Dementia Care Competency & Assessment Framework

A guide on competency-based assessment for health and social care workers providing dementia care in the community care sector

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Introduction and Background

The Dementia Care Competency Framework (DCCF) aims to provide guidelines on competencies that are applicable to professionals and para-professionals (in the health and social sector) who are working with persons living with dementia (PLWD) and their caregiver(s) (CG).

The DCCF Assessment Criteria supports:

- consistent model on the design and development of training and assessment plans to improve quality of care;
- Identification of critical knowledge and skills required to demonstrate quality dementia care regardless of care settings;
- Identification of staff's training needs to build learning pathways and assist employers to establish indicators to track continual improvement towards quality of care; and
- Self-administered check of their own development and awareness of the competencies required in gaining expertise to support PLWD and their CG.

Structure of the DCCF

There are 8 domains, of which 7 are core domains crucial in the delivery of dementia care with 1 elective domain on capability building that supports continual learning, improvement and keeping up with latest best practices.

Competency Level	Core Domains							Elective Domain
	Dementia Education	Person-Centred Care (PCC)	Interacting with PWD	Behaviours of Concern	Enriching Lives	Palliative Care for PLWD	Care for Self and Caregiver(s) (CG)	Capability Building
Advanced	Promote Care for PLWD	Adopt and Promote PCC	Create a PCC Environment	Manage Behaviours of Concern	Promote Quality of Life	Support PWD to Cope with End-of-Life	Support the Families and CG of PLWD	Training and Education
Intermediate	Assess PLWD	Apply PCC at Work	Support the Well-being of PLWD	Minimise the Impact of Behaviours of Concern	Maintain PLWD Dignity, Skill and Health	Assist PWD to Cope with End-of-life	Assist the CG to Support PLWD	Facilitate Learning at Work
Basic	Impact of Dementia	Understanding PCC Approach	Interact with PLWD	Connect with PLWD who Display Behaviours of Concern	Enable PLWD to Lead a Meaningful Life	Understand Ways to Cope with End-of-Life for PLWD	Personal Self-Care	
Foundational	About Dementia	About PCC	Befriending PLWD					

Table 1: Core and Elective Domains of the Dementia Care Competency Framework

The DCCF is organised according to the level of contact with PLWD:

- **<u>Foundational Level</u>** is suitable for those with brief contact with PLWD, e.g. volunteers, befrienders etc, thus requiring awareness on engaging PLWD appropriately, using the person-centred care approach
- **<u>Basic Level</u>** is suitable for care staff who support the implementation of care plan, as instructed and/or supervised; it focuses on understanding the impact of dementia, person-centred care and how to meaningfully engage persons living with dementia
- **<u>Intermediate Level</u>** is suitable for care staff likely in the supervisory level who develop, implement and review care plan for PLWD; it involves assessment of and interventions for PLWD.

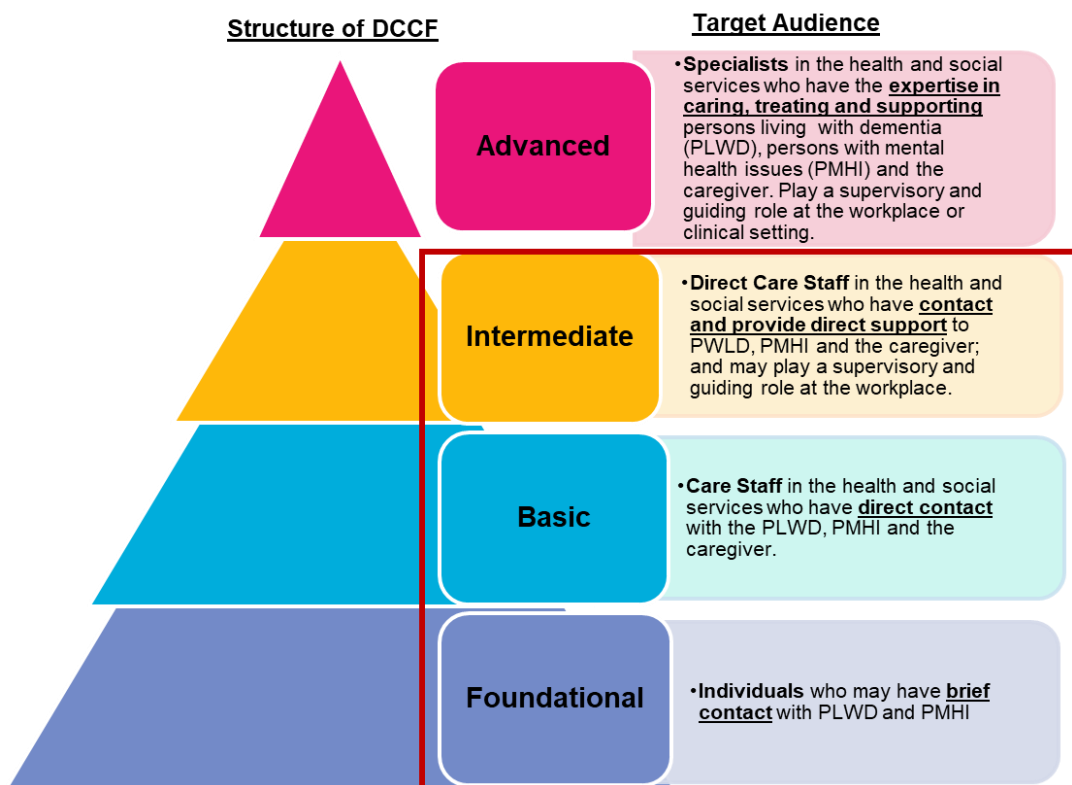**Structure of DCCF**   **Target Audience**

Diagram 1: Structure of DCCF and Target Audience at each DCCF Level

The DCCF Assessment Criteria will focus on the Foundational, Basic and Intermediate Levels to cater to the majority of the Community Care staff requiring training and assessment for dementia care.

Competencies and Target Audience at each Level

<table>
<tr><td colspan="2">1) FOUNDATIONAL LEVEL
For individuals who may have brief contact with persons living with dementia (PLWD).

For individuals (e.g. general public, retailer, volunteer, etc) who identify potential PLWD in the community setting, the competencies suggest what they need to know and do as they connect with PLWD.</td></tr>
<tr><td>Core Domain</td><td>Competencies</td></tr>
<tr><td>A) Dementia Education</td><td><u>About Dementia</u>
1. Recognise signs and symptoms of dementia.

2. Identify the impact of dementia on daily activities and the community.

3. List the appropriate agencies that support PLWD.</td></tr>
<tr><td>B) Person-centred Care</td><td><u>About Person-centred Care</u>
1. Respect PLWD as individuals.</td></tr>
<tr><td>C) Interacting with PLWD</td><td><u>Befriending Persons Living with Dementia</u>
1. Identify the factors that affect interaction and communication with PLWD.

2. Use befriending skills to approach PLWD.

3. Identify ways to show KIND[1] gesture to PLWD.

4. Assist PLWD in public spaces.</td></tr>
</table>

[1] Refer to Annex A – The KIND Gesture

2) BASIC LEVEL

For **Care Staff** in the health and social services who have direct contact with persons living with dementia (PLWD) and their caregiver(s) (CG).

For care staff (e.g. nursing aide, therapy aide, healthcare attendant, care associate, driver, volunteer, CG of PLWD etc) assisting PLWD in their course of work, it is essential for them to understand the impact of dementia on the person and use a person-centred care approach when caring for them.

Core Domain	Competencies
A) Dementia Knowledge	**Impact of Dementia** 1. Recognise the signs and symptoms of dementia, delirium and depression. 2. Identify the primary causes and risk factors for dementia. 3. Identify the stages and progression of dementia and the impact on PLWD. 4. Recognise the impact the environment has on PLWD and their CG. 5. Recognise when PLWD appear to be experiencing confusion, memory or communication difficulties. 6. Recognise the general management of dementia, (non-pharmacological - e.g. engagement in activities, behavioural intervention, environment adaptation etc; and pharmacological - e.g. common side effects)
B) Person-centred Care	**Understand the Person-centred Care Approach** 1. Explain the person-centred care approach such as VIPS[2] in relation to caring for PLWD. 2. Recognise how one's background, culture, experiences, and attitudes may affect the provision of care. 3. Describe how knowing a person's background, culture, and experiences can influence the provision of care. 4. Demonstrate qualities such as respect, compassion, empathy, encouragement, flexibility, open-mindedness, positive attitude, helpfulness, maturity, caring nature, patience when caring for PLWD.

[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

2) BASIC LEVEL *(Continued)*	
Core Domain	**Competencies**
C) Interacting with PLWD	**Interact with PLWD** 1. Recognise the factors that can affect interactions and effective communication with PLWD. 2. Identify and support the feeling of PLWD and those with specific communication needs. 3. Communicate respectfully and sensitively, with PLWD, giving consideration to the potential impact of memory difficulties or confusion. 4. Use CARE[3] elements when interacting with PLWD and their CG. 5. Recognise and report to relevant personnel in a timely manner when PLWD are experiencing neglect, harm or abuse.
D) Behaviours of Concern	**Connect with PLWD who Display Behaviours of Concern** 1. Recognise behavioural change associated with dementia. 2. Identify potential triggers for behaviours of concern. 3. Identify appropriate responses to react to behaviours of concern. 4. Respond positively and appropriately to PLWD who display behaviours of concern.
E) Enriching Lives	**Enable PLWD to Lead a Meaningful Life** 1. Recognise the needs (e.g. physical, emotional, spiritual, sexual) of PLWD. 2. Recognise the importance of social activities/ engagement for PLWD. 3. Facilitate activities in maintaining PLWD independence and abilities.

[3] Refer to Annex B – The CARE Approach

2) BASIC LEVEL *(Continued)*	
Core Domain	**Competencies**
F) Palliative Care for Persons living with Dementia (PLWD)	**Understand the Palliative Care Approach for PLWD** 1. Identify symptoms associated with end-of-life and how these symptoms can be managed with care and compassion. 2. Recognise the cultural and religious differences associated with death, care of the dying and the deceased person.
G) Care for Self and Caregiver(s) (CG)	**Practise Self-Care** 1. Identify personal feelings, beliefs, or attitudes that may affect the relationship with PLWD and their CG. 2. Identify signs and symptoms of compassion fatigue. 3. Identify helpful ways to prevent and cope with personal own stress and burnout. 4. Recognise signs and symptoms of CG experiencing stress and burnout. 5. Identify the ways to cope with grief and loss. 6. Identify ways to promote personal safety when handling persons with dementia with high risk. 7. Identify the need for and seek appropriate support when required.

3) INTERMEDIATE LEVEL

For **Direct Care Staff** in the health and social services who have contact and provide direct support to persons living with dementia (PLWD) and their caregiver(s) (CG); with supervisory and guiding role and influences the workplace and/or processes.

Direct care staff (e.g. senior/ registered/ enrolled nurses, occupational therapist, physiotherapist, social worker, dementia practitioner etc) are key personnel who interact and handle PLWD and their CG. Applying a person-centred care approach in their course of work, they observe PLWD, create a dementia friendly environment and guide others to provide appropriate care and activities for them.

Core Domain	Competencies
A) Dementia Knowledge	**Assess PLWD** 1. Recognise the different types of dementia and the implication it has on the practice. 2. Differentiate between dementia, delirium and depression and the impact to PLWD. 3. Recognise the cause and risk factors (e.g. increasing age, high blood pressure, alcohol intake, hereditary, physical activity, pre-disposing co-morbidities and trauma.) and recommend appropriate risk reduction strategies to handle PLWD. 4. Use appropriate screening tools to assess PLWD. 5. Recognise the general management of dementia, (non-pharmacological - e.g. engagement in activities, behavioural intervention, environment adaptation etc; and pharmacological - e.g. common side effects)
B) Person-centred Care	**Apply Person-centred Care at Work** 1. Explain the philosophical and practical approach of person-centred care. 2. Use the person-centred care approach such as VIPS[2] to support the well-being of PLWD. 3. Recognise when the physical or social environment could compromise the health and safety of PLWD. 4. Identify ways to care and help PLWD feel comfortable and secure, and living a full and meaningful life. 5. Involve PLWD in their own care planning and be sensitive to gender, cross cultural and spiritual difference. 6. Consider a range of options when developing strategies for inclusion in the care plan for PLWD. 7. Encourage families and friends to participate in activities with PLWD. 8. *C*ommunicate positively with PLWD by valuing their individuality.

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[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

3) INTERMEDIATE LEVEL *(Continued)*	
Core Domain	**Competencies**
C) Interacting with PLWD	**Support the Well-being of PLWD** 1. Monitor changes and note deteriorations in the person's physical and mental health and take appropriate action. 2. Use a range of techniques routinely to minimise distraction for PLWD. 3. Provide reassurance to PLWD through a variety of strategies (e.g. orientation strategies, validation techniques, reminiscence etc). 4. Communicate effectively and efficiently with PLWD and co-workers in the care environment. 5. Use a range of validation techniques to relieve PLWD that are agitated and display behaviours of concern. 6. Observe and investigate any suspected, alleged or actual abuse. 7. Contribute to the assessment and support of PLWD who may be experiencing neglect, harm or abuse. 8. Report any suspected, alleged or abuse cases to relevant personnel in a timely manner and in accordance to established organisational policies and procedures.
D) Behaviours of Concern	**Minimise the Impact of Behaviours of Concern** 1. Observe and document behaviours of concern displayed by PLWD to determine the triggers. 2. Consider the potential impact of the behaviours on PLWD and determine suitable responses. 3. Implement appropriate practice techniques and communication strategies to respond to PLWD who demonstrate behaviours of concern. 4. Review the techniques used in responding to PLWD who demonstrate behaviours of concern regularly.

3) INTERMEDIATE LEVEL *(Continued)*	
Core Domain	**Competencies**
E) Enriching Lives	**Maintain the Dignity, Skill and Health of PLWD** 1. Design and provide activities which aim to promote well-being of the PLWD and use familiar and existing skills and activities. 2. Provide activities appropriate to the age and culture of the PLWD which reflect their likes and dislikes and maximise the possibility of individual success. 3. Provide activities that focus on a balance between the safety, comfort, autonomy and risk for PLWD. 4. Use families and significant others as a resource to assist in developing appropriate activities by accessing information about reminiscences and routines of PLWD. 5. Support PLWD to access emotional support, counselling or specialist psychological therapies.
F) Palliative Care for PLWD	**Assist PLWD in Palliative Care** 1. Identify end-of-life care that PLWD may encounter. 2. Recognise and manage pain in persons living with advanced dementia. 3. Facilitate the use of end-of-life care pathways and individualised care plans for PLWD. 4. Advocate early advance care planning (ACP) to PLWD and their CG. 5. Support individuals who are bereaved.
G) Care for Self and CG	**Assist CG to Support PLWD** 1. Practise self-care. 2. Assess the needs of CG and families. 3. Provide emotional and physical support to PLWD and their CG. 4. Assist CG to access support networks and respite services.
Elective Domain	**Competencies**
H) Capability Building	**Facilitate Learning at Work** 1. Identify a performance issue that requires training intervention. 2. Develop a workplace learning plan. 3. Facilitate workplace learning using appropriate workplace learning methods. 4. Provide feedback on learners' progress.

Instructions for Using the Competency Checklist

Instructions for using the Competency Checklist:

1. Select the level of competency (i.e. Foundational, Basic or Intermediate) to be checked.

2. The number of Core Competency Domains differ for each Level. It is recommended that the candidate complete the Competency Checklist for all domains of their Competency Level.

Competency Level	Core Domains							Elective Domain	Number of Core Competency Domains
	Dementia Education	Person-Centred Care (PCC)	Interacting with PWD	Behaviours of Concern	Enriching Lives	Palliative Care for PLWD	Care for Self and Caregiver(s) (CG)	Capability Building	
Intermediate	Assess PLWD	Apply PCC at Work	Support the Well-being of PLWD	Minimise the Impact of Behaviours of Concern	Maintain PLWD Dignity, Skill and Health	Assist PWD to Cope with End-of-life	Assist the CG to Support PLWD	Facilitate Learning at Work	7
Basic	Impact of Dementia	Understanding PCC Approach	Interact with PLWD	Connect with PLWD who Display Behaviours of Concern	Enable PLWD to Lead a Meaningful Life	Understand Ways to Cope with End-of-Life for PLWD	Personal Self-Care		7
Foundational	About Dementia	About PCC	Befriending PLWD						3

3. Based on the Candidate's response and/or demonstration of each line item, the Assessor should record:
   - numerical 1 under column "C" for Competent if the Candidate has fulfilled the requirements; and
   - numerical 0 under column "NYC" for Not Yet Competent if the Candidate has not fulfilled the requirements.

4. To be considered competent in a chosen Competency Domain, the Candidate would have to obtain a "C" for all line items.

5. For any line item where the Candidate gets "NYC", the Candidate is deemed as not yet competent for the line item and the entire competency domain.

6. At the end of each Level, the Competency Outcome and Summary Record provide an overview of the Candidate's competency gaps and are used by the Assessor to convey the Competency Check Outcome(s). A debrief with the Assessor should include a discussion on options to address the competency gap(s). Such options may include dementia training courses from the Sector Training Roadmap, supervision, coaching etc.

Note:

1. The Assessor should be in a supervisory role providing guidance to the dementia care team, e.g. training-in-charge, clinical lead, supervisor etc, and is competent at the Competency Level that he/ she is assessing the Candidate on. To illustrate, an Assessor competent at Intermediate Level may assess Candidates at Basic and Intermediate Level(s).

2. The Competency Checklist may also be self-administered to facilitate the Candidate's evaluation and identification of learning gaps.

Assessment Criteria for <u>DCCF Foundational Level</u>
for Community Care Partners in Dementia Care-related job roles

FRAMEWORK: Dementia Care Competency Framework (Foundational Level)			
Competency Domain	Dementia Education	Person-centred Care	Interacting with Persons living with Dementia (PLWD)
Domain Descriptor	About Dementia	About Person-centred Care	Befriending PLWD
Performance Statement	1. Recognise signs and symptoms of dementia. 2. Identify the impact of dementia on daily activities and the community. 3. List the appropriate agencies that support PLWD.	1. Respect PLWD as individuals.	1. Identify the factors that affect interaction and communication with PLWD. 2. Use befriending skills to approach PLWD. 3. Identify ways to show KIND[1] gesture to PLWD. 4. Assist PLWD in public spaces.

[1] Refer to Annex A – The KIND Gesture

Mapping of Performance Statements, Performance Checklist, Underpinning Knowledge and the range of suggested assessment methods

The Performance Checklist (PC) provides guidance on the minimum standards needed to demonstrate the achievement of the Performance Statement(s) and are tested through various assessment methods.

About Dementia			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Recognise signs and symptoms of dementia.	**PC1.1** List six (6) signs and symptoms of dementia.	**UK1.1** Common signs and symptoms of dementia	Oral Questioning Multiple Choice Questions (MCQ)
PS2 Identify the impact of dementia on daily activities and the community.	**PC2.1** State three (3) examples of how a person's quality of life may be affected by dementia.	**UK2.1** Impact of dementia on the daily lives of PLWD	Oral Questioning MCQ
PS3 List the appropriate agencies that support PLWD.	**PC3.1** List three (3) organisations that provide services to the PLWD.	**UK3.1** Community resources in the community	Oral Questioning MCQ

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods beyond those that are listed in this Assessment Criteria document.

About Person-centred Care			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Respect PLWD as individuals.	**PC1.1** Explain three (3) ways of showing respect to the PLWD.	**UK1.1** Knowledge of VIPS[2] and personhood	Oral Questioning MCQ

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[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods beyond those that are listed in this Assessment Criteria document.

Befriending PLWD			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Identify the factors that affect interaction and communication with PLWD.	**PC1.1** State three (3) factors that affect interaction and communication with PLWD.	**UK1.1** Impact of dementia on a person's communication abilities	Oral Questioning
PS2 Use befriending skills to approach PLWD.	**PC2.1** State three (3) befriending techniques you would use with PLWD.	**UK1.2** Knowledge on KIND[1] gesture and CARE[23] approach	
PS3 Identify ways to show KIND[1] gesture to PLWD.	**PC3.1** Describe a scenario where KIND[1] gesture may be used to assist the PLWD.		
PS4 Assist PLWD in public spaces.			

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[1] Refer to Annex A – The KIND Gesture

[3] Refer to Annex B – The CARE Approach

[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods beyond those that are listed in this Assessment Criteria document.

Foundational level		
Competency Domain Dementia Education		
Domain Descriptor About Dementia		
Performance Statement (PS) **PS1** Recognise signs and symptoms of dementia.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1	List six (6) signs and symptoms of dementia.		
PS2 Identify the impact of dementia on daily activities and the community.		
PC2.1, UK2.1	State three (3) examples of how a person's quality of life may be affected by dementia.		
PS3 List the appropriate agencies that support PLWD.		
PC3.1, UK3.1	List three (3) organisations that provide services to the PLWD.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Dementia Care Education ☐

"Not Yet Competent" in the Competency Domain: Dementia Care Education ☐

Foundational level			
Competency Domain Person-centred Care			
Domain Descriptor About Person-centred Care			
Performance Statement (PS) **PS1** Respect PLWD as individuals.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C - Competent NYC - Not Yet Competent**	
		C	**NYC**
PC1.1,UK1.1	Explain three (3) ways of showing respect to the PLWD.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Person-centred Care ☐

"Not Yet Competent" in the Competency Domain: Person-centred Care ☐

Foundational level		
Competency Domain Interacting with PLWD		
Domain Descriptor Interacting with PLWD		
Performance Statement (PS) **PS1** Identify the factors that affect interaction and communication with PLWD.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1, UK1.2	State three (3) factors that affect interaction and communication with PLWD.		

PS2 Use befriending skills to approach PLWD.		
PC2.1 UK1.1,UK1.2	State three (3) befriending techniques you would use with PLWD.		

PS3 Identify ways to show KIND[1] gesture to PLWD. **PS4** Assist PLWD in public spaces.		
PC3.1, UK1.1, UK1.2	Describe a scenario where KIND[1] gesture may be used to assist the PLWD.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Interacting with PLWD

"Not Yet Competent" in the Competency Domain: Interacting with PLWD

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[1] Refer to Annex A – The KIND Gesture

Upon conveyance of the Competency Checklist outcome(s) to the Candidate, the Assessor should provide a debrief including the strengths of the Candidate and focus areas for training and improvement. Assessors should be prepared to review and manage possible disagreement(s) from the Candidate on the outcome or interpretation.

The Assessor and Candidate are encouraged to use the Summary Record as a formal documentation to capture feedback, focus areas and recommendations on the training plans.

COMPETENCY OUTCOME AT FOUNDATIONAL LEVEL

Competency Domain		Outcome
F1	Dementia Education	C / NYC
F2	Person-centred Care	C / NYC
F3	Interacting with PLWD	C / NYC

The Candidate has been evaluated to be:

"Competent" at the Foundational Level ☐

"Not Yet Competent" at the Foundational Level ☐

SUMMARY RECORD

Assessor's Feedback on Competency Outcome

Strengths of the Candidate:

Exposure and Experience in Dementia Care settings/role:

Focus Areas and Recommendations on Training and Development Plans:

Candidate's Feedback on Competency Outcome

<table>
<tr><td>Feedback on the Assessment (e.g. difficulty/clarity of questions, duration, etc):

Thoughts on the identified Focus Areas and Assessor's Recommendations:</td></tr>
</table>

Candidate has agreed to accept the Competency Outcome.

Candidate Name (As in NRIC)   Assessor Name (As in NRIC)
                                           (if applicable, for assessor-administered evaluation)

_____   _____

Candidate Signature   Assessor Signature

_____   _____

Date: Date:

BASIC LEVEL ASSESSMENT CRITERIA AND COMPETENCY CHECKLIST

FRAMEWORK: Dementia Care Competency Framework (Basic Level)							
Competency Domain	Dementia Education	Person-centred Care	Interacting with Persons Living with Dementia (PLWD)	Behaviours of Concern	Enriching Lives	Palliative Care for PLWD	Care for Self and Caregiver(s) (CG)
Domain Descriptor	**Impact of Dementia**	**Understand the Person-centred Care Approach**	**Interact with PLWD**	**Connect with PLWD who Display Behaviours of Concern**	**Enable PLWD to Lead a Meaningful Life**	**Understand the Palliative Care Approach for PLWD**	**Practise Self-Care**
Performance Statement	1. Recognise the signs and symptoms of dementia, delirium and depression. 2. Identify the primary causes and risk factors for dementia. 3. Identify the stages and progression of dementia and the impact on PLWD. 4. Recognise the impact the environment has on PLWD and their CG. 5. Recognise when PLWD appear to be experiencing confusion, memory or communication difficulties. 6. Recognise the general management of dementia, on-pharmacological – e.g. engagement in activities, behavioral intervention, environment adaptation etc; and pharmacological – e.g. common side effects).	1. Explain the person-centred care approach such as VIPS[2] in relation to caring for PLWD. 2. Recognise how one's background, culture, experiences, and attitudes may affect the provision of care. 3. Describe how knowing a person's background, culture, and experiences can influence the provision of care. 4. Demonstrate qualities such as respect, compassion, empathy, encouragement, flexibility, open-mindedness, positive attitude, helpfulness, maturity, caring nature, patience when caring for PLWD.	1. Recognise the factors that can affect interactions and effective communication with PLWD. 2. Identify and support the feeling of PLWD and those with specific communication needs. 3. Communicate respectfully and sensitively, with PLWD, giving consideration to the potential impact of memory difficulties or confusion. 4. Use CARE[3] elements when interacting with PLWD and their CG. 5. Recognise and report to relevant personnel in a timely manner when PLWD are experiencing neglect, harm or abuse.	1. Recognise behavioural change associated with dementia. 2. Identify potential triggers for behaviours of concern. 3. Identify appropriate responses to react to behaviours of concern. 4. Respond positively and appropriately to PLWD who display behaviours.	1. Recognise the needs (e.g. physical, emotional, spiritual and sexual) of PLWD. 2. Recognise the importance of social activities/ engagement for PLWD. 3. Facilitate activities in maintaining PLWD independence and abilities.	1. Identify symptoms associated with end-of-life and how these symptoms can be managed with care and compassion. 2. Recognise the cultural and religious differences associated with death, care of the dying and the deceased person.	1. Identify personal feelings, beliefs, or attitudes that may affect the relationship with PLWD and their CG. 2. Identify signs and symptoms of compassion fatigue. 3. Identify helpful ways to prevent and cope with personal own stress and burnout. 4. Recognise signs and symptoms of CG experiencing stress and burnout. 5. Identify the ways to cope with grief and loss. 6. Identify ways to promote personal safety when handling persons with dementia with high risk. 7. Identify the need for and seek appropriate support when required.

[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)
[3] Refer to Annex B – The CARE Approach

Mapping of Performance Statements, Performance Checklist, Underpinning Knowledge and the range of suggested assessment methods

The Performance Checklist (PC) provides guidance on the minimum standards needed to demonstrate the achievement of the Performance Statement(s) and are tested through various assessment methods.

Impact of Dementia			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Recognise the signs and symptoms of dementia, delirium and depression.	**PC1.1** Name three (3) or more key characteristics of each type of condition – dementia, delirium and depression.	**UK1.1** Characteristics of dementia, delirium and depression	Multiple Choice Questions (MCQ) Oral Questioning Written Assessment
PS2 Identify the primary causes and risk factors for dementia.	**PC2.1** Name three (3) types of dementia and its causes.	**UK2.1** Common types of dementia	MCQ Oral Questioning Written Assessment
	PC2.2 Name factors that may put one at risk of developing dementia.	**UK2.2** Causes and factors that contribute to dementia	
PS3 Identify the stages and progression of dementia and the impact on persons living with dementia (PLWD).	**PC3.1** Identify the three (3) key stages in the progression of dementia.	**UK3.1** Stages of dementia	MCQ Oral Questioning Written Assessment
	PC3.2 Describe two (2) typical characteristics at each stage of the dementia.	**UK3.2** Impact of dementia as the disease progresses	MCQ Oral Questioning Written Assessment

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS4 Recognise the impact the environment has on PLWD and their caregiver(s) (CG).	**PC4.1** Provide three (3) examples of how the environment can have an impact of the PLWD and their CG.	**UK4.1** Non dementia-friendly environment and its impact on the emotional and psychological well-being of PLWD and their CG	MCQ Oral Questioning Written Assessment
PS5 Recognise when PLWD appear to be experiencing confusion, memory or communication difficulties.	**PC5.1** Name three (3) typical signs when PLWD appear to be experiencing confusion, memory or communication difficulties.	**UK5.1** Common presenting symptoms or signs of dementia	Case Studies MCQ Oral Questioning Workplace Performance Written Assessment
PS6 Recognise the general management of dementia, (non-pharmacological – e.g. engagement in activities, behavioural intervention, environment adaptation etc; and pharmacological – e.g. common side effects).	**PC6.1** Name the two (2) broad approaches commonly used for managing dementia.	**UK6.1** Management approaches of dementia	MCQ Oral Questioning Written Assessment
	PC6.2 Name two (2) examples of non-pharmacological interventions for PLWD.	**UK6.2** Common therapeutic interventions to manage dementia-related behavior or symptoms	MCQ Oral Questioning Written Assessment

Understand the Person-centred Care Approach			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Explain the person-centred care approach such as VIPS[2] in relation to caring for persons living with dementia (PLWD).	**PC1.1** Describe the key components of Person-centred Care (PCC).	**UK1.1** VIPS[2] framework; 4-part definition of Tom Kitwood's philosophy of PCC	MCQ Oral Questioning Written Assessment
	PC1.2 Describe or demonstrate at least three (3) or more examples of how you would apply the PCC approach.	**UK1.2** Care and/or communication techniques to deliver preferred care	MCQ Oral Questioning Written Assessment
PS2 Recognise how one's background, culture, experiences and attitudes may affect the provision of care.	**PC2.1** Name three (3) important considerations when designing and conducting meaningful activities for the PLWD.	**UK1.1** VIPS[2] framework; 4-part definition of Tom Kitwood's philosophy of PCC **UK2.1** Theories such as Enriched Model of Dementia, Tom Kitwood's Psychological Needs of PLWD, etc	MCQ Oral Questioning Written Assessment
PS3 Describe how knowing a person's background, culture and experiences can influence the provision of care.	**PC3.1** Explain the relevance and importance of involving/engaging the PLWD and caregiver(s) (CG) in the care planning with regards to PCC.		MCQ Oral Questioning Written Assessment
		UK3.1 (Formal / Informal) CG influence on quality of care provided	MCQ Oral Questioning Written Assessment

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[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

	PC3.2 Given Singapore's unique multi-racial culture, describe how you could demonstrate sensitivity when engaging the PLWD in activities or personal care.	UK3.2 Culturally-appropriate engagement methods and techniques	Case Studies MCQ Oral Questioning Written Assessment
PS4 Demonstrate qualities such as respect, compassion, empathy, encouragement, flexibility, open-mindedness, positive attitude, helpfulness, maturity, caring nature, patience when caring for PLWD.	PC4.1 List at least three (3) personal qualities that a care staff should possess when interacting with a PLWD.	UK4.1 Appropriate attitude, aptitude and qualities when caring for PLWD	Case Studies MCQ Oral Questioning Written Assessment

Interact with Persons Living with Dementia (PLWD)			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Recognise the factors that can affect interactions and effective communication with persons living with dementia (PLWD).	**PC1.1** State three (3) physical or cognitive condition of PLWD that can hinder your communication with the PLWD.	**UK1.1** Observable appearance and body language that indicate PLWD may have difficulties with communication	MCQ Oral Questioning Written Assessment
		UK1.2 Cognitive Communication Deficits hindering effective communication	
	PC1.2 State how your engagement style may affect PLWD's attention.	**UK1.3** Personal style and techniques e.g. speech, tone, body language, etc causing the PLWD to become easily distracted, uncooperative and disinterested	
	PC1.3 Name two (2) key considerations of the time and place you would take when preparing for an engagement session with the PLWD.	**UK1.4** Environmental, physical set-up and personal routines of the PLWD to optimise engagement with them	

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS2 Identify and support the feeling of PLWD and those with specific communication needs.	PC2.1 Describe how you would support the feeling of PLWD in an unfamiliar setting	UK2.1 Appropriate communication styles, including body language, tone and pace of speech to help PLWD feel at ease, CARE[3] approach.	MCQ Oral Questioning Written Assessment
PS3 Communicate respectfully and sensitively, with PLWD, giving consideration to the potential impact of memory difficulties or confusion.	PC3.1 Demonstrate or articulate how you would communicate effectively (i.e. verbally or non-verbally) with a PLWD experiencing confusion and memory difficulties.	UK2.2 Orientation strategy and its appropriate application(s)	MCQ Oral Questioning Written Assessment
PS4 Use CARE[3] elements when interacting with PLWD and their CG.	PC4.1 List the CARE[3] elements.	UK4.1 CARE[3] communication approach.	Case Studies MCQ Oral Questioning Written Assessment
	PC4.2 Describe how you would use the CARE[3] communication approach to interact with PLWD and their CG.		
PS5 Recognise and report to relevant personnel in a timely manner when PLWD are experiencing neglect, harm or abuse.	PC5.1 List two (2) or more signs and symptoms that a PLWD experiencing abuse may display.	UK5.1 Signs of abuse	Case Studies MCQ Oral Questioning Written Assessment
	PC5.2 Explain why it is important and necessary to flag out and report signs of abuse.	UK5.2 Safety and risk issues to consider when caring for vulnerable adult.	Case Studies MCQ Oral Questioning Written Assessment

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[3] Refer to Annex B – The CARE Approach

Behaviours of Concern			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Recognise behavioural change associated with dementia.	**PC1.1** Name three (3) types of behaviors of concern that persons living with dementia (PLWD) may display.	**UK1.1** Definition of behavior of concern **UK1.2** Common behaviours of concern	MCQ Oral Questioning Written Assessment
	PC1.2 Describe the impact of any of the behaviours of concern on the safety, physical and emotional health of PLWD and their caregiver(s) (CG).	**UK1.3** Impact of behaviours of concern on PLWD and CG	MCQ Oral Questioning Written Assessment
PS2 Identify potential triggers for behaviours of concern.	**PC2.1** Explain how unmet needs may result in a change of behavior in the PLWD.	**UK2.1** Signs and symptoms of physiological and emotional needs that could contribute to behavioural change(s)	MCQ Oral Questioning Written Assessment

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

	PC2.2 Explain why PLWD may be exhibiting challenging behaviours.	**UK2.2** Environmental factors and situational circumstances that may contribute to a change in response and/or behavior	Case Studies MCQ Oral Questioning Written Assessment
	PC2.3 Assist in investigating the reason for the behaviour change in the PLWD.	**UK2.3** Behaviour monitoring techniques e.g. Antecedent-Behaviour-Consequence (ABC) monitoring chart	Case Studies MCQ Oral Questioning Practical Performance Written Assessment
PS3 Identify appropriate responses to react to behaviours of concern.	**PC3.1** Describe the types of behaviour displayed by PLWD, that require support or back-up during your engagement session with the PLWD.	**UK3.1** Ways to promote personal safety and safety of others when handling high risks behavior of PLWD **UK3.2** Organisation's protocol in behavior management	Case Studies MCQ Oral Questioning Written Assessment
PS4 Respond positively and appropriately to PLWD who display behaviours of concern.	**PC4.1** Describe the steps you would take when PLWD displays socially-inappropriate behaviours.		Case Studies MCQ Oral Questioning Written Assessment

Enable Persons living with Dementia (PLWD) to Lead a Meaningful Life			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Recognise the needs (e.g. physical, emotional, spiritual and sexual) of PLWD.	**PC1.1** Describe how you would respect the physical, emotional, spiritual or sexual needs of PLWD.	**UK1.1** Recognising the PLWD as a person before the dementia condition	Case Studies MCQ Oral Questioning Written Assessment
PS2 Recognise the importance of social activities/ engagement for PLWD.	**PC2.1** Describe the benefits of meaningful activities and/or engagement for a PLWD.	**UK2.1** Importance of social interaction and involvement for PLWD	MCQ Oral Questioning Written Assessment
PS3 Facilitate activities in maintaining the independence and abilities of PLWD.	**PC3.1** Explain the importance of maintaining the independence and abilities of PLWD.	**UK3.1** Importance of maintaining independence and abilities of the PLWD	MCQ Oral Questioning Written Assessment
	PC3.2 Describe how you would support the PLWD in performing a chosen task and/or activity, given the PLWD's cognitive and functional limitations.	**UK3.2** Occupational profiling tools and/or instruments such as the Pool Activity Level (PAL) to optimise meaningful engagement	Case Studies MCQ Oral Questioning Written Assessment
		UK3.3 Impact of physical and social environment set-up on the PLWD, e.g. dementia-friendly design principles, group dynamics etc	

[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

Understand the Palliative Care Approach for Persons Living with Dementia (PLWD)			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Identify symptoms associated with end-of-life and how these symptoms can be managed with care and compassion.	**PC1.1** List two (2) symptoms associated with end-of-life.	**UK1.1** End-of-life symptoms	MCQ Oral Questioning Written Assessment
	PC1.2 Describe how you would manage end-of-life symptoms with care and compassion.	**UK1.2** Care and/or communication techniques to deliver compassionate care	MCQ Oral Questioning Written Assessment
PS2 Recognise the cultural and religious differences associated with death, care of the dying and the deceased person.	**PC2.1** Provide an example on the cultural or religious difference(s) associated with care of the dying or the deceased person.	**UK2.1** Different cultural and religious practices for end-of-life care and/or rites	MCQ Oral Questioning Written Assessment

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

Practise Self-Care			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS**[4]
PS1 Identify personal feelings, beliefs or attitudes that may affect the relationship with persons living with dementia (PLWD) and their caregiver(s) (CG).	**PC1.1** Explain or provide example(s) of how your personal feelings, values, beliefs or attitudes may affect your relationship with the PLWD and their CG.	**UK1.1** Staff's personal attributes that may result in transference or counter transference during the course of work with PLWD and their CG	MCQ Oral Questioning Written Assessment
PS2 Identify signs and symptoms of compassion fatigue.	**PC2.1** List two (2) signs and/or symptoms of compassion fatigue.	**UK2.1** Signs of compassion fatigue	MCQ Oral Questioning Written Assessment
PS3 Identify helpful ways to prevent and cope with personal stress and burnout.	**PC3.1** Describe ways to prevent stress or burnout. **PC3.2** Describe how you would manage feelings/emotions that might be related to stress or burnout.	**UK3.1** Methods to prevent stress and burnout e.g. quality time for self, healthy diet, mindful awareness of one's limitations and threshold etc **UK3.2** Techniques to regulate one's feelings or seek early help	Case Studies MCQ Oral Questioning Written Assessment

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS4 Recognise signs and symptoms of CG experiencing stress and burnout.	**PC4.1** Identify three (3) or more signs and symptoms of CG stress and burnout.	**UK4.1** Signs and symptoms of CG stress and burnout	MCQ Oral Questioning Written Assessment
PS5 Identify the ways to cope with grief and loss.	**PC5.1** Describe how you may support a CG experiencing grief and loss.	**UK5.1** Types of dementia-related losses e.g. death of person, role reversal, loss of personal time etc	Case Studies MCQ Oral Questioning Written Assessment
		UK5.2 Stages of grief	
		UK5.3 Techniques to cope with grief and loss	
PS6 Identify ways to promote personal safety when handling PLWD with high risk.	**PC6.1** Describe how you may protect both yourself and the PLWD who may be at high risk of harm to self or others.	**UK6.1** Ways to promote personal safety and safety of CG when handling high-risk behavior of PLWD	Case Studies MCQ Oral Questioning Written Assessment
		UK6.2 Organisation's protocol in behavior management	
PS7 Identify the need for and seek appropriate support when required.	**PC7.1** Screen for CG stress via appropriate screening tools. **PC7.2** Ability to refer CG to appropriate help or support in accordance to organisational protocols.	**UK7.1** E.g. Zarit Burden Interview (ZBI) or prescribed tools that is in accordance to service requirements. **UK7.2** Familiar with referral processes within the organisation.	MCQ Oral Questioning Written Assessment
	PC7.3 Name five (5) community resources available for PLWD and their CG.	**UK7.3** CG support and resources available in the community	MCQ Oral Questioning Written Assessment

B1. Impact of Dementia

Basic Level			
Competency Domain Dementia Education			
Domain Descriptor Impact of Dementia			
Performance Statement (PS) **PS1** Recognise the signs and symptoms of dementia, delirium and depression.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C - Competent** **NYC - Not Yet Competent**	
		C	**NYC**
PC1.1, UK1.1	Name three (3) or more key characteristics of each type of condition – dementia, delirium and depression.		

PS2 Identify the primary causes and risk factors for dementia.			
PC2.1, UK2.1	Name three (3) types of dementia and its causes.		
PC2.2, UK2.2	Name factors that may put one at risk of developing dementia.		
PS3 Identify the stages and progression of dementia and the impact on PLWD.			
PC3.1, UK3.1	Identify the three (3) key stages in the progression of dementia.		
PC3.2, UK3.2	Describe two (2) typical characteristics at each stage of the dementia.		

PS4 Recognise the impact the environment has on PLWD and their CG.			
PC4.1, UK4.1	Provide three (3) examples of how the environment can have an impact of the PLWD and their CG.		

PS5 Recognise when PLWD appear to be experiencing confusion, memory or communication difficulties.			
PC5.1, UK5.1	Name three (3) typical signs when PLWD appear to be experiencing confusion, memory or communication difficulties.		

	PS6 Recognise the general management of dementia. (non-pharmacological – e.g. engagement in activities, behavioural intervention, environment adaptation etc; and pharmacological – e.g. common side effects)		
PC6.1, UK6.1	Name the two (2) broad approaches commonly used for managing dementia.		
PC6.2, UK6.2	Name two (2) examples of non-pharmacological interventions for PLWD.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Dementia Education ☐

"Not Yet Competent" in the Competency Domain: Dementia Education ☐

B2. Understand the Person-centred Care Approach

Basic Level		
Competency Domain Person-centred Care		
Domain Descriptor Understand the Person-centred Care Approach		
Performance Statement (PS) **PS1** Explain the person-centred care approach such as VIPS[2] in relation to caring PLWD.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1	Describe the key components of Person-centred Care (PCC).		
PC1.2, UK1.2	Describe or demonstrate at least three (3) or more examples of how you would apply the PCC approach.		

PS2 Recognise how one's background, culture, experiences and attitudes may affect the provision of care.		
PC2.1, UK1.1, UK2.1	Name three (3) important considerations when designing and conducting meaningful activities for the PLWD.		

PS3 Describe how knowing a person's background, culture and experiences can influence the provision of care.		
PC3.1, UK2.1 UK3.1	Explain the relevance and importance of involving/engaging the PLWD and CG in the care planning with regards to PCC.		
PC3.2, UK3.2	Given Singapore's unique multi-racial culture, describe how you could demonstrate sensitivity when engaging the PLWD in activities or personal care.		

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[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

	PS4 Demonstrate qualities such as respect, compassion, empathy, encouragement, flexibility, open-mindedness, positive attitude, helpfulness, maturity, caring nature, patience when caring for PLWD.		38
PC4.1, UK4.1	List at least three (3) personal qualities that a care staff should possess when interacting with a PLWD.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Person-centred Care ☐

"Not Yet Competent" in the Competency Domain: Person-centred Care ☐

B3. Interacting with PLWD

Basic Level		
Competency Domain Interacting with Persons Living with Dementia (PLWD)		
Domain Descriptor Interact with PLWD		
PS1 Recognise the factors that can affect interactions and effective communication with PLWD.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1, UK1.2	State three (3) physical or cognitive condition of PLWD that can hinder your communication with the PLWD.	
PC1.2, UK1.3	State how your engagement style may affect PLWD's attention.	
PC1.3, UK1.4	Name two (2) key considerations of the time and place you would take when preparing for an engagement session with the PLWD.	

PS2 Identify and support the feeling of PLWD and those with specific communication needs.		
PC2.1, UK2.1, UK2.2	Describe how you would support the feeling of PLWD in an unfamiliar setting.	

PS3 Communicate respectfully and sensitively, with PLWD, giving consideration to the potential impact of memory difficulties or confusion.		
PC3.1, UK2.1, UK2.2	Demonstrate or articulate how you would communicate effectively (i.e. verbally or non-verbally) with a PLWD experiencing confusion and memory difficulties.	

PS4	Use CARE[3] elements when interacting with PLWD and their CG.		
PC4.1, UK4.1	List the CARE[3] elements.		
PC4.2, UK4.1	Describe how you would use the CARE[3] communication approach to interact with PLWD and their CG.		

PS5	Recognise and report to relevant personnel in a timely manner when PLWD are experiencing neglect, harm or abuse.		
PC5.1, UK5.1	List two (2) or more signs and symptoms that a person living with dementia experiencing abuse may display.		
PC5.2, UK5.2	Explain why it is important and necessary to flag out and report signs of abuse.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Interacting with PLWD ☐

"Not Yet Competent" in the Competency Domain: Interacting with PLWD ☐

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[3] Refer to Annex B – The CARE Approach

B4. Connect with PLWD who Display Behaviours of Concern

Basic Level		
Competency Domain Behaviours of Concern		
Domain Descriptor Connect with Persons living with Dementia (PLWD) who Display Behaviours of Concern		
Performance Statement (PS) **PS1** Recognise behavioural change associated with dementia.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1, UK1.2	Name three (3) types of behaviors of concern that PLWD may display.		
PC1.2, UK1.3	Describe the impact of any of the behaviours of concern on the safety, physical and emotional health of PLWD and their caregiver(s) (CG).		

PS2 Identify potential triggers for behaviours of concern.		
PC2.1, UK2.1,UK2.2	Explain how unmet needs may result in a change of behavior in the PLWD .		
PC2.2, UK2.1,UK2.2	Explain why PLWD may be exhibiting challenging behaviours.		
PC2.3, UK2.3	Assist in investigating the reason for the behaviour change in the PLWD.		

PS3 Identify appropriate responses to react to behaviours of concern.		
PC3.1, UK3.1,UK3.2	Describe the types of behaviour displayed by PLWD, that require support or back-up during your engagement session with the PLWD.		

PS4 Respond positively and appropriately to PLWD who display behaviours of concern.		
PC4.1, UK3.1,UK3.2	Describe the steps you would take when PLWD displays socially-inappropriate behaviour.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

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"Competent" in the Competency Domain: Behaviours Of Concern ☐

"Not Yet Competent" in the Competency Domain: Behaviours Of Concern ☐

Basic Level		
Competency Domain Enriching Lives		
Domain Descriptor Enable Persons Living with Dementia (PLWD) to Lead a Meaningful Life		
Performance Statement (PS) **PS1** Recognise the needs (e.g. physical, emotional, spiritual and sexual) of PLWD.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1	Describe how you would respect the physical, emotional, spiritual or sexual needs of PLWD.		

PS2 Recognise the importance of social activities/ engagement for PLWD.		
PC2.1, UK2.1	Describe the benefits of meaningful activities and/or engagement for a PLWD.		

PS3 Facilitate activities in maintaining PLWD independence and abilities.		
PC3.1, UK3.1	Explain the importance of maintaining the independence and abilities of PLWD.		
PC3.2, UK3.2, UK3.3	Describe how you would support the PLWD in performing a chosen task and/or activity, given the PLWD's cognitive and functional limitations.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Enriching Lives ☐

"Not Yet Competent" in the Competency Domain: Enriching Lives ☐

Basic Level		
Competency Domain Palliative Care for Persons Living with Dementia (PLWD)		
Domain Descriptor Understand the Palliative Care Approach for PLWD		
Performance Statement (PS) **PS1** Identify symptoms associated with end-of-life and how these symptoms can be managed with care and compassion.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1	List two (2) symptoms associated with end-of-life.		
PC1.2, UK1.2	Describe how you would manage end-of-life symptoms with care and compassion.		

PS2 Recognise the cultural and religious differences associated with death, care of the dying and the deceased person.		
PC2.1, UK2.1	Provide an example on the cultural or religious difference(s) associated with care of the dying or the deceased person.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Palliative Care for PLWD ☐

"Not Yet Competent" in the Competency Domain: Palliative Care for PLWD ☐

B7. Practise Self-Care

Basic Level		
Competency Domain Care for Self and Caregiver(s) (CG)		
Domain Descriptor Practise Self-Care		
Performance Statement (PS) **PS1** Identify personal feelings, beliefs or attitudes that may affect the relationship with Persons living with Dementia (PLWD) and their CG.		

Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1	Explain or provide example(s) of how your personal feelings, beliefs or attitudes may affect your relationship with the PLWD and their CG.		

PS2 Identify signs and symptoms of compassion fatigue.		
PC2.1, UK2.1	List two (2) signs and/or symptoms of compassion fatigue.		

PS3 Identify helpful ways to prevent and cope with personal stress and burnout.		
PC3.1, UK3.1, UK3.2	Describe ways to prevent stress or burnout.		
PC3.2, UK3.1, UK3.2	Describe how you would manage feelings/emotions that might be related to stress or burnout.		

PS4 Recognise signs and symptoms of CG experiencing stress and burnout.		
PC4.1, UK4.1	Identify three (3) or more signs and symptoms of CG stress and burnout.		

PS5 Identify the ways to cope with grief and loss.		
PC5.1, UK5.1, UK5.2, UK5.3	Describe how you may support a CG experiencing grief and loss.		

PS6 Identify ways to promote personal safety when handling PLWD with high risk.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C**	**NYC**
PC6.1, UK6.1.UK6.2 — Describe how you may protect both yourself and the PLWD who may be at high risk of harm to self or others.		

PS7 Identify the need for and seek appropriate support when required.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C**	**NYC**
PC7.1, UK7.1,UK7.2 — Screen for CG stress via appropriate screening tools.		
PC7.2, UK7.1,UK7.2 — Ability to refer CG to appropriate help or support in accordance to organisational protocols.		
PC7.3, UK7.3 — Name five (5) community resources available for PLWD and their CG.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Care for Self and CG ☐

"Not Yet Competent" in the Competency Domain: Care for Self and CG ☐

Upon conveyance of the Competency Checklist outcome(s) to the Candidate, the Assessor should provide a debrief including the strengths of the Candidate and focus areas for training and improvement. Assessors should be prepared to review and manage possible disagreement(s) from the Candidate on the outcome or interpretation.

The Assessor and Candidate are encouraged to use the Summary Record as a formal documentation to capture feedback, focus areas and recommendations on the training plans.

COMPETENCY OUTCOME AT BASIC LEVEL

Competency Domain		Outcome
B1	Dementia Education	C / NYC
B2	Person-centred Care	C / NYC
B3	Interacting with PLWD	C / NYC
B4	Behaviours Of Concern	C / NYC
B5	Enriching Lives	C / NYC
B6	Palliative Care for PLWD	C / NYC
B7	Care for Self and CG	C / NYC

This candidate has been evaluated to be:

"Competent" at the Basic Level ☐

"Not Yet Competent" at the Basic Level ☐

SUMMARY RECORD

Assessor's Feedback on Competency Outcome

Strengths of the Candidate:

Exposure and Experience in Dementia Care settings/role:

Focus Areas and Recommendations on Training and Development Plans:

Candidate's Feedback on Competency Outcome

Feedback on the Assessment (e.g. difficulty/clarity of questions, duration, etc):

Thoughts on the identified Focus Areas and Assessor's Recommendations:

Candidate has agreed to accept the Competency Outcome.

Candidate Name (As in NRIC)   Assessor Name (As in NRIC)
                                           (if applicable, for assessor-administered evaluation)

_____   _____

Candidate Signature   Assessor Signature

_____   _____

Date: Date:

INTERMEDIATE LEVEL ASSESSMENT CRITERIA AND COMPETENCY CHECKLIST

FRAMEWORK: Dementia Care Competency Framework (Intermediate Level)

Competency Domain	Dementia Education	Person-centred Care	Interacting with Persons living with Dementia (PLWD)	Behaviours of Concern	Enriching Lives	Palliative Care for PLWD	Care for Self and Caregiver(s) (CG)
Domain Descriptor	**Assess PLWD**	**Apply Person-centred Care at Work**	**Support the Well-being of PLWD**	**Minimise the Impact of Behaviours of Concern**	**Maintain the Dignity, Skill and Health of PLWD**	**Assist PLWD in Palliative Care**	**Assist CG to Support PLWD**
Performance Statement	1. Recognise the different types of dementia and the implication it has on the practice. 2. Differentiate between dementia, delirium and depression and the impact to PLWD. 3. Recognise the cause and risk factors (e.g. increasing age, high blood pressure, alcohol intake, hereditary, physical activity, pre-disposing co-morbidities and trauma.) and recommend appropriate risk reduction strategies to handle PLWD. 4. Use appropriate screening tools to assess PLWD.	1. Explain the philosophical and practical approach of person-centred care. 2. Use the person-centred care approach such as VIPS[3] to support the well-being of PLWD. 3. Recognise when the physical or social environment could compromise the health and safety of PLWD. 4. Identify ways to care and help PLWD feel comfortable and secure, and living a meaningful life. 5. Involve PLWD in their own care planning and be sensitive to gender, cross cultural, and spiritual difference. 6. Consider a range of options when developing strategies for inclusion in the care plan for PLWD.	1. Monitor changes and note deteriorations in the person's physical and mental health and take appropriate action. 2. Use a range of techniques routinely to minimise distraction for PLWD. 3. Provide reassurance to PLWD through a variety of strategies (e.g. orientation strategies, validation techniques, reminiscence etc). 4. Communicate effectively and efficiently with PLWD and co-workers in the care environment. 5. Use a range of validation techniques to relieve PLWD that are agitated and display behaviours of concern. 6. Observe and investigate any suspected, alleged or actual abuse.	1. Observe and document behaviours of concern displayed by PLWD to determine the triggers. 2. Consider the potential impact of the behaviours on PLWD and determine suitable responses. 3. Implement appropriate practice techniques and communication strategies to respond to PLWD who demonstrate behaviours of concern. . 4. Review the techniques used in responding to PLWD who demonstrate behaviours of concern regularly.	1. Design and provide activities which aim to promote well-being of PLWD and use familiar and existing skills and activities. 2. Provide activities appropriate to the age and culture of PLWD which reflect their likes and dislikes and maximise the possibility of individual success. 3. Provide activities that focus on a balance between the safety, comfort, autonomy and risk for PLWD. 4. Use families and significant others as a resource to assist in developing appropriate activities by accessing information about reminiscences and routines of PLWD. 5. Support PLWD to access emotional support, counselling or specialist psychological therapies.	1. Identify end-of-life care that PLWD may encounter. 2. Recognise and manage pain in persons with advanced dementia. 3. Facilitate the use of end-of-life care pathways and individualised care plans for PLWD. 4. Advocate early advance care planning (ACP) to PLWD and their CG. 5. Support individuals who are bereaved.	1. Practise self-care. 2. Assess the needs of CG and families. 3. Provide emotional and physical support to PLWD and their CG. 4. Assist CG to access support networks and respite services.

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[3] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

	5. Recognise the general management of dementia, (non-pharmacological - e.g. engagement in activities, behavioural intervention, environment adaptation etc; and pharmacological - e.g. common side effects)	7. Encourage families and friends to participate in activities with PLWD. 8. Communicate positively with PLWD by valuing their individuality.	7. Contribute to the assessment and support of PLWD who may be experiencing neglect, harm or abuse. 8. Report any suspected, alleged or abuse cases to relevant personnel in a timely manner and in accordance to established organisational policies and procedures.			

Mapping of Performance Statements, Performance Checklist, Underpinning Knowledge and the range of suggested assessment methods

The Performance Checklist (PC) provides guidance on the minimum standards needed to demonstrate the achievement of the Performance Statement(s) and are tested through various assessment methods.

Assess Persons living with Dementia (PLWD)			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Recognise the different types of dementia and the implication it has on the practice	**PC1.1** Distinguish and explain the type of dementia the PLWD is likely having, its trajectory and associated symptoms.	**UK1.1.1** Common types of dementia and the impact of its symptoms (at the different stages) on the PLWD and their caregiver(s) (CG)	Case Studies Oral Questioning
		UK1.1.2 Knowledge on the stages in the dementia trajectory and the recognition of key characteristics at each stage with the help of screening and assessment tools	

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS2 Differentiate between dementia, delirium and depression and the impact to PLWD	**PC2.1** Gather and present essential information to distinguish if the PLWD maybe having signs of dementia, delirium or depression.	**UK2.1** Symptoms of delirium and depression, its mood and behavioural presentation (duration, frequency, intensity) **UK2.2** In accordance to organisational report templates e.g. behaviour monitoring charts, latest medication listings (any changes recently), existing medical conditions, vital signs, history taking from CG on changes in mood, personality, environment and routine	Case Studies Oral Questioning
	PC2.2 Assess and decide if an immediate medical consultation is required for the PLWD.		
	PC2.3 Report findings in a concise manner to the medical professionals or supervisor.		
PS3 Recognise the cause and risk factors (e.g. increasing age, high blood pressure, alcohol intake, hereditary, physical activity, predisposing comorbidities and trauma.) and recommend appropriate risk reduction strategies to handle PLWD	**PC3.1** Highlight and explain to CG on how co-morbidities (existing chronic diseases) may impact the health of the PLWD and how it may contribute or intensify behaviours of concerns in the PLWD.	**UK3.1** Knowledge of clinical management of chronic illnesses and also its impacts on the moods, activities of daily living and lifestyle of the PLWD (e.g. of chronic diseases such as hypertension, diabetes, kidney failure, COPD, stroke etc., specific cancer types, pain and wound management)	Case Studies Oral Questioning
	PC3.2 Assess and recommend methods/strategies that the CG can adopt to reduce the risks (on health of the PLWD) due to lifestyle, co-morbidities and non-compliance.	**UK3.2.1** Knowledge of clinical pathways for management of chronic diseases, in consultation with medical professionals	Case Studies Oral Questioning
		UK3.2.2 Impact of aging on physical functions, including five senses, Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and fitness	
		UK3.2.3 Impact of alcohol/intoxication on health	
PS4 Use appropriate tools to assess PLWD**.**	**PC4.1** Understand the objectives and findings of common tools in relation to the level of functioning of the PLWD.	**UK4.1** Tools such as Mini Mental State Examination (MMSE), Even Briefer Assessment Scale for Depression (EBAS), Frontal Assessment Battery, Pool Activity Level (PAL), IADL/ADL etc	Case Studies Oral Questioning

PS5 Recognise the general management of dementia, (non-pharmacological - e.g. engagement in activities, behavioural intervention, environment adaptation etc; and pharmacological - e.g. common side effects).	PC5.1 Assess and recommend non-pharmacological interventions to the CG of PLWD.	UK5.1 Knowledge on the impact of pharmacological and non-pharmacological interventions on PLWD and its complementary usage	Case Studies Oral Questioning
	PC5.2 List possible common side effects of anti-depressant and anti-psychotic medications.	UK5.2 Benefits and importance of non-pharmacological approach in dementia care	Case Studies Oral Questioning

Apply Person-centred Care at Work			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Explain the philosophical and practical approach of person-centred care (PCC).	**PC1.1** Explain how PCC is applied in your work with persons living with dementia (PLWD) and their caregiver(s) (CG).	**UK1.1** Concepts of VIPS[2] (particularly the Enriched Model of Care), or any other holistic models used in dementia care **UK1.2** Knowledge of Biopsychosocial-Spiritual (BPSS) approach	Case Studies Oral Questioning
PS2 Use the person-centred care approach such as VIPS[2] to support the well-being of PLWD.	**PC2.1** Develop and document an initial care plan for the PLWD and their CG (where needed, based on care setting) using the Biopsychosocial-Spiritual (BPSS) approach.	**UK2.1.1** Concepts including Enriched Model of Care (neurological impairment, health and fitness, personality, biography and social psychology) or other holistic dementia care models with the BPSS approach **UK2.1.2** Grief and loss theory (e.g. dual process model, ambiguous and ambivalent losses) for PLWD and CG where appropriate **UK2.1.3** Systemic theory and models of Carer stress and burden (e.g. informal caregiving integrative model) where appropriate	Case Studies

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[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods beyond those that are listed in this Assessment Criteria document.

PC2.2 Gather and validate information from CG, PLWD, referral source and significant others in close contact with the PLWD and CG.	**UK2.1.4** Risk assessments: Types of abuse, self-harm, harm to others, environmental and health risks such as falls/ injuries/ non-compliance to treatment, IADL/ ADL abilities for basic needs of living and ability to get food and ask/initiate/call for help (if basic survival skills are intact). Compliance to medications and medical appointments. Level of executive functions in the areas of reasoning and judgement, perspective, attention span, memory (long- and short-term), language abilities, emotional control and impulses	
PC2.3 Identify the needs of the PLWD and their significant others, e.g. CG and suggest ways to enhance their well-being.		
	UK2.1.5 The purpose and rationale for using Abbreviated Mental Test (AMT)/ EBAS/ Mini-Mental State Examination (MMSE) and other assessment tools	
PC2.4 Identify potential risks for both PLWD and CG.		
	UK2.1.6 Life-span and person-in-environment fit theory, where appropriate	
PC2.5 Develop and document short-, intermediate- and long-term goals for case management.	**UK2.1.7** Selective optimisation theory and Pool Activity Level (PAL) when planning/ suggesting activities to PLWD and CG	
	UK2.1.8 Psychological needs of PLWD (e.g. Tom Kitwood's psychological needs on comfort, identity, attachment, occupation and inclusion)	
PC2.6 Demonstrate the ability to involve CG/PLWD to work on common goals to enhance their well-being.		
	UK2.1.9 Knowledge and application of motivational interviewing or other models of change to assess the readiness of CG	

		UK2.1.10 Uphold professional ethics in assessment (use evidence-based assessment not judgement nor label)	
PS3 Recognise when the physical or social environment could compromise the health and safety of PLWD.	**PC3.1** Identify the physical or social environment that could compromise the health and safety of PLWD.	**UK2.1.4 above**	Case Studies Oral Questioning
PS4 Identify ways to care and help PLWD feel comfortable and secure, and live a meaningful life.	**PC4.1** Explain the use of life story and modification of communication approaches to help PLWD feel comfortable and secure, and live a meaningful life.	**UK2.1.1 to UK2.1.8 above**	Case Studies Oral Questioning
	PC4.2 Identify care approaches to engage PLWD in daily activities.		
PS5 Involve PLWD in their own care planning and be sensitive to gender, cross - cultural, and spiritual differences.	**PC5.1** Identify ways for the PLWD to be involved in their own care planning taking into consideration their gender, education, cross-cultural, and spiritual differences.	**UK2.1.1 to UK2.1.8 above and [CI UK4.1]** Use of Tom Kitwood's Personal enhancers (avoidance of personal detractors) or other communication models to enhance communication with PLWD	Case Studies Oral Questioning
PS6 Consider a range of options when developing strategies for inclusion in the care plan for PLWD.	**PC6.1** Develop strategies to involve PLWD in their care planning.	**UK2.1.6 to UK2.1.10 above**	Case Studies Oral Questioning

PS7 Encourage families and friends to participate in activities with PLWD.	PC7.1 Develop strategies to involve family and friends to participate in activities with PLWD.	**UK2.1.2,UK2.1.3, UK2.1.7, UK2.1.8, UK2.1.9 above**	Case Studies Oral Questioning
PS8 Communicate positively with PLWD by valuing their individuality.	PC8.1 Recognise and show sensitivity to the preferences of the PLWD during communication.	**UK2.1.1, UK2.1.7, UK2.1.8 above and [CI UK4.1]** Use of Tom Kitwood's Personal enhancers (avoidance of personal detractors) or other communication models to enhance communication with PLWD	Case Studies Oral Questioning
	PC8.2 Identify modifications needed in communication.		

Support the Well-Being of Persons living with Dementia (PLWD)			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Monitor changes and note deteriorations in the person's physical and mental health and take appropriate action.	**PC1.1** Assess baseline information about PLWD's pre-morbid physical and mental health conditions. **PC1.2** Highlight physical, mood and cognitive changes or decline of the PLWD to caregiver(s) (CG), supervisor or medical professionals where appropriate and in accordance to organisational protocol.	**UK1.1.1** Clinical management of chronic illnesses and also its impacts on the moods, activities of daily living and lifestyle of the PLWD (e.g. of chronic diseases such as hypertension, diabetes, kidney failure, chronic obstructive pulmonary disease (COPD), stroke etc, specific cancer types, pain and wound management)	Case Studies Role Play
	PC1.3 Assess and suggest to the CG on ways to manage the changes in PLWD where appropriate. **PC1.4** Document discussion with CG and medical professionals.	**UK1.1.2** Common types of dementia and the impact of its symptoms (at different stages) on the PLWD and their CG **UK1.1.3** Knowledge on the stages in the dementia trajectory and the recognition of key characteristics at each stage with the help of screening and assessment tools	Written Assessment

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

	PC1.5 Review short and long term goals where appropriate.	UK 1.1.4 Symptoms of delirium and depression. Its mood and behavioural presentation (duration, frequency, intensity	
PS2 Use a range of techniques routinely to minimise distraction for PLWD.	PC2.1 Develop a range of techniques to minimise distractions for PLWD.	UK2.1.1 Knowledge of environmental and equipment setup that would help enhance the focus/attention of the PLWD. Also identify the optimal timing for engagement through an understanding of the PLWD's sleep wake routines or medication routines UK2.1.2 Knowledge on the needs, limitations (cognitive functions, 5 senses, physical body) and preferences (including language) of the unique PLWD	Case Studies
	PC2.2 Document and disseminate the techniques used to the rest of the team/ward for consistent implementation.	UK2.2 In accordance to organisational work flow	Workplace Observation (WPO)
PS3 Provide reassurance to PLWD through a variety of strategies (e.g. orientation strategies, validation techniques, reminiscence etc)	PC3.1 Demonstrate relevant communication techniques to de-escalate the mood or behaviour of the PLWD.	UK3.1 Use of techniques (e.g. orientation strategies, validation techniques, reminiscence etc) that matches the stage of dementia	Role Play
PS4 Communicate effectively and efficiently with PLWD and co-workers in the care environment.	PC4.1 Develop and document strategies to connect and gain attention or cooperation from the PLWD.	UK4.1 Use of Tom Kitwood's Personal enhancers (avoidance of personal detractors) or other communication models to enhance communication with PLWD	Role Play
	PC4.2 Disseminate the techniques developed to the rest of the team/ward for consistent implementation.		WPO

			Role Play
	PC4.3 Motivate staff on better ways of communicating with PLWD.	**UK 4.2** Staff dynamics and communication patterns	
		UK 2.1.1, UK2.1.2 above	
PS5 Use a range of validation techniques to relieve PLWD that are agitated and display behaviours of concern**.**	**PC5.1** Demonstrate a range of validation techniques to relieve PLWD that are agitated and display behaviours of concern.	**UK5.1** Knowledge and use of Validation techniques	Role Play
PS6 Observe and investigate any suspected, alleged or actual abuse.	**PC.6.1** Identify signs of abuse and conduct in-depth assessments to determine if an abuse had taken place.	**UK6.1** Assessment to be conducted based on the abuse framework (signs and symptoms, types of abuse, risk level, protective factors and safety plan)	Case Studies Oral Questioning Role Play
	PC6.2 Identify protective and vulnerable factors to determine the level of risks	**UK6.2** Report abuse in accordance to organisational and national policies	
	PC6.3 Implement and document safety plans	**UK6.3** Abuse intervention templates in accordance to organisational work flow	
PS7 Contribute to the assessment and support of PLWD who may be experiencing neglect, harm or abuse.	**PC6.1 to PC6.3 above**	**UK6.1 to UK 6.2**	Case Studies Oral Questioning Role Play
PS8 Report any suspected, alleged or abuse cases to relevant personnel in a timely manner and in accordance to established organisational policies and procedures.	**PC8.1** Report any suspected, alleged or abuse cases to relevant personnel in a timely manner and in accordance to established organisational policies and procedures.	**UK8.1** **Mental Capacity Act** and Vulnerable Adult Act, organisational workflows	Case Studies Role Play

Minimise the Impact of Behaviours of Concern			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Observe and document behaviours of concern displayed by PLWD to determine the triggers.	**PC1.1** List common physical and medical conditions that could contribute to challenging behaviours.	**UK1.1** Signs and symptoms of infections, pain, constipation, continence issues, or functional decline due to PLWD's existing chronic diseases. Knowledge of the individual's vital signs at baseline Also look out for signs of self-harm e.g. actively suicidal or agitation resulting in harm to self and others	Case Studies Role Play
	PC1.2 Assess if behaviours of concern requires immediate attention from medical professionals.		
	PC1.3 Discuss the behaviours to be monitored (its duration) with the CG and garner their support to do so.	**UK1.2** ABC monitoring technique (behavioural model)	
	PC1.4 Develop monitoring templates that are suitable for CG (formal/ informal) to implement.	**UK1.3** Knowledge on the limitations (e.g.CG strain and literacy) of the unique informal CG and tailor the monitoring chart accordingly	
	PC1.5 Explain the rationale for using the monitoring template to the CG (formal/ informal).		

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

	PC1.6 Motivate informal CG to use the monitoring template.		
PS2 Consider the potential impact of the behaviours on PLWD and determine suitable responses	**PC2.1** Assess the current level of distress and risks the PLWD, CG or significant others (e.g fellow residents) may be in.	**UK2.1** Risk assessment on harm to self and harm to others (including physical and emotional distress)	Case Studies Role Play
	PC2.2 Demonstrate ability to provide psychoeducation to CG on when to terminate the monitoring and to seek immediate medical attention (i.e. emergency department).	**UK2.2** Knowledge of crisis intervention steps in accordance to organisational protocols **UK2.3** Organisational guidelines on call tree and workflow for behaviour of concerns	
PS3 Implement appropriate practice techniques and communication strategies to respond to PLWD who demonstrate behaviours of concern.	**PC3.1** Develop and implement behaviour interventions based on the monitoring chart and the needs of the PLWD and CG.	**UK3.1.1** An in-depth knowledge/ understanding of the unique PLWD's preferences, hobbies, communication patterns, personality, coping mechanisms, biography, values, beliefs, routines, lifestyle and negative/positive significant life events **UK3.1.2** An in-depth knowledge/understanding of the unique PLWD's psychological needs and limitations (e.g. attention span, memory, sequencing and other executive functions, types of environmental and equipment setup, provide fun and failure free activities). Limitations include physical functions such as decline/impairment of the senses or limb functions	Case Studies Role Play
	PC3.2 Motivate CG to be consistent in executing the agreed behaviour intervention.		

	PC3.3 Explain the rationale of interventions and importance of consistency in executing the agreed behaviour interventions.	**UK3.2** An in-depth knowledge/understanding of the needs and limitations of the CG, including signs of burnt out and level of CG motivation	
PS4 Review the techniques used in responding to PLWD who demonstrate behaviours of concern regularly.	**PC4.1** Assess the frequency to review/evaluate behaviour intervention plans and who or when to be involved.	**UK4.1** Organisational Behavioural intervention flow chart stating call tree, duration of intervention and evaluation (number of failed attempts before triggering the next level of staff or medical professionals etc)	Case Studies Role Play
	PC4.2 Assess and seek supervision for recurring behaviours despite interventions.		

Maintain the Dignity, Skill and Health of PLWD			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Design and provide activities which aim to promote well-being of PLWD and use familiar and existing skills and activities **PS2** Provide activities appropriate to the age and culture of PLWD which reflect their likes and dislikes and maximise the possibility of individual success. **PS3** Provide activities that focus on a balance between the safety, comfort, autonomy and risk for PLWD.	**PC1.1** Develop and implement activities which aim to promote well-being of PLWD. **Taking into considerations:** **(a)** Is the activity familiar to the PLWD based on their psychological age, culture, past occupations and hobbies? **(b)** Does the activity tapped on the existing skills of the PLWD? **(c)** Is the activity failure-free? **(d)** Is sufficient measures taken to reduce the level of physical (e.g. falls, injuries) and psychological risk (distress due to over challenging activity or boredom due to under challenging activity)?	**UK 1.1.1** An in-depth knowledge/understanding of PLWD's preferences, hobbies, communication patterns, personality, coping mechanisms, biography, values, beliefs, routines, lifestyle and negative/positive significant life events **UK1.1.2** An in-depth knowledge/understanding of the PLWD's psychological needs and limitations (e.g. attention span, memory, sequencing and other executive functions, types of environmental and equipment set-up, provide fun and failure-free activities). Limitations may also include physical functions such as decline or impairment of the senses or limb functions **UK1.1.3** An in-depth knowledge/understanding of the needs and limitations of the CG, including signs of burnout and level of CG motivation.	Case Studies Role Play

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[4] For each Performance Statement, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS4 Use families and significant others as a resource to assist in developing appropriate activities by accessing information about reminiscences and routines of PLWD PS5 Support PLWD to access emotional support, counselling or specialist psychological therapies.	(e) Are inputs from informal caregiver(s) (CG) taken into consideration during activity design? (f) Identify and assess the cause of mood changes during activity implementation. Refer PLWD for emotional support where necessary.	**UK 1.1.4** Use of relevant communication techniques [include DCCF Competency domain: Interacting with PLWD]	
		UK 1.1.5 Design failure-free activities with reference from activity guides for PLWD e.g. Pool Activity Level (PAL)	
		UK 1.1.6 Evaluation of activity based on well-being assessment tools e.g. Bradford's Well-being Profiling Tool	

Assist PLWD in Palliative Care			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Identify end-of-life care that PLWD may encounter	**PC1.1** Assess and implement/refer for end-of-life care at appropriate juncture.	**UK1.1** Knowledge of dementia trajectory and implement/refer for end-of-life care based on organisational protocols	Case Studies Oral Questioning
		UK1.2 Knowledge of suitable activities (e.g. Namaste care) for PLWD at end stage of life	
		UK 1.3 Comfort care conversations with next of kin	
PS2 Recognise and manage pain in persons with advanced dementia**.**	**PC2.1** Assess and manage (or refer for pain management) pain in persons with advanced dementia**.**	**UK2.1** Knowledge of pain observations and management for end stage dementia and other terminal illnesses. Implement pain management pathway with reference to organisational protocols	Case Studies Oral Questioning
PS3 Facilitate the use of end-of life care pathways and individualised care plans for PLWD.	**PC3.1** Explain the steps needed to co-ordinate end-of-life care pathways and individualized care plans.	**UK3.1** With reference to Organisational protocols or work flow (e.g. activation of internal or external palliative care team)	Case Studies Oral Questioning

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[4] For each Competency Element, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS4 Advocate early advance care planning (ACP) to PLWD and their CG.	**PC4.1** Advocate for ACP at preferably the initial stage of engagement with PLWD and their trusted CG. **PC4.2** Demonstrate the ability to explain the rationale of ACP to prepare for ACP conversations.	**UK 4.1** Knowledge of ACP conversations and the importance of having it at the early stage of dementia, when the person still has mental capacity	Case Studies Role Play
PS5 Support individuals who are bereaved.	**PC5.1** Identify signs of grief and refer for grief and bereavement counselling where appropriate.	**UK 5. 1** Signs and symptoms of grief and loss in CG	Case Studies

Assist CG to Support PLWD			
Performance Statement (PS)	**Performance Checklist (PC)**	**Underpinning Knowledge (UK)**	**SUGGESTED ASSESSMENT METHODS[4]**
PS1 Practise self-care.	**PC1.1** List potential external and internal triggers leading to stress in professional/formal CG. **PC1.2** Identify stress signals so as to know when to apply self-care. **PC1.3** Suggest and demonstrate appropriate self-care techniques.	**UK1.1.1** Types of stressors e.g. family commitment and responsibilities, financial difficulties, unwell family members, relationship issues, work responsibilities etc **UK1.1.2** Types of burnt out in professional CG and its associated signs and symptoms **UK1.1.3** Self-care routines and emotional regulation techniques (e.g. Identifications of triggers, thoughts and bodily sensations, self soothe techniques etc) **UK 1.1.4** Knowledge of organisational protocols for staff welfare (for formal CG)	Case Studies Oral Questioning
PS2 Assess the needs of CG and families	**PC2.1** Assess the needs of CG using the Biopsychosocial-Spiritual (BPSS) approach.	**UK 2.1.1** Assessment tools (e.g. Zarit burden, EBAS, self-harm and risks to others), Models of Carer stress and burden (e.g. Informal caregiving integrative model). Models of grief and loss (e.g. dual process model, ambiguous loss, ambivalent loss)	

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[4] For each Competency Element, there will be suggested assessment methods. However, assessors can use other assessment methods out of the ones that are listed in this Assessment Criteria document.

PS3 Provide emotional and physical support to PLWD and their CG.	PC3.1 Highlight the needs identified and the type of support to be rendered.	UK 2.1.2 Effects of caregiving and effectiveness of CG's current coping mechanisms. Refer CG or render counselling and support where appropriate	
PS4 Assist CG to access support networks and respite services.	PC4.1 Explain rationale of client's needs and mobilise appropriate resources in the community for client (CG and PLWD).	UK2.1.3 Familiar with available community resources and be able to advocate and brokerage relevant services for the PLWD and CG. Bring in relevant service providers, garner their support to bridge service gaps	

Intermediate level		
Competency Domain Dementia Education		
Domain Descriptor Assess PLWD		
Performance Statement (PS) **PS1** Recognise the different types of dementia and the implication it has on the practice.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1.1,UK 1.1.2	Distinguish and explain the type of dementia the PLWD is likely having, its trajectory and associated symptoms.		

PS2 Differentiate between dementia, delirium and depression and the impact to PLWD**.**		
PC2.1, UK2.1, UK2.2	Gather and present essential information to distinguish if the PLWD may be having signs of dementia, delirium or depression.		
PC2.2, UK2.1, UK2.2	Assess and decide if an immediate medical consultation is required for the PLWD.		
PC2.3, UK2.1, UK2.2	Report findings in a concise manner to the medical professionals or supervisor.		

PS3 Recognise the cause and risk factors (e.g. increasing age, high blood pressure, alcohol intake, hereditary, physical activity, predisposing comorbidities and trauma.) and recommend appropriate risk reduction strategies to handle PLWD.		
PC3.1, UK3.1	Highlight and explain to CG on how co-morbidities (existing chronic diseases) may impact the health of the PLWD and how it may contribute or intensify behaviours of concerns in the PLWD.		
PC3.1, UK3.2.1 to UK3.2.3	Assess and recommend methods/strategies that the CG can adopt to reduce the risks (on health of the PLWD) due to lifestyle, co-morbidities and non-compliance.		

PS4 Use appropriate tools to assess PLWD.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C**	**NYC**
PC4.1, UK4.1	Understand the objectives and findings of common tools in relation to the level of functioning of the PLWD.		71

PS5 Recognise the general management of dementia, (non-pharmacological - e.g. engagement in activities, behavioural intervention, environment adaptation etc. and pharmacological - e.g. common side effects).			
PC5.1, UK5.1	Assess and recommend non pharmacological interventions to the CG of PLWD.		
PC5.2, UK5.2	List possible common side effects of anti-depressant and anti-psychotic medications.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Dementia Education ☐

"Not Yet Competent" in the Competency Domain: Dementia Education ☐

Intermediate Level		
Competency Domain Person-centred Care (PCC)		
Domain Descriptor Apply PCC at work		
Performance Statement (PS) **PS1** Explain the philosophical and practical approach of PCC.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1 UK1.1, UK1.2	Explain how PCC is applied in your work with persons living with dementia (PLWD) and their caregiver(s) (CG).		

PS2 Use the person-centred care approach such as VIPS[2] to support the well-being of PLWD.		
PC2.1, UK2.1.1 to UK2.1.10	Develop and document an initial care plan for the PLWD and their CG (where needed, based on care setting) using the Biopsychosocial-Spiritual (BPSS) approach.		
PC2.2, UK2.1.1 to UK2.1.10	Gather and validate information from CG, PLWD, referral source(s) and significant others in close contact with the PLWD and CG.		
PC2.3, UK2.1.1 to UK2.1.10	Identify the needs of the PLWD and their significant others, e.g. CG and suggest ways to enhance their well-being.		
PC2.4, UK2.1.1 to UK2.1.10	Identify potential risks for both PLWD and CG.		
PC2.5, UK2.1.1 to UK2.1.10	Develop and document short-, intermediate- and long-term goals for case management.		
PC2.6, UK2.1.1 to UK2.1.10	Demonstrate the ability to involve CG and PLWD to work on common goals to enhance their well-being.		

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[2] Refer to Annex C – The Person-centred Care Approach (e.g. VIPS)

PS3 Recognise when the physical or social environment could compromise the health and safety of PLWD.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C**	**NYC**
PC3.1, UK2.1.4	Identify the physical or social environment that could compromise the health and safety of PLWD.		

PS4 Identify ways to care and help PLWD feel comfortable and secure, and live a meaningful life.			
PC4.1, UK2.1.1 to UK2.1.8	Explain the use of life story and modification of communication approaches to help PLWD feel comfortable and secure, and live a meaningful life.		
PC4.2, UK2.1.1 to UK2.1.8	Identify care approaches to engage PLWD in daily activities.		

PS5 Involve PLWD in their own care planning and be sensitive to gender, cross cultural, and spiritual difference.			
PC5.1, UK2.1.1 to UK2.1.8 and (CI UK4.1)	Identify ways for the PLWD to be involved in their own care planning taking into consideration their gender, education, cross-cultural, and spiritual differences.		

PS6 Consider a range of options when developing strategies for inclusion in the care plan for PLWD.			
PC6.1, UK2.1.6 to UK2.1.10	Develop strategies to involve PLWD in their care planning.		

PS7 Encourage families and friends to participate in activities with PLWD.			
PC7.1, UK2.1.2, UK2.1.3, UK2.1.7, UK2.1.8, UK2.1.9	Develop strategies to involve family and friends to participate in activities with PLWD.		

	PS8 Communicate positively with PLWD by valuing their individuality.		
PC8.1, UK2.1.1, UK2.1.7, UK2.1.8, (CI UK4.1)	Recognise and show sensitivity to the preferences of the PLWD during communication.		
PC8.2, UK2.1.1, UK2.1.7, UK2.1.8, (CI UK4.1)	Identify modifications needed in communication.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Person-centred Care ☐

"Not Yet Competent" in the Competency Domain: Person-centred Care ☐

I3. Support the Well-being of PLWD

Intermediate level			
Competency Domain Interacting with Persons living with Dementia (PLWD)			
Domain Descriptor Support the Well-Being of PLWD			
Performance Statement (PS) **PS1** Monitor changes and note deteriorations in the person's physical and mental health and take appropriate action.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C - Competent** **NYC - Not Yet Competent**	
		C	**NYC**
PC1.1,UK1.1.1	Assess baseline information about PLWD's pre-morbid physical and mental health conditions.		
PC1.2, UK1.1.1	Highlight physical, mood and cognitive changes/decline of the PLWD to caregiver(s) (CG), supervisor or medical professionals where appropriate and in accordance to organisational protocol.		
PC1.3, UK1.1.2 to UK1.1.4	Assess and suggest to the CG on ways to manage the changes in PLWD where appropriate.		
PC1.4, UK1.1.2 to UK1.1.4	Document discussion with CG and medical professionals.		
PC1.5 UK1.1.2 to UK1.1.4	Review short and long term goals where appropriate.		

PS2 Use a range of techniques routinely to minimise distraction for PLWD.			
PC2.1, UK2.1.1, UK2.1.2	Develop a range of techniques to minimise distractions for PLWD.		
PC2.2, UK2.2	Document and disseminate the techniques used to the rest of the team/ward for consistent implementation.		

PS3 Provide reassurance to PLWD through a variety of strategies (e.g. orientation strategies, validation techniques, reminiscence etc).		
Competencies may be observed by Assessor through suggested Assessment Methods	**C**	**NYC**
PC3.1, UK3.1 — Demonstrate relevant communication techniques to de-escalate the mood/behaviour of the PLWD.		

PS4 Communicate effectively and efficiently with PLWD and co-workers in the care environment.		
PC4.1, UK4.1 — Develop and document strategies to connect and gain attention/cooperation from the PLWD.		
PC4.2, UK4.1 — Disseminate the techniques developed to the rest of the team/ward for consistent implementation.		
PC4.3, UK4.2 UK 2.1.1, UK2.1.2 — Motivate staff on better ways of communicating with PLWD.		

PS5 Use a range of validation techniques to relieve PLWD that are agitated and display behaviours of concern.		
PS5.1, UK5.1 — Demonstrate a range of validation techniques to relieve PLWD that are agitated and display behaviours of concern.		

PS6 Observe and investigate any suspected, alleged or actual abuse. and PS7 Contribute to the assessment and support of PLWD who may be experiencing neglect, harm or abuse.		
PC6.1, UK6.1 — Identify signs of abuse and conduct in-depth assessments to determine if an abuse had taken place.		
PC6.2, UK6.2 — Identify protective and vulnerable factors to determine the level of risks.		
PC6.3, UK6.3 — Implement and document safety plans.		

PS8 Report any suspected, alleged or abuse cases to relevant personnel in a timely manner and in accordance to established organisational policies and procedures		
PC8.1, UK8.1	Report any suspected, alleged or abuse cases to relevant personnel in a timely manner and in accordance to established organisational policies and procedures.	

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Interacting with PLWD ☐

"Not Yet Competent" in the Competency Domain: Interacting with PLWD ☐

I4. Minimise the Impact of Behaviours of Concern

Intermediate level			
Competency Domain Behaviours of Concern			
Domain Descriptor Minimise Impact of Behaviours of Concern			
Performance Statement (PS) **PS1** Observe and document behaviours of concern displayed by Persons living with Dementia (PLWD) to determine the triggers.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C - Competent** **NYC - Not Yet Competent**	
		C	**NYC**
PC1.1, UK1.1	List common physical and medical conditions that could contribute to challenging behaviours		
PC1.2, UK1.1	Assess if behaviours of concern requires immediate attention from medical professionals		
PC1.3, UK1.2	Discuss the behaviours to be monitored (its duration) with the caregiver(s) (CG) and garner their support to do so		
PC1.4, UK1.3	Develop monitoring templates that are suitable for CG (formal/informal) to implement		
PC1.5, UK1.3	Explain the rationale for using the monitoring template to the CG (formal/informal).		
PC1.6, UK1.3	Motivate informal CG to use the monitoring template.		

PS2 Consider the potential impact of the behaviours on PLWD and determine suitable responses**.**			
PC2.1, UK2.1	Assess the current level of distress and risks the PLWD, CG or significant others (e.g. fellow residents) may be in.		
PC2.2 UK2.2, UK2.3	Demonstrate ability to provide psychoeducation to CG on when to terminate the monitoring and to seek immediate medical attention (i.e. emergency department).		

PS3 Implement appropriate practice techniques and communication strategies to respond to PLWD who demonstrate behaviours of concern.			
Competencies may be observed by Assessor through suggested Assessment Methods		**C**	**NYC**
PC3.1, UK3.1.1, UK3.1.2, UK3.2	Develop and implement behaviour interventions based on the monitoring chart and the needs of the PLWD and CG.		
PC3.2, UK3.1.1, UK3.1.2, UK3.2	Motivate CG to be consistent in executing the agreed behaviour interventions.		
PC3.3, UK3.1.2, UK3.2	Explain the rationale of interventions and importance of consistency in executing the agreed behaviour interventions.		

PS4 Review the techniques used in responding to PLWD who demonstrate behaviours of concern regularly.			
PC4.1, UK4.1	Assess the frequency to review/evaluate behaviour intervention plans and who or when to be involved.		
PC4.2, Uk4.1	Assess and seek supervision for recurring behaviours despite interventions.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Behaviours of Concern ☐

"Not Yet Competent" in the Competency Domain: Behaviours of Concern ☐

Intermediate Level

Competency Domain
Enriching Lives

Domain Descriptor
Maintain the Dignity, Skill and Health of Persons living with Dementia (PLWD)

Performance Statement (PS)
PS1 Design and provide activities which aim to promote well-being of PLWD and use familiar and existing skills and activities.
PS2 Provide activities appropriate to the age and culture of PLWD which reflect their likes and dislikes and maximise the possibility of individual success.
PS3 Provide activities that focus on a balance between the safety, comfort, autonomy and risk for PLWD.
PS4 Use families and significant others as a resource to assist in developing appropriate activities by accessing information about reminiscences and routines of PLWD.
PS5 Support PLWD to access emotional support, counselling or specialist psychological therapies.

Competencies may be observed by Assessor through suggested Assessment Methods		C - Competent NYC - Not Yet Competent	
		C	NYC
PC1.1 a-f, UK1.1.1 to UK 1.1.6	Develop and implement activities which aim to promote well-being of PLWD. Taking into considerations:		
	Is the activity familiar to the PLWD based on their psychological age, culture, past occupations and hobbies?		
	Does the activity tapped on the existing skills of the PLWD?		
	Is the activity failure-free?		
	Is sufficient measures taken to reduce the level of physical (e.g. falls, injuries) and psychological risk (distress due to over challenging activity or boredom due to under challenging activity)?		
	Are inputs from informal caregiver(s) (CG) taken into consideration during activity design?		
	Identify and assess the cause of mood changes during activity implementation. Refer PLWD for emotional support where necessary.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Enriching Lives ☐

"Not Yet Competent" in the Competency Domain: Enriching Lives ☐

Intermediate Level		
Competency Domain Palliative Care for Persons living with Dementia (PLWD)		
Domain Descriptor Assist PLWD in Palliative Care		
Performance Statement (PS) **PS1** Design and provide activities which aim to promote well-being of PLWD and use familiar and existing skills and activities.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C - Competent** **NYC - Not Yet Competent**	
	C	**NYC**
PC1.1, UK1.1, UK1.2, UK1.3	Assess and implement/refer for end-of-life care at appropriate juncture		

PS2 Recognise and manage pain in persons with advanced dementia.		
PC2.1, UK2.1	Assess and manage (or refer for pain management) pain in persons living with advanced dementia.		

PS3 Facilitate the use of end-of life care pathways and individualised care plans for PLWD.		
PC3.1, UK3.1	Explain the steps needed to co-ordinate end-of-life care pathways and individualized care plans.		

PS4 Advocate early advance care planning (ACP) to PLWD and their caregiver(S) (CG).		
PC4.1, UK4.1	Advocate for ACP at preferably the initial stage of engagement with PLWD and their trusted CG.		
PC4.2, UK4.1	Demonstrate the ability to explain the rationale of ACP to prepare for ACP conversations.		

PS5 Support individuals who are bereaved.		
PC5.1, UK 5.1	Identify signs of grief and refer for grief and bereavement counselling where appropriate.		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Palliative Care for PLWD ☐

"Not Yet Competent" in the Competency Domain: Palliative Care for PLWD ☐

Intermediate Level		
Competency Domain Care for Self and Caregiver(s) (CG)		
Domain Descriptor Assist CG to Support Persons living with Dementia (PLWD)		
Performance Statement (PS) **PS1** Practise self-care.		
Competencies may be observed by Assessor through suggested Assessment Methods	**C**	**NYC**
PC1.1 UK1.1.1 to UK 1.1.4	List potential external and internal triggers leading to stress in professional/formal CG.		
PC1.2 UK1.1.1 to UK 1.1.4	Identify stress signals so as to know when to apply self-care.		
PC1.3 UK1.1.1 to UK 1.1.4	Suggest and demonstrate appropriate self-care techniques.		

PS2 Assess the needs of CG and families. **PS3** Provide emotional and physical support to PLWD and their CG. **PS4** Assist CG to access support networks and respite services.		
PC2.1 UK2.1.1 to UK2.1.3	Assess the needs of CG using the Biopsychosocial-Spiritual (BPSS) approach.		
PC2.2 UK2.1.1 to UK2.1.3	Highlight the needs identified and the type of support to be rendered.		
PC2.3 UK2.1.1 to UK2.1.3	Explain rationale of client's needs and mobilise appropriate resources in the community for client (CG and PLWD).		

Outcome of Competency Checklist

This candidate has been evaluated to be:

"Competent" in the Competency Domain: Care for Self and CG ☐

"Not Yet Competent" in the Competency Domain: Care for Self and CG ☐

Upon conveyance of the Competency Checklist outcome(s) to the Candidate, the Assessor should provide a debrief including the strengths of the Candidate and focus areas for training and improvement. Assessors should be prepared to review and manage possible disagreement(s) from the Candidate on the outcome or interpretation.

The Assessor is encouraged to use the Summary Record as a formal documentation that the Candidate has been debriefed and agree to accept the competency checklist outcome.

COMPETENCY OUTCOME AT INTERMEDIATE LEVEL

	Competency Domain	Outcome
I1	Dementia Education	C / NYC
I2	Person-centred Care	C / NYC
I3	Interacting with PLWD	C / NYC
I4	Behaviours Of Concern	C / NYC
I5	Enriching Lives	C / NYC
I6	Palliative Care for PLWD	C / NYC
I7	Care for Self and CG	C / NYC

This candidate has been evaluated to be:

"Competent" at the Intermediate Level

"Not Yet Competent" at the Intermediate Level

SUMMARY RECORD

Assessor's Feedback on Competency Outcome

Strengths of the Candidate:

Exposure and Experience in Dementia Care settings/role:

Focus Areas and Recommendations on Training and Development Plans:

Candidate's Feedback on Competency Outcome

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Feedback on the Assessment (e.g. difficulty/clarity of questions, duration, etc):




Thoughts on the identified Focus Areas and Assessor's Recommendations:
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Candidate has agreed to accept the Competency Outcome.

Candidate Name (As in NRIC)   Assessor Name (As in NRIC)
                                   (if applicable, for assessor-administered evaluation)

_____   _____

Candidate Signature   Assessor Signature

_____   _____

Date: Date:

Acknowledgements

We would like to thank our partners who have contributed their consultancy, feedback and participation in both the development and industry validation of the DCCF Assessment Criteria and Competency Checklist.

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Special Thanks for Community Mental Health Partners' Support and Input

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All titles reflected are as at the time of their involvement and contribution in the development and industry validation of the DCCF Assessment Criteria and Competency Checklist.

KIND Gesture

Keep a lookout for persons living with dementia (PLWD) (看)

Interact with CARE (问)

As you communicate with PLWD, be:

- **C**lear, simple and patient when talking to him/her
- **A**cknowledge his/her concerns
- **R**espectful and be reassuring
- **E**ngage to provide comfort and build trust

Notice the needs of PLWD and offer help (帮)

Dial for help (拨)

CARE Approach

Clear, simple and patient when talking to persons living with dementia

- Speak clearly
- Maintain a calming and comforting tone
- Use short and simple sentences

Acknowledge his/her concerns

- Maintain eye contact
- Put the person at ease
- Be attentive when listening to the person

Respectful and be reassuring

- Give the person time to think and respond
- Use friendly and caring tone when talking to the person
- Give the person plenty of encouragement

Engage to provide comfort and build trust

- Create a comforting presence when talking to the person
- Build a trusting relationship with the person
- Ask appropriate questions

Person-centred Care Approach (e.g. VIPS)

Valuing persons living with dementia (PLWD) and their caregiver(s) (CG)

- Recognise and respect the rights to privacy, dignity and entitlement regardless of age or cognitive ability

Individualised Care

- Treat each PLWD with unique life history, personality, culture, physical and mental health

Personal Perspectives

- View and understand the world from the perspective of PLWD

Social Environment

- Recognise and build the relationships that PLWD have with their families, CG and care staff