well-documented, clear, and concise professional portfolio is useful when looking for a new role, seeking a promotion, or if your CPD activities are audited by AHPRA. As you move into day-to-day practice, it is important to document your achievements (both clinical and academic) regularly, as you will forget what you have done and when.

Some suggestions for inclusion:

- Your completed Learning and Development Plan.
- At least 10 Certificates of Attendance / Completion from the professional development opportunities / events / activities in which you have participated.
- A short one-page summary of the difference between respite care and ongoing residential care in the aged care sector
- Collect three thank you notes from residents, families or carers, describing your positive contribution to the person's care.
- Information from the professional development sessions that you have delivered to colleagues.
- Diary entries from meeting with your mentor.
- Evidence of collaborative work with a general practice, allied health professional or other health care providers.
- Evidence of collaboration with other aged care providers (e.g. pet therapy, volunteer organisation).
- Evidence of participation in activities that are in addition to your ordinary/regular work.
- Ensure that you include a table of contents and a date for each of the additions you make to this portfolio.

Activity 2

1. Read a chapter of your choice from the following textbook, co-written by Associate Professor Maree Bernoth:

Bernoth, M., & Winkler, D. (2017). Healthy ageing and aged care. South Melbourne: Oxford University Press.

2. Read an edition of the Residential Aged Care Communique (URL: <https://www.thecommuniques.com/aged-care/>).
3. Read an edition of the Aged Care Insite (URL: <https://www.agedcareinsite.com.au/>)

4. Write a page reflecting on your reading. Questions to ask yourself could include the following:

What did I learn from reading this?

How could I apply my learning to improve my practice?

Does my learning and development plan require revision following this activity?

Add your reflection to your portfolio.

Activity 3

- Identify the Primary Health Care Network Coordinator in your local area. Contact the coordinator to find out what activities are on offer and where these activities are located.

<https://www.health.gov.au/our-work/phn>

Attend three meetings/activities hosted by the PHN or a similar organisation.

Reflect on your experience by answering the following questions:

What were the benefits and challenges of this activity?

How did it help me to understand what is involved in improving practice in a healthcare setting?

How could I maintain my involvement in the local Primary Health Care Network?

Add your certificates of attendance and reflection to your portfolio.

Activity 4

Approach your manager about presenting a professional development session to your colleagues or to family / carers. Topics could include:

- Dementia, delirium and depression – spotting the difference
- Conflict Resolution
- Managing pain experienced by the older person
- Encouraging medication adherence for the older person
- End of life choices
- Sleep hygiene practices
- Healthy diets in aged care
- Diabetes and the older person
- LGBTIQ in aged care
- Suicide risk in older people
- Topic of your choice

Prepare an evidenced based PowerPoint presentation OR handout sheet to support your delivery of the information.

Ensure you develop an evaluation sheet that enables staff to provide you with feedback.

Add the information you developed, together with the feedback received, to your portfolio.

Activity 5

Identify a practice that occurs in your workplace that, in your view, needs improvement. Possibilities could include:

- Admission
- Handover
- Pressure area care
- Developing care plans
- Working inter-professionally
- Risk assessment
- Working with families
- Discharge

Consider this practice in light of the research evidence and the accreditation processes required by your employer.

Write a short proposal on how you could work with managers and practitioners to improve this practice. The proposal must include how the improvement will be evaluated.

Approach a senior colleague or nurse educator in your area of work for feedback. Work on improving the proposal, based on this feedback.

Write a page reflecting on your experience of writing the proposal. Questions to ask yourself could include the following:

What were the benefits and challenges of this activity?

How did it help me to understand what is involved in improving practice in a healthcare setting?

Add your reflection to your portfolio.

Activity 6

As outlined in chapter 5, there are many important accreditation standards that guide the way in which care is provided in the aged care setting. The Australian Aged Care Quality Agency has been appointed as the independent accreditation body to assess the performance of any given aged care facility against a set of legislated Accreditation Standards. Follow this URL: <https://www.agedcarequality.gov.au/providers/quality-standards>

To begin with, many RNs who enter the aged care sector may find the requirements around accreditation to be confusing, even overwhelming. To help you to familiarise yourself with the standards, undertake the following activities:

Develop a plan in which you identify one standard per week to consider. Each week:

Read about the standard.

Write a summary of the standard.

Identify how this standard is applied in your place of work.

Consider how practices in your workplace could be improved, to better comply with the standard.

Activity 7

Identify a potential avenue of post-graduate study at a University, TAFE, or College.

You can tailor your postgraduate study to suit your areas of interest, such as Chronic and Complex Nursing (including Aged Care), Clinical Education, Emergency Nursing, Leadership and Management, Mental Health, Palliative Care, Primary Health Care or Professional Nursing Studies.

References

- Aged Care Quality and Safety Commission. (N.D. a). *Our vision*. Retrieved January 2024 from <https://www.agedcarequality.gov.au/about-us/our-vision>
- Aged Care Quality and Safety Commission. (N.D.b). *Understand provider obligations and responsibilities in delivering safe, quality aged care*. Retrieved January 2024 from <https://www.agedcarequality.gov.au/providers>
- Aged Care Quality and Safety Commission. (N.D.c). *Code of Conduct for workers*. Retrieved January 2024 from <https://www.agedcarequality.gov.au/workers/code-conduct-workers>
- Australian Commission on Safety and Quality in Health Care. (2011). *Patient centred care: Improving quality and safety through partnerships with patients and consumers*. ACSQHC, Sydney
- Australian Commission on Safety and Quality in Health Care. (2018). Hospital-acquired complication pressure injury. Retrieved January 2024 from https://www.safetyandquality.gov.au/sites/default/files/migrated/SAQ7730_HAC_Factsheet_PressureInjury_LongV2.pdf
- Australian Commission on Safety and Quality in Health Care. (2021). *Delirium clinical care standard*. Retrieved January 2024 from https://www.safetyandquality.gov.au/sites/default/files/2021-11/delirium_clinical_care_standard_2021.pdf
- Australian Institute of Health and Welfare. (2013). Depression in residential aged care 2008– 2012. Aged care statistics series No. 39. Cat. No. AGE 73. Canberra: AIHW.
- Australian Institute of Health and Welfare. (2023a). *Older Australians*. Retrieved January 2023 from <https://www.aihw.gov.au/reports/older-people/older-australians/contents/health/health-disability-status>
- Australian Institute of Health and Welfare. (2023b). *Dementia in Australia*. Retrieved February 2024 from <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/summary>
- Australian Institute of Health and Welfare. (2023c). *Older Australians living in rural and remote communities*. Retrieved April 2024 from <https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/regional-remote-communities>
- Best, D., White, E., Cameron, J., Guthrie, A., Hunter, B., Hall, K., ... & Lubman, D. I. (2014). A model for predicting clinician satisfaction with clinical supervision. *Alcoholism Treatment Quarterly*, 32(1), 67-78.
- Butterworth, T., & Faugier, J. (2013). *Clinical supervision and mentorship in nursing*. San Diego, California: Springer.
- Byrne, A-L., Baldwin, A., & Harvey, C. (2020). Whose centre is it anyway? Defining person-centred care in nursing: an integrative review. *PLoS ONE*, 15(3). <https://doi.org/10.1371/journal.pone.0229923>
- Canadian Gerontological Nursing Association. (2020). *Gerontological nursing standards of practice and competencies 2020* (4th ed.). Toronto, Canada, CGNA.
- Chapman, S. & Hungerford, C. (2015). Risk Factors for and Assessment of Constipation. *Nursing Older People*, 27(3), 16-24.
- Deakin University. (2000). *Seven Day Bowel Chart*. Deakin: National Continence Management Strategy.

Dennis, M., Kindness, P., Masthoff, J., Mellish, C., & Smith, K. (2013, September). Towards effective emotional support for community first responders experiencing stress. In *Affective Computing and Intelligent Interaction (ACII)*, 2013 Humaine Association Conference on (pp. 763-768). IEEE.

Department of Health (2022). *Voluntary assisted dying*. Accessed February 2024 from <https://www.health.tas.gov.au/health-topics/voluntary-assisted-dying>

Dilworth, S., Higgins, I., Parker, V., Kelly, B., & Turner, J. (2013). Finding a way forward: A literature review on the current debates around clinical supervision. *Contemporary nurse*, 45(1), 22-32.

Downing, M., Kuziemy, C., Lesperance, M., Lau, F., & Syme, A. (2007). Development and Reliability Testing of the Victoria Bowel Performance Scale (BPS). *Journal of Pain and Symptom Management*, 34(5), 513-522.

Heaton, K., & Lewis, S. (1997). Stool form scale as a useful guide to intestinal transit time. *Scandinavian Journal of Gastroenterology*, 32(9), 920-924.

Hungerford, C., Hodgson, D., Clancy, R., Monisse-Redman, M., Bostwick, R., & Jones, T. (2015) *Mental Health Care: An introduction for health Professionals in Australia*, 2nd ed, Brisbane, Wiley.

International Council of Nurses. (2021). The ICN code of ethics for nurses. Retrieved January 2024 from https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf

New South Wales Health. (2023). What is voluntary assisted dying and who is eligible? Retrieved February 2024 from <https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/eligibility.aspx>

Nursing and Midwifery Board Australia. (2016). *Guidelines: Continuing Professional Development*. Australia: Nursing and Midwifery Board of Australia, 2016.

Nursing and Midwifery Board Australia. (2016). *Registration Standard: Continuing Professional Development*. Canberra: Nursing and Midwifery Board of Australia.

Nursing and Midwifery Board Australia. (2016a). *Registration Standard: Continuing Professional Development*. Retrieved January 2024 from <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx>

Nursing and Midwifery Board of Australia. (2016b). *Registered nurse standards for practice*. Retrieved January 2024 from <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

Nursing and Midwifery Board of Australia. (2018). *Code of conduct for nurses*. Retrieved January 2014 from <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

Robson, K. (2017). Mobility and Falls prevention. In: M. Bernoth & D. Winkler, *Healthy ageing and aged care* (pp. 378-401). South Melbourne: Oxford University Press.

Schofield, M., & Grant, J. (2013). Developing psychotherapists' competence through clinical supervision: Protocol for a qualitative study of supervisory dyads. *BMC Psychiatry*, 13,12.

Sura, L., Madhavan, A., Carnaby, G., & Cray, M. (2012). Dysphagist in the elderly: Management and nutritional considerations. *Clinical Interventions in Ageing*, 7, 287– 298.

The University of Western Australia. (2024). *Kimberley Indigenous Cognitive Assessment*. Retrieved January 2024 from <https://www.iawr.com.au/kica>

Victoria State Government. (2021). *Conducting a comprehensive geriatric assessment*. Retrieved January 2024 from <https://www.health.vic.gov.au/patient-care/conducting-a-comprehensive-geriatric-assessment>

Photograph Credits

Image 1: Photo by Simon Godfrey on Unsplash

Image 2: Photo credit <https://www.carestaffnursing.com.au/creating-a-healthy-lifestyle-as-an-aged-care-nurse>

Image 3: Photo credit <https://www.frontidacare.com/blog/pre-assessment-understanding/>

Image 4: Photo by Windows on Unsplash