## Contents

1. Introduction and background ................................................................. 3
2. Overview of topics for a Curriculum for Dementia Education (CfDE) ....................... 6
3. Underpinning values ............................................................................... 8
4. Recommended core topics for inclusion within pre-registration ......................... 9
   **Programmes for health and social care staff**
   - Core topic 1: Prevention and Keeping well ........................................... 10
   - Core topic 2: Identification and assessment of dementia .......................... 11
   - Core topic 3: Understanding the experience of and communicating with people with dementia ......................................................... 12
   - Core topic 4: Creating effective partnerships with carers & families .......... 13
   - Core topic 5: Equality, diversity and inclusion in dementia care ............... 14
   - Core topic 6: Developing person centred care, assessment and care planning .......................................................... 15
   - Core topic 7: Understanding ethical and legal aspects of working with people with dementia ............................................................. 16
   - Core topic 8: Holistic health and supporting the daily life of people with dementia ................................................................. 17
   - Core topic 9: End of life palliative care .................................................. 19
   - Core topic 10: Key professional abilities and collaborative working ............ 20
5. Full curriculum with detailed content and learning outcomes for consideration for dementia ................................................................. 21
   **Specific pre & post-registration courses and pre & post-graduate education in dementia**
   - Full Curriculum topic 1: Prevention and Keeping well .............................. 22
   - Full Curriculum topic 2: Identification and assessment of dementia ............ 24
   - Full Curriculum topic 3: Understanding the experience of and communicating with people with dementia .............................................. 25
   - Full Curriculum topic 4: Creating effective partnerships with carers & families ........................................................................... 26
   - Full Curriculum topic 5: Equality, diversity and inclusion in dementia care ....................................................................................... 28
   - Full Curriculum topic 6: Supporting people in the early stages of dementia .... 30
   - Full Curriculum topic 7: Developing person centred care, assessment and care planning ................................................................. 31
   - Full Curriculum topic 8: Holistic health for people with dementia ............... 32
   - Full Curriculum topic 9: Supporting the daily life of people with dementia .... 33
   - Full Curriculum topic 10: Pharmacology relating to the needs of people with dementia ................................................................. 36
   - Full Curriculum topic 11: Psycho-social approaches for people with dementia .......................................................... 37
   - Full Curriculum topic 12: Key professional abilities and collaborative working ................................. 38
   - Full Curriculum topic 13: Understanding legal aspects of working with people with dementia ................................................................. 39
   - Full Curriculum topic 14: Understanding ethical issues in caring for people with dementia ................................................................. 40
   - Full Curriculum topic 15: End of life palliative care ................................... 41
   - Full Curriculum topic 16: Key Environment ................................................ 42
   - Full Curriculum topic 17: Research, policy and service development in dementia care ................................................................. 43
6. References and Bibliography .................................................................. 60

## Appendices

1. Literature review of dementia education (Innes et al 2012) ............................ 62
2. Equality Impact Assessment ....................................................................... 70
3. List of HEDN members ............................................................................ 76

Index ........................................................................................................ 78
HEDN is a group of lecturers in UK Higher Education Institutions who teach and manage courses related to dementia care at both pre-and post qualifying, undergraduate and post-graduate levels. The network currently has members from 53 different universities across the country.

We thank the following people for their specific support and assistance in developing the curriculum. This work was funded and co-ordinated by Dementia UK, who provide administrative support to the Higher Education for Dementia Network (HEDN).

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Catharine Jenkins, Birmingham City University
Chris Knifton, De Montfort University
Claire Surr, Bradford Dementia Group, University of Bradford
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Elizabeth Collier, University of Salford

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Report compiled by Rachel Thompson and Emma Hewat, Dementia UK

2 A Curriculum for Dementia Education
The need to develop an effective and informed workforce in dementia has received significant attention over the last few years within national dementia strategies and plans. In order to achieve good quality dementia care it is essential that all health and social care staff have the necessary skills to provide the best quality of care in the roles and settings where they work. A number of frameworks have been developed which set out knowledge and skills requirements (Skills for Care & Skills for Health 2011, Scottish Government 2011, South West Dementia Partnership 2011). However these need supporting through effective training, education, continuous professional and vocational development in dementia.

The Higher Education for Dementia Network (HEDN) believes that there needs to be a consistent approach to the delivery of dementia education, which is systematic, relevant, meaningful and of a high quality. The inclusion of evidence based approaches and reflective topics, as well as skills based learning is seen as essential to the delivery of good dementia education. HEDN believes that higher education has a crucial role to play in the development of knowledgeable and skilled leaders who will support cultures that will help transform the delivery of care.

In support of this HEDN has developed a Curriculum for Dementia Education (CfDE), which offers a guide for developing the content of higher education programmes for health and social care professionals as well as those working in the voluntary sector.

The CfDE has been developed in a systematic way, including mapping against existing dementia care education frameworks, and validation from service users and carers and practitioners. (Hope et al, 2007; Pulsford et al, 2003; Pulsford et al, 2007; Thompson et al, 2007; Pulsford et al 2009).

More recently a literature review was carried out to support its development and identify areas for development plus consultation with the network to achieve consensus. (See Appendix 2, Innes et al 2012.)

The CfDE developed by HEDN is therefore offered as an empirically based and service-user validated framework to underpin higher education courses in dementia care at a range of levels.

**Developing a consistent approach to dementia education**

HEDN believes that good quality education in dementia care is essential for all those employed in the caring professions including nurses, social workers, occupational therapists, medics and care assistants/support staff. Appropriate coverage of dementia should be present within all pre-registration or pre-qualifying programmes for health and social care professionals. It should also be a core component in planning education and training for non-registered staff.

To make a noticeable difference, professional education for dementia care should be significant, in terms of time allocated; academic
level and practice-relatedness, across all programmes in health and social care.

Education in dementia should be made widely available at a number of different levels, with learning being assessed against specific learning outcomes, which encourage critical thinking and reflection.

There should be enhanced opportunities for staff to gain further qualifications in dementia care at diploma, first degree and post-graduate levels, supported by funding.

HEDN believes that care staff at all levels, including non-registered staff, can benefit from higher education in dementia care.

Education can only raise standards of care if it is part of a systematic approach to quality enhancement, embracing the development of leadership and changing organisational cultures.

This document includes the following sections:

- Overview of topics
- Underpinning values
- Recommended core topics for inclusion within undergraduate\(^1\) programmes for health and social care staff
- Full curriculum with detailed content and learning outcomes for consideration in dementia specific undergraduate and post graduate education in dementia.

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1. For the purpose of this document the term undergraduate will be used to describe all courses at pre-qualifying, pre-registration and undergraduate level

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This document is not intended to prescribe curriculum content but is offered as a guide to those developing programmes for dementia education. It offers a comprehensive evidence based approach that can be adapted to different academic levels. As such, it is intended as a framework to support and inform educational content leading to a dementia aware workforce that can be integrated in part into new or existing curricula. Alternatively it may be utilised in full.

The delivery of the curriculum must be underpinned by core values, outlined in section 3, which support the development of a caring, compassionate and capable workforce.
Using the Curriculum for Dementia Education (CfDE)

This Curriculum contains two main parts.

Part 1 (Section 4 of this document) describes the recommended core topics for generic/professional undergraduate and pre-registration courses, and

Part 2 (Section 5 of this document) describes a much more detailed curriculum of topics, designed for dementia specific programmes at both an undergraduate and postgraduate level.

Where appropriate, learning outcomes for both parts have been divided into teaching and learning academic standards, measured against 3 quality learning standards used within Higher Education in England, Northern Ireland, Wales and Scotland. These are:

- Framework for Higher Education Quality in England, Wales and Northern Ireland (FHEQ)
- Scottish Credit Accumulation and Transfer (SCOTCAT)
- The Scottish Credit and Qualifications Framework (SCF)

These standards have varying degrees of level directing study at either undergraduate or postgraduate level. As the level number increases, the levels get progressively more challenging and suggest the added complexity and depth of learning required.

For the purpose of this curriculum, these have been grouped as:

**Usually for Undergraduate study**

- Level 5 (FHEQ), equivalent to Level 2 SCOTCAT and Level 8 SCQF
- Level 6 (FHEQ), equivalent to level 3 SCOTCAT and Levels 9 & 10 SCQF

** Usually for Postgraduate study**

- Level 7 (FHEQ), equivalent to Level 4 SCOTCAT and Level 11 SCQF

Providers and Programme leaders are encouraged to select either Section 4 or 5 depending on their target student audience, followed next by the appropriate academic level to be achieved.

Programme leaders should also ensure that learning is informed by relevant legislation and policy (see References and Bibliography).
Overview of topics for a Curriculum for Dementia Education (CfDE)

This section provides an overview of all the topics within the curriculum for dementia education. Some topics from the ‘Full Curriculum for Dementia Specific Programmes’ have been condensed in the ‘Core Topics for undergraduate courses’ (see Section 4). For detailed information about the Full Curriculum and learning outcomes at different levels, see Section 5.

### CORE TOPICS FOR UNDERGRADUATE COURSES

1. Prevention and keeping well
2. Identification of dementia
3. Understanding the experience of and communicating with people with dementia
4. Creating effective partnerships with carers & families
5. Equality, diversity and inclusion in dementia care
6. Developing person centred care, assessment and care planning
7. Understanding legal and ethical aspects of working with people with dementia
8. Holistic health and supporting the daily life of people with dementia
9. End of life palliative care
10. Key professional abilities and collaborative working
<table>
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<tr>
<th></th>
<th>FULL CURRICULUM FOR DEMENTIA SPECIFIC PROGRAMMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prevention and keeping well</td>
</tr>
<tr>
<td>2</td>
<td>Identification and assessment of dementia</td>
</tr>
<tr>
<td>3</td>
<td>Understanding the experience of and communicating with people with dementia</td>
</tr>
<tr>
<td>4</td>
<td>Creating effective partnerships with carers &amp; families</td>
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<td>5</td>
<td>Equality, diversity and inclusion in dementia care</td>
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<td>6</td>
<td>Supporting people in the early stages of dementia</td>
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<td>7</td>
<td>Developing person centred care, assessment and care planning</td>
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<td>9</td>
<td>Supporting the daily life of people with dementia</td>
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</tr>
<tr>
<td>11</td>
<td>Psycho-social approaches for people with dementia</td>
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<td>12</td>
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<tr>
<td>14</td>
<td>Understanding ethical issues in caring for people with dementia</td>
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<tr>
<td>15</td>
<td>End of life palliative care</td>
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<td>16</td>
<td>Environment</td>
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<td>17</td>
<td>Research, policy and service development in dementia care</td>
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The curriculum and learning at all levels will be underpinned by the following values:

- People with dementia should feel **empowered** and enabled to exercise rights and choice, maintain their identity and to be treated with **equity, dignity and respect**
- People with dementia should have access to an early and accurate **diagnosis** of dementia
- People with dementia should be able to **enjoy** life and feel they are a valuable member of the **community**
- People with dementia maintain their best level of **physical, mental, social and emotional wellbeing**
- People with dementia are able to maintain valued **relationships** and networks, and have the opportunity to develop new ones
- People with dementia and their families/carers are given information that they **understand** and enable them to make decisions based on that understanding
- People with dementia and their families/carers have access to **quality services** which provide **treatment** and support which acknowledge and respect their **diverse** needs
- People with dementia feel **safe** and are able to be as independent as possible
- People with dementia have access to individuals, groups and organisations that can support their **spiritual** or personal beliefs and reflect their **cultural** wishes
- Families/Carers of people with dementia should be supported and become **partners** in caring for the person with dementia
- People with dementia and their families/carers can expect a **good death** and have confidence that end of life wishes will be respected

These values will also support the delivery of quality outcomes for people with dementia and their families/carers. See:

- Quality Outcomes for People with Dementia – building on the work of the National Dementia Strategy (DH 2010)
- NICE Dementia Quality Standard QS1 (NICE 2010)
- Supporting People to live well with Dementia QS30 (NICE 2013)
- The Charter of Rights for People with Dementia and their Carers in Scotland (Alzheimer’s Scotland 2009)
- Knowledge and Skills Framework QoL Outcomes Indicators: Promoting Excellence (Scottish Government 2011)
With the increasing number of people with dementia requiring care and support, good quality education is essential for all health and social care professionals. To achieve this, a systematic approach is required to ensure that appropriate coverage of dementia is present within all undergraduate programmes.

The following core topics and content have been identified from the full Curriculum for Dementia Education (CfDE) developed by the Higher Education for Dementia Network (HEDN).

The core topics provide a condensed version of the full curriculum and are recommended for inclusion within undergraduate education curricula for all health and social care professionals.

We recommend these core topics are embedded within all topics/years of pre-registration programmes so that students can apply their knowledge in clinical placements.

Consideration should be given to the assessment of dementia care knowledge and competency throughout the programme with the aim of achieving the recommended learning outcomes by the end of the programme. To assess progression in learning outcomes please refer to: Full curriculum topics (Section 5).

Adaptations can be made to accommodate further lower academic levels as required.

The core topics have been prioritised from the full curriculum (see Section 5) following consultation with academics, practitioners, people with dementia and carers and have been mapped to the following frameworks:

- Common Core Principles for supporting people with dementia: A guide to training the health and social care workforce (Skills for Care/Skills for Health 2011)
- Promoting Excellence: A framework for all health and social services staff working with people with dementia their families and carers (Scottish Government 2011). Mapped to Dementia Skilled and Enhanced Dementia Practice Level
- South West Dementia Partnership Dementia Competency Framework (2011). Mapped to Enhanced level

The full curriculum provides the complete range of topics, which can be used to inform dementia specific courses or specialist programmes in dementia care.
CORE TOPIC 1: PREVENTION AND KEEPING WELL

**Rationale**

Some types of dementia and progression are related to lifestyle factors which are possible to change.

**Key Content**

- Lifestyle factors that increase the risk of developing certain types of dementia
- Health promotion theories and strategies
- Motivational factors that may impact on the ability to make changes
- Challenges to health education that may be experienced by different groups including socio-economic status as well as ethnicity
- Health education and promotion sensitive to diversity of learning needs

**Learning outcomes for**

- Level 6 (FHEQ)
- Level 3 (SCOTCAT)
- Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Critically explore the evidence base for the reduction of risk for dementia by changes in lifestyle
- Critically discuss the use of health education and promotion to facilitate lifestyle changes
- Reflect on the evidence available to increase motivation and self-efficacy

**Mapping**

- Common Core Principles: Principle 4
- Dementia Competency Framework: Section 1
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia (Dementia Skilled Practice Level)
CORE TOPIC 2: IDENTIFICATION AND ASSESSMENT OF DEMENTIA

Rationale

It is important to recognise early symptoms of dementia, to know how to respond and to facilitate assessment and diagnosis so that the person with dementia, their family and carers can make choices and prepare for the future.

Key Content

- Early signs and symptoms of dementia
- Facilitating assessment and diagnosis
- Distinguishing signs of dementia, depression and delirium; responses and treatment choices
- Identifying support networks
- Understanding impact and appropriate use of medication including cognitive enhancers and anti-psychotic medication
- Culturally appropriate tools and approaches to diagnosis that also include consideration of disability

Learning outcomes for

Level 6 (FHEQ)  
Level 3 (SCOTCAT)  
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Understand the signs and symptoms that would indicate the need for further assessment
- Explain the criteria and the process to be used to gain a diagnosis
- Critically explore the available brief interventions that could be quickly introduced to reduce the risk of a crisis
- Know how to access support networks available in a given area

Mapping

- Common Core Principles: Sections 1 & 2
- Dementia Competency Framework: Sections 2 & 3
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia (Enhanced Dementia Practice Level)
CORE TOPIC 3: UNDERSTANDING THE EXPERIENCE OF AND COMMUNICATING WITH PEOPLE WITH DEMENTIA

Rationale

People with dementia themselves have emphasised the need for professionals to be able to empathise with them, “stand in our shoes”, and to create warm and genuine relationships with them.

Key Content

- The dementia syndrome and the impact different dementias have on the lived experience of the person with dementia
- The feelings and perspectives of people with dementia
- Communication strategies for interacting with people with dementia including non-verbal communication
- Behaviour as communication
- Empathy and strategies for conveying this to people with dementia
- Cultural competence and recognising diversity in communication styles

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Recognise features of dementia and their impact on the individual
- Demonstrate how their appreciation of the feelings and perspectives of people with dementia impacts on practice
- Analyse available evidence to support effective communication with people with dementia
- Articulate an understanding of behaviour as a form of communication and be able to empathically engage people with dementia

Mapping

- Common Core Principles: Principle 3
- Dementia Competency Framework: Sections 3 & 4
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia, and Living well with dementia (Dementia Skilled Practice Level)
CORE TOPIC 4: CREATING EFFECTIVE PARTNERSHIPS WITH CARERS & FAMILIES

Rationale

It is vital that professionals understand the perspectives of carers and families of people with dementia, and can help them to care for the person, and support them in their caring roles.

Key Content

- The significance of family and social networks
- Development of partnerships with the person’s carer and family
- Importance of meeting carers’ needs and their right to assessment
- Strategies and tools to assess carer’s psychological and practical needs
- Carers’ needs for a range of practical and psycho-educational information and support
- Diversity in family arrangements and the importance of community
- Understanding the need for reasonable adjustments for carers with a disability
- Legislation to support carers
- Socio-cultural differences in the perception of the care giving role based on gender
- Understanding the additional concerns of younger carers

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Evaluate critically the evidence base for the importance of forming partnerships with the person’s carer and family
- Analyse critically evidence-based interventions appropriate to supporting a carer and family of a person with dementia
- Analyse and articulate the importance of maintaining the relationships and to facilitate the ongoing support and future service needs

Mapping

- Common Core Principles: Principle 6
- Dementia Competency Framework: Section 7
- Promoting Excellence: All stages of the dementia journey (Dementia Skilled and Enhanced Dementia Practice Level)
CORE TOPIC 5: EQUALITY, DIVERSITY AND INCLUSION IN DEMENTIA CARE

Rationale

It is important that professionals can meet the needs of people with dementia and their families who have a wide range of needs which may affect their experience of dementia including:

- People from different cultural backgrounds
- People who are gay, lesbian and trans-gendered
- People who have other disabilities in addition to their dementia
- Younger people with dementia

Key Content

- The experience and needs of people with dementia and their families from different groups including black and minority ethnic cultures, gay, lesbian and trans-gender people with dementia, younger people with dementia and their families
- People with learning disabilities and dementia
- People with physical disabilities including sensory impairments
- Inclusion and exclusion of people with dementia in all services

- Understanding of Equality Act 2010
- Importance of anti-oppressive and anti-discriminatory practice

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Demonstrate an in depth knowledge and understanding of cultural and diversity issues relevant to caring for a person with dementia and their families & friends
- To integrate equality, diversity and inclusion into practice, acknowledging the person’s identity, beliefs and emotional and spiritual needs
- To adapt care delivery to meet diversity of needs
- To critically reflect upon their own personal and professional values and how this underpins anti-oppressive and anti-discriminatory practice

Mapping

- Dementia Competency Framework: Sections 5 & 9
- Promoting Excellence: All stages of the dementia journey (Dementia Skilled and Enhanced Dementia Practice Level)
CORE TOPIC 6: DEVELOPING PERSON CENTRED CARE, ASSESSMENT AND CARE PLANNING

Rationale

The ways that professionals think about people with dementia will influence how they work with people with dementia and their families.

Professionals should have a critical appreciation of person centred models of dementia and be able to apply them to their practice.

Key Content

- Person-centred models of dementia
- Theories relating to person centred care – from Personhood (Kitwood 1997) to VIPS model (Brooker 2006)
- Application of person centred dementia care in the assessment, planning, monitoring and reviewing of care, including the use of advance planning and life story work
- Principles of family centred and relationship centred care

Learning outcomes for

Level 6 (FHEQ)  
Level 3 (SCOTCAT)  
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Demonstrate good knowledge of person-centred models of dementia, and the insights they each give to the situation of each person with dementia
- Critically analyse the theoretical base of person centred dementia care and the underpinning values
- Identify how a person centred care approach to assessment of the person with dementia can be implemented
- Demonstrate critical understanding of family centred and relationship centred approaches in dementia

Mapping

- Dementia Competency Framework: Sections 3 & 5
- Promoting Excellence: All stages of the dementia journey (Dementia Skilled and Enhanced Dementia Practice Level)
CORE TOPIC 7: UNDERSTANDING ETHICAL AND LEGAL ASPECTS OF WORKING WITH PEOPLE WITH DEMENTIA

Rationale

Professionals need to have an appreciation of the ethical issues of working with and supporting people with dementia and their families and need to practice with confidence within the appropriate policy and legal frameworks.

Key Content

- The principle of “duty of care”
- Risk management and positive risk taking
- Mental Capacity legislation including Lasting Power of Attorney and Court of Protection
- Best Interests Decisions and Advocacy
- Equality and Human Rights Acts/legislation
- Deprivation of Liberty Safeguards
- Mental Health Act legislation
- Identifying abusive or exploitative practice and taking action
- Legislation to safeguard people with dementia from abuse
- The use of Advanced Decisions/Directives

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Critically discuss effective ethical decision making: apply reflectively to own practice
- Critically reflect upon their systematic and critical understanding of relevant legislation regarding Mental Capacity, Best Interests Decisions, Mental Health Act, Deprivation of Liberty and Safeguarding from Abuse
- Critically evaluate the knowledge and skills required to support risk taking as part of everyday life in dementia care
- Discuss how Advanced Decision/Directives can be managed within the practice area

Mapping

- Dementia Competency Framework: Section 9
- Promoting Excellence: All stages of the dementia journey (Dementia Skilled and Enhanced Dementia Practice Level)
Rationale

Professionals must be able to help people with dementia maintain good physical health, and care for those who become physically frail.

They need the skills to help people with dementia live their lives in a way that maximises their abilities, independence and sense of well-being.

Key Content

- Supporting good physical health including nutrition, managing sensory impairment, mobility, continence, personal hygiene
- Recognising impact of delirium, depression, pain, environment and social stressors
- Understanding triggers and responses to stressed or distressed behaviours
- Understanding contra-indications of anti-psychotic medication
- Diversity in family arrangements and the importance of community
- Managing the need for reasonable adjustments for carers with a disability
- Legislation to support carers, including young carers
- Socio-cultural differences in the perception of the care giving role based on gender
- Understanding the additional concerns of young carers, including children and young adults taking on caring responsibilities
- Understanding spiritual needs
- Understanding sexuality needs
- Awareness of psycho-social approaches for dementia including validation, counselling, reminiscence, life story work
- Complimentary therapies and sensory stimulation
- Management of the environment to promote independence, privacy, orientation and safety
- Social, leisure related and occupational activities
- Assistive technology to support self-care and meaningful activity

Continued overleaf
CORE TOPIC 8: HOLISTIC HEALTH AND SUPPORTING THE DAILY LIFE OF PEOPLE WITH DEMENTIA (CONTINUED)

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Demonstrate appreciation of the developing evidence base on the impact of the built environment on people with dementia and strategies for maximising people’s potential

- Critically analyse the need for social contact, leisure activities and hobbies and describe how to incorporate these into practice. Including the use of assistive technology

Mapping

- Common Core Principles: Principles 4 & 5
- Dementia Competency Framework: Section 5
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia, Living well with dementia, and Living well with increasing help and support (Dementia Skilled and Enhanced Dementia Practice Level)

- Demonstrate understanding of the complex interplay between physical and mental health in people with dementia, impact of stressors and the interventions used including both non pharmacological and pharmacological approaches

- Explore the practice and theoretical basis for understanding the behaviour of a person with dementia

- Show critical awareness of the prescription of drugs to manage behavioural and psychological issues and associated risks

- Demonstrate good understanding of how to recognise the spiritual and sexual needs of people with dementia within care

- Demonstrate a critical awareness and key aspects of psycho-social approaches used to enhance the well-being of people with dementia
CORE TOPIC 9: END OF LIFE PALLIATIVE CARE

Rationale

To ensure a ‘good death’ for people with dementia. In particular at the end of life it is important to understand the needs of the family of the person who is dying and demonstrate the support they need.

Key Content

- Principles of palliative care
- Care-giving skills for people at the end of life
- Use of end of life care pathways and individualised care plans
- Loss and bereavement and the needs of bereaved families
- Recognition and management of pain in people with advanced dementia
- Advance decisions/directives and best interest decisions
- Concerns and needs affecting younger people with dementia at the end of life

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Reflect critically on own knowledge, understanding and skills required in delivering high quality end of life care and the needs of the family of the person who is dying, including use of supportive pathways
- Critically reflect on how your culture and beliefs influence your care
- Analyse strategies for assessment of pain, and implementation of pain management in palliative care
- Critically reflect on how advanced directives/decisions will affect caring activities

Mapping

- Dementia Competency Framework: Section 10
- Promoting Excellence: End of life and dying well (Dementia Skilled and Enhanced Dementia Practice Level)
CORE TOPIC 10: KEY PROFESSIONAL ABILITIES AND COLLABORATIVE WORKING

Rationale

To work effectively with people with dementia in complex health and social care environments professionals need a range of universal and specialist skills.

Key Content

- Creating meaningful relationships with people with dementia and their carers
- Communicating effectively with people with dementia
- Assessing the person’s strengths, care needs and safety issues
- Supporting physical, psychological and spiritual needs
- Working as a member of a multi professional team and role of different disciplines and agencies
- Supporting continuity and coordination of care
- Understanding the range of interventions to support people with dementia and their carers including psychosocial and pharmacological therapies
- Advocating for people with dementia and their carers
- Issues related to abuse of people with dementia
- The role of research in underpinning and developing dementia care

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion students studying at level 6 will be able to:

- Critically reflect on the skills, attributes and approaches required to develop meaningful relationships and provide excellent dementia care
- Critically analyse systems which influence relationships and communication between professionals, people with dementia and their carers
- Demonstrate an understanding of working within a multi-professional/agency setting and the need to promote continuity and coordination of care across settings
- Demonstrate awareness of safeguarding issues and protection of people with dementia as vulnerable adults
- Critically appraise research in dementia care which might be used to promote and improve the delivery of evidence-based care

Mapping

- Common Core Principle: Principle 8
- Dementia Competency Framework: Sections 8 & 11
- Promoting Excellence: All stages of the dementia journey (Dementia Skilled and Enhanced Dementia Practice Level)
Full Curriculum Content

Aside from initial undergraduate education curricula for health and social care professionals, dementia education is also offered as a standalone subject.

Courses can be made available to a range of people and at a range of levels. They may comprise the whole of an undergraduate programme, or be offered as a specialist programmes or modules, usually (but not exclusively), at post-registration level.

The full Curriculum for Dementia Education (CfDE) therefore provides the full range of topics as developed by the Higher Education for Dementia Network (HEDN) for this purpose. The topics are recommended to inform dementia specific programmes or courses and may be offered at undergraduate as well as postgraduate level. The key content is detailed and offers relevant information for full coverage of each topic although some headings may be combined. Learning outcomes are offered at differing academic levels but can also be adapted to support lower academic levels.

It is envisaged however that the full curriculum will be mostly used within the context of specialist courses/programmes on dementia, often post-graduate or post registration level. As with the core topics, the learning outcomes have been mapped against academic/educational frameworks.

The full curriculum supports a holistic perspective of dementia care and includes a range of topics that encourages the development of this knowledge and value base. There is also a deeper understanding into the contextual basis of how care is supported as well as the ethical, legal and socio-political constraints and opportunities.

The topics themselves have been developed through extensive consultation with academics, practitioners, people with dementia and their carers.
FULL CURRICULUM TOPIC 1. PREVENTION AND KEEPING WELL

Rationale

Some types of dementia and progression are related to lifestyle factors which are possible to change.

Key Content

- Lifestyle factors that increase the risk of developing certain types of dementia such as drinking alcohol to excess, poor nutrition and lack of exercise
- Health promotion theories and strategies including attitude development and reinforcement
- Health education on all levels: individual, groups, institutions, society
- Motivational factors that may impact on the ability to make changes
- Self-efficacy and its impact on preventing illness and keeping well
- Lifestyle factors of all ethnicities and socio-economic groups and to consider the challenges to health education this may create
- Health education initiatives that are sensitive to a range of learning needs and diversity

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Identify lifestyle factors that may lead to the development of dementia
- Discuss how health promotion theories and strategies may be applied
- Examine motivational factors including self-efficacy may facilitate lifestyle change
Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Critically explore the evidence base for the reduction of risk for dementia by changes in lifestyle
- Critically discuss the use of health education and promotion to facilitate lifestyle changes
- Reflect on the evidence available to increase motivation and self-efficacy

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Devise an innovative strategy to promote healthy lifestyle choices drawing on the current evidence

Mapping

- Common Core Principles: Principle 4
- Dementia Competency Framework: Section 1
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia
Rationale

It is important to recognise early symptoms of dementia, to know how to respond and to facilitate assessment and diagnosis so that the person with dementia, their family and carers can make choices and prepare for the future.

Key Content

- Early signs and symptoms of dementia
- The assessment and diagnostic process
- Aims and methods of assertive outreach and liaison work
- Brief early interventions
- Responding to distressed behaviours and crisis intervention
- Identifying support networks
- Culturally appropriate tools and approaches to diagnosis that also include consideration of disability

Learning outcomes for

**Level 5 (FHEQ)**
**Level 2 (SCOTCAT)**
**Level 8 (SCQF)**

On successful completion of the topic, students studying at level 5 will be able to:

- Recognise the signs and symptoms that would indicate the need for further assessment
- Articulate the assessment and diagnostic process
- Describe interventions that may be helpful in given situations
- Map the support networks available in a given area
Learning outcomes for
Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:
- Explain the criteria and the process to be used to gain a diagnosis
- Critically explore the available brief interventions that could be quickly introduced to reduce the risk of a crisis

Learning outcomes for
Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:
- Develop an innovative toolkit for assertive outreach and crisis intervention

Mapping
- Common Core Principles: Principles 1 & 2
- Dementia Competency Framework: Sections 2 & 3
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia
Rationale

People with dementia themselves have emphasised the need for professionals to be able to empathise with them, “stand in our shoes”, and to create warm and genuine relationships with them.

Key Content

- The feelings and perspectives of people with dementia
- Supporting the person with dementia to express their feelings
- Communication strategies for interacting with people with dementia
- Non-verbal communication; behaviour as communication
- Use of creative expression and its importance for people with dementia
- Empathy and strategies for conveying this to people with dementia
- Personal communication styles
- The dementia syndrome and the impact different dementias have on the lived experience of the person with dementia
- The impact of memory and language difficulties on communication
- Cultural competence in understanding diversity in communication styles

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Demonstrate an understanding of the feelings and perspectives of people with dementia
- Articulate how people with dementia understand and respond to situations through the life experience they have had, the social/psychological engagement and interaction which they experience and how their cognitive difficulties potentially impacts on their ability to engage
- Recognise dementia is an umbrella term
- Describe the most common types of dementia and how they may be observed in different individuals
Learning outcomes for

**Level 6 (FHEQ)**
**Level 3 (SCOTCAT)**
**Level 9 & 10 (SCQF)**

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate how their appreciation of the feelings and perspectives of people with dementia impacts on practice
- Analyse available evidence to support effective communication with people with dementia
- Articulate an understanding of behaviour as a form of communication and is able to draw on that insight to empathically engage with the perspectives of people with dementia
- Demonstrate the ability to recognise features of dementia and their impact on the individual

Learning outcomes for

**Level 7 (FHEQ)**
**Level 4 (SCOTCAT)**
**Level 11 (SCQF)**

On successful completion of the topic, students studying at level 7 will be able to:

- Critically evaluate the current evidence relating to understanding the feelings and perspectives of people with dementia and applying that understanding to practice
- Devise an innovative strategy to develop practice drawing on the current evidence for best practice in communication with people with dementia
- Critically discuss the different types of dementia and how they may be presented in an individual

**Mapping**

- Common Core Principles: Principle 3
- Dementia Competency Framework: Sections 3 & 4
- Promoting Excellence: Living well with dementia, Living well with increasing help and support, and End of life and dying well
FULL CURRICULUM TOPIC 4. CREATING EFFECTIVE PARTNERSHIPS WITH CARERS & FAMILIES

Rationale

It is vital that professionals understand the perspectives of carers and families of people with dementia, and can both help them to care for the person, and support them in their caring roles.

Key Content

- The significance of family and social networks for the person with dementia
- The development of partnerships with the person’s carer and family
- The complexities of relationships and impact that caring for a person with dementia in the family may have on relationships
- The importance of meeting carers’ needs
- Strategies and tools to assess carer’s psychological and practical needs
- Carers’ needs for a range of practical and psycho educational information, support, caring for the carer, and strategies for managing stress
- Working with complex and potentially divergent needs
- Carers rights to assessment of their own needs
- Promoting carers understanding of personalisation and access to personal budgets
- Diversity in family arrangements and the importance of community
- Managing the need for reasonable adjustments for carers with a disability
- Legislation to support carers, including young carers
- Socio-cultural differences in the perception of the care giving role based on gender
- Understanding the additional concerns of young carers, including children and young adults taking on caring responsibilities

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Describe an effective strategy for creating appropriate partnerships with the carer of a person with dementia and other family members
- Articulate the complexities of relationships and impact that caring for a person with dementia in the family may have on relationships
- Understand the importance of meeting carers’ needs for a range of practical and psycho educational information, support, caring for the carer and strategies for managing stress
- Understand the right of carers to an assessment of their own needs
- Understand the personalisation agenda and how this may enable the individual with support to have access to a personal budget
Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Evaluate critically the evidence base for the importance of forming partnerships with the person’s carer and family
- Analyse critically evidence-based interventions appropriate to supporting a carer and family of a person with dementia
- Analyse and articulate the importance of maintaining the relationships of the person with dementia and their carer/family to facilitate the ongoing support and future service needs of both the person with dementia and their family
- Analyse and evaluate the complexities of family relationships and the needs of both the individual and their carer(s)
- Explore the impact of personalisation and access to personal budgets on family and carers

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Analyse critically and demonstrate selective application to practice the importance of forming partnerships with the carer and family members and how they may impact on the quality of life
- Critically analyse the literature to identify how supporting the physical and emotional wellbeing of a carer of a person with dementia is central to best practice
- Examine the evidence base that encourages a partnership approach to dementia care and critically appraise this in developing effective, innovative and collaborative practice
- Develop an action plan for implementing a service development which supports carers and demonstrate a systematic and analytical approach to evaluating the effectiveness of this

Mapping

- Common Core Principles: Principle 6
- Dementia Competency Framework: Section 7
- Promoting Excellence: All stages of the dementia journey
FULL CURRICULUM TOPIC 5. EQUALITY, DIVERSITY AND INCLUSION IN DEMENTIA CARE

Rationale

It is important that professionals can meet the needs of people with dementia and their families who have a wide range of cultural backgrounds, including people from black and minority ethnic cultures.

People who are gay, lesbian and trans-gender may experience different challenges in their dementia journey.

It is also important to appreciate the complex interplay of needs for people who have other disabilities in addition to their dementia.

Dementia is often viewed as a condition linked with late life, there are however a significant number of younger people with dementia. The experience and needs encountered by them and their families are often considerably different and varied.

Key Content

- The experience and needs of people with dementia from black and minority ethnic cultures, and their families
- The needs of gay, lesbian and trans-gender people with dementia and their partners and families
- The needs of younger people with dementia and their families
- The needs of people with learning disabilities and dementia
- The range of service responses required to support the many faceted needs of people with dementia and their families
- Strategies for challenging preconceived ideas around sexuality and dementia care practice which acknowledges the person’s identity, preserves their dignity, privacy and choice and maintains their independence, rights and culture
- The person’s life history (personal, family, medical, social, cultural, spiritual) and its importance in supporting the individual and specific needs of people with dementia
- Supporting and providing for each person’s personal beliefs, emotional needs and preferences including culturally appropriate religious observance, food, language, care practice
- Inclusion and exclusion of people with dementia in all services
- The importance of anti-oppressive and anti-discriminatory practice
- Accessing personalised and self-care through individual budgets
Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Show knowledge and understanding of cultural and diversity issues relevant to caring for a person with dementia and their families & friends
- Challenge and discuss preconceived ideas around sexuality and dementia
- Acknowledge the person as a unique individual with their own identity, and work with them in a way which preserves their dignity, privacy and choice and maintains their independence, rights and culture
- Demonstrate how care practice can take account of the person’s personal beliefs, emotional needs and preferences including culturally appropriate observance, practice, activity, food etc
- Articulate the needs and challenges encountered by younger people with dementia and their families
- Acknowledge the role of professional values and how these underpin anti-oppressive and anti-discriminatory practice

Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate an in depth knowledge and understanding of cultural and diversity issues relevant to caring for a person with dementia and their families & friends
- Critique the development and implementation of a person centred and strengths based approach to support the well being of the person with dementia
- Promote and engage with the person’s life history and meet the needs of the whole person taking into account their ethnicity, sexual orientation, age and disabilities
- To integrate equality, diversity and inclusion into practice, acknowledging the person’s identity, beliefs and emotional and spiritual needs, preserving their dignity, privacy and choice and maintaining their independence, rights and culture
- To adapt care delivery to meet diversity of needs such as those of younger people with dementia and their families, people with learning disabilities, and people with particular needs
- To critically reflect upon their own personal and professional values and how this underpin anti-oppressive and anti-discriminatory practice
FULL CURRICULUM TOPIC 5. EQUALITY, DIVERSITY AND INCLUSION IN DEMENTIA CARE (CONTINUED)

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Synthesise the current evidence that underpins good practice in equality, diversity and inclusion in dementia care
- Critically examine the theoretical perspectives relating to supporting the diverse needs of people with dementia and the challenges posed in developing inclusive services
- Evaluate an approach which has been adopted to support the needs of a particular group of people with dementia, drawing on research and evidence from a range of disciplines
- Demonstrate critical reflexivity about their own personal and professional values and how these inform anti-oppressive and anti-discriminatory practice in dementia care

Mapping

- Dementia Competency Framework: Sections 5 & 9
- Promoting Excellence: All stages of the dementia journey
FULL CURRICULUM TOPIC 6. SUPPORTING PEOPLE IN THE EARLY STAGES OF DEMENTIA

Rationale

It has been established that obtaining a timely diagnosis enables people not only to have potential access to treatment but also to make ongoing life plans.

Key Content

- The evidence base for early diagnosis and intervention
- Dementia syndrome and the different symptomology which leads to diagnosis
- Probable pathways of different dementias
- The tools and approaches to diagnosis
- The range of cognitive enhancers, what they do, criteria and guidelines, eligibility/prescription and prescription processes
- Communication skills in: sharing diagnosis, breaking bad news, enabling families to plan together
- Essential information for those in the early phase of dementia and their families
- Identifying sources of local support
- Principles of cognitive stimulation and aids for those with memory deficits
- The progressive nature of illnesses that lead to dementia
- Enabling people to plan for the future
- Support to people and their families: strategies to maintain independence, management of memory problems, technological support, decision making about driving etc. advanced care planning
- The implications of other disabilities or illnesses that may show the signs of dementia

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Understand the evidence for early diagnosis and intervention
- Demonstrate a sound knowledge of the dementia syndrome and the ability to use that knowledge to support people diagnosed with dementia and their families to plan for a high quality future
- Identify principles of assessment and diagnosis of illnesses leading to dementia and the tools which aid diagnosis
- Show a good understanding of the process from the viewpoint of the person and their family and ability to use that understanding to communicate effectively
Learning outcomes for Level 6 (FHEQ)  
Level 3 (SCOTCAT)  
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate a detailed knowledge of the dementia syndrome and use that knowledge to inform and support people diagnosed with dementia and their families to plan for a high quality future
- Debate the differing approaches and tools used in the assessment and diagnosis of illnesses leading to dementia
- Critically reflect upon their ability to sensitively support those who have received a diagnosis and are coming to terms with this news and convey appropriate information to support
- Apply an appropriate critical framework to the evidence base developing for early diagnosis and intervention and the models for delivering

Learning outcomes for Level 7 (FHEQ)  
Level 4 (SCOTCAT)  
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Locate and critically evaluate research on the different facets of the dementia syndrome, common causes and treatment
- Synthesise literature on existing practice in relation to early diagnosis and intervention and develop a model service drawing on the current evidence base
- Reflecting on own practice and the available evidence to support best practice develop a strategy for promoting high quality communication skills across service area

Mapping

- Common Core Principles: Principles 1 & 2
- Dementia Competency Framework: Sections 2 & 3
- Promoting Excellence: All stages of the dementia journey
**Rationale**

To understand the experience of dementia professionals need to recognise the changes it brings and the process of diagnosis along with the impact of this.

The ways that professionals think about people with dementia will influence how they work with people with dementia and their families. Professionals should have a critical appreciation of person centred models of dementia and be able to apply them to their practice.

**Key Content**

- Person-centred models of dementia, and the insights that provides into the situation, aspiration and needs of each person with dementia
- The theoretical basis of person centred dementia care
- Development of theories relating to person centred care – from Personhood (Kitwood 1997) to VIPS model (Brooker 2006)
- Family centred and relationship centred care
- Application of person centred dementia care in the assessment, planning, monitoring and reviewing of care
- The assessment process and the impact this may have on the individual, their family and carers
- Quality assurance informed by person centred dementia care

**Learning outcomes for**

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<thead>
<tr>
<th>Level 5 (FHEQ)</th>
<th>Level 2 (SCOTCAT)</th>
<th>Level 8 (SCQF)</th>
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<tbody>
<tr>
<td>On successful completion of the topic, students studying at level 5 will be able to:</td>
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<tr>
<td>▪ Articulate what is meant by person centred dementia care and the impact that approach has for the person with dementia and their carers</td>
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<td>▪ Apply person centred dementia care to the assessment, planning, monitoring and reviewing of care</td>
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<td>▪ Discuss how a model of person centred dementia care can be used as a framework for assuring the quality of dementia care services</td>
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<td>▪ Consider the impact diagnosis of dementia may have on the person, their family and carers</td>
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Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate good knowledge of person-centred models of dementia, and the insights they each give to the situation of each person with dementia
- Be able to critically evaluate the implementation of these approaches
- Critically analyse the theoretical base of person centred dementia care and the underpinning values
- Identify how a person centred care approach to assessment of the person with dementia can be implemented

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Critically evaluate the relevant research evidence, contemporary theory and literature underpinning person centred assessment and care planning
- Justify evidence based decisions related to a timely, accurate and person centred assessment of a person experiencing dementia
- Critically evaluate the utility of different theoretical approaches to dementia, their strengths and limitations and the differing insights they each give to the situation of people with dementia
- Demonstrate innovation in blending models and through the insight gained into the experience of people with dementia and their carers review care plans to identify strategies which deliver person centred care

Mapping

- Dementia Competency Framework: Sections 3 & 5
- Promoting Excellence: Living well with dementia
FULL CURRICULUM TOPIC 8. HOLISTIC HEALTH FOR PEOPLE WITH DEMENTIA

Rationale

Professionals must be able to help people with dementia maintain good physical health, and care for those who become physically frail. Professionals should also consider the whole person including Spirituality and sexuality to ensure a sense of wellbeing and self-acceptance.

Key Content

- The inter-relationship of physical and mental health in people with dementia
- Need for a multi-disciplinary team assessment of physical and mental health needs and referral to the appropriate services when necessary
- The documentation of physical and mental health care needs their implementation and follow up
- Promotion and maintenance of good physical health through nutrition, exercise and a healthy life style
- Supporting people with dementia in accessing the full range of health services which would promote their health and quality of life
- Maintaining the person’s spiritual care needs
- Maintenance of social contacts, hobbies and leisure activities
- The importance of engagement with meaningful activities
- Care and treatment options that include culturally appropriate preferences, and the challenges and opportunities this may bring
- The impact of equality legislation on health and social care provision for older people with dementia
- Recognising and understanding the person’s sexual needs

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Demonstrate an understanding of common physical health problems of people with dementia, including needs of older people, and of interventions including medication used to address these conditions and show an awareness that some medications may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues
- Explain the evidence base for the efficacy of a healthy lifestyle and the benefit to people with dementia and carers to promote and maintain good physical health through good nutrition and exercise
- Discuss the importance of maintaining social contacts, leisure actives and hobbies
Learning outcomes for
Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate confidence in understanding the complex interplay between physical and mental health in people with dementia, and the interventions including medication used to address these conditions and show an awareness that some medications may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues

- Actively engage with cultural, spiritual and religious needs and differences (and how these become particularly significant when associated with death, care of the dying and the bereaved family)

- Critically analyse the need for social contact, leisure activities and hobbies

Learning outcomes for
Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Demonstrate a systematic understanding and knowledge of the complex inter-relationship between physical and mental health in people with dementia, and the interventions including medication used to address these conditions, and demonstrate in depth knowledge of the potential for some medications to interact with other medication

- Propose and justify potential changes in policy/practice to develop care which is responsive to promoting cultural, spiritual and religious needs and differences based on an appraisal of a patient-centred situation

- Evaluate strategies available to maintain and enhance social engagement and meaningful activities

Mapping

- Common Core Principles: Principles 4 & 5
- Dementia Competency Framework: Section 5
- Promoting Excellence: Living well with dementia, Living well with increasing help and support, and End of life and dying well
FULL CURRICULUM TOPIC 9. SUPPORTING THE DAILY LIFE OF PEOPLE WITH DEMENTIA

**Rationale**

Professionals need the skills to help people with dementia live their lives in a way that maximises their abilities, independence and sense of well-being, and sharing strategies to enable people to build on their strengths compensate for any disabilities.

**Key Content**

- Working with unique life histories
- Enabling people with dementia to engage in social, leisure related and occupational activities with people with dementia
- Helping people with dementia maintain physical well-being and keeping up with exercise
- Helping people with dementia meet their daily living needs
- The development and incorporation of activity that is meaningful to the person into their daily life
- Nutritional needs and eating
- Helping people with dementia meet their spiritual needs
- Helping people with dementia meet their sexual needs
- Exploration of preconceived ideas and their impact around sexuality and dementia
- Difficulties associated with using the toilet and personal hygiene
- Management of enabling environments
- Culturally appropriate service options
- Management of environments to ensure cleanliness and minimisation of cross infection risks
- The precipitation and responses to stressed or distressed behaviours
- Assessment and management of risks; promoting realistic risk taking
- Responsive, supportive and flexible approaches to the person and their families and friends
- The use of the principle of ‘co-production’ to support informed decisions about care in partnership with health/social care professionals
- Respect and the right to privacy in care settings
- Technology to support self-care
- Access to individual budgets to meet care needs
- The development of dementia friendly communities and befriending services
Learning outcomes for
Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Understand the importance of knowing the person’s life history and building on this in interaction and activity
- Articulate the evidence base for enabling people with dementia to engage in social, leisure related and occupational activities with people with dementia
- Describe some of the challenges in integrating person centred dementia care theory and practice and supporting the strengths and needs of a person with dementia
- Demonstrate the challenges in assessing and managing risks, promoting realistic risk taking
- Demonstrate an understanding of the barriers that people with dementia face when accessing individual budgets
- Explore how communities can become more dementia friendly

Learning outcomes for
Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate their ability to construct a reflective portfolio of practice evidence that communicates their role and competence in planning and delivering effective person-centred dementia care
- Develop a critical appreciation of the evidence base for supporting activities of daily living for a person with dementia
- Demonstrate an in depth understanding and implementation of a person centred and strengths based approach to support the well being of the person with dementia
- Explore the practice and theoretical basis for understanding stressed and distressed behaviours and use that understanding to implement person centred care approaches and strategies
- Examine what resources may be available to create a dementia friendly community
FULL CURRICULUM TOPIC 9. SUPPORTING THE DAILY LIFE OF PEOPLE WITH DEMENTIA (CONTINUED)

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Critically evaluate and communicate plans for a social care development that aims to improve the quality of life and service experienced by people with dementia, demonstrating originality and creativity in promoting daily living that is truly person centred.

- Cross traditional subject boundaries to draw on appropriate knowledge from other academic disciplines to reflect critically on the application of a strengths based person centred approach to supporting the daily life of people with dementia.

- Utilising a problem solving approach, compare and contrast effective interventions and strategies for the support of people whose behaviour is indicating stress or distress, in the home and in the community.

Mapping

- Common Core Principles: Principles 3 & 4

- Dementia Competency Framework: Sections 1, 4, 5 & 8

- Promoting Excellence: Living well with dementia, Living well with increasing help and support, and End of life and dying well
FULL CURRICULUM TOPIC 10. PHARMACOLOGY RELATING TO THE NEEDS OF PEOPLE WITH DEMENTIA

Rationale

Professionals must have an understanding of medicines that may be prescribed for people with dementia, both to address dementia and its symptoms but also relating to the range of health needs that people may experience.

Key Content

- Cognition-enhancing drugs, how they work, NICE guidance and criteria for eligibility
- Processes for assessing and prescribing cognitive enhancers
- Drugs to manage behavioural and psychological symptoms of dementia
- Contra-indications for prescribing anti-psychotic medication and appreciation that such drugs should be the last resort after all other strategies including behavioural approaches have been exhausted
- Medication used to address common physical health problems of people with dementia, including needs of older people and how each of these medications may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues
- Assessment of pain experienced by people with dementia and prescribing practice to address pain effectively
- Cultural perceptions of pain and the impact on assessment

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Demonstrate knowledge of range of cognitive enhancers, how they work, guidance and criteria for eligibility and prescribing processes
- Show critical awareness of the debate about the prescription of drugs to manage behavioural and psychological issues for people with dementia and the place other strategies have in the support of people experiencing
- Understand the key characteristics of medication used to address common physical health problems of people with dementia, including needs of older people and how each of these medications may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues
Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrate comprehensive knowledge through attention to research literature of range of cognitive enhancers, what they do, criteria for eligibility and prescribing processes including appreciation of the limitations and exclusions associated with cognitive enhancers
- Show critical awareness of the debate about the link between the prescription of drugs to manage behavioural and psychological issues and the potential for abuse and threats to the human rights of people with dementia
- Extensive knowledge of drugs for common physical problems of older age and evidence for impact of use of such drugs alongside both cognitive enhancers and drugs prescribed to address behavioural and psychological issues

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Develop a systematic and critical analysis of the research on drug treatments for dementia and demonstrate a critical awareness of how research and other types of evidence have influenced practice
- Critically analyse the research base for the different approaches to helping people experiencing behaviours that can challenge and examine ways in which medication and other approaches identified could be applied in a practice setting
- Make a critical appraisal of evidence on the use of medication to address common physical health problems of people with dementia, including needs of older people and how each of these medications may interact with cognitive enhancers and drugs prescribed for behavioural and psychological issues

Mapping

- Common Core Principles: Principle 5
- Dementia Competency Framework: Sections 5 & 6
- Promoting Excellence: All stages of the dementia journey
FULL CURRICULUM TOPIC 11. PSYCHO-SOCIAL APPROACHES FOR PEOPLE WITH DEMENTIA

Rationale
The well-being of people with dementia can be enhanced by specific psycho-social approaches that can be carried out by skilled professionals.

Key Content
- The efficacy of psycho-social approaches used to enhance the well-being
- Cognitive Therapies: reminiscence, cognitive stimulation, reality orientation, validation therapy
- Sensory stimulation and play-based activities
- Counselling for people with dementia
- Complementary therapies, including aromatherapy, massage, etc.
- The current evidence base for psycho-social approaches into dementia care practice

Learning outcomes for
Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:
- Describe and comment on the efficacy of psycho-social approaches used to enhance the well-being of people with dementia, using established knowledge
- Give examples of the application of a range of psychotherapeutic interventions and provide evidence underpinning their effectiveness in promoting well being
- Compare the evidence for the effectiveness of different psycho-social approaches in different situations
Learning outcomes for
Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Describe and comment on the efficacy of psycho-social approaches used to enhance the well-being of people with dementia using established knowledge and knowledge that is at the forefront of this field, and apply this to a work context
- Demonstrate a systematic understanding of the underlying principles and key aspects of psycho-social approaches used to enhance the well-being of people with a dementia
- Explain how new and current knowledge of psycho-social approaches that can be used to enhance the well-being of people who have a dementia and how this can be incorporated into practice

Learning outcomes for
Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Demonstrate a critical awareness of the current knowledge base for psycho-social approaches used in dementia care and treatment
- Systematic understanding of the efficacy and limitations of psycho-social approaches used in dementia care and make recommendations for addressing these limitations
- Recognise and comment on new insights within the psycho-social approaches knowledge base in dementia care. Establish how they would critically evaluate the new insights and how they would synthesise this into dementia care practice
- Illustrate their originality in thinking by anticipating how new insights in psycho-social approaches may improve the well-being of people with a dementia

Mapping

- Dementia Competency Framework: Sections 5, 6 & 7
- Promoting Excellence: Keeping well, prevention, and finding out it’s dementia, Living well with dementia, and Living well with increasing help and support
Rationale
To work effectively with people with dementia in complex health and social care environments professionals need a range of universal and specialist skills.

Key Content
- Working as a member of a multi-professional team
- The role of different disciplines and agencies involved in dementia care
- Effective communication with a range of practitioners to support seamless care
- Information sharing, training, consultancy and education skills
- Assessing the person’s strengths, care needs and safety issues
- Creating relationships with people with dementia and their carers
- Communicating with people with dementia
- Advocating for people with dementia and their carers
- Issues related to abuse of people with dementia
- The role of research in underpinning and developing dementia care

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Demonstrate understanding of the roles and responsibilities of different agencies involved in dementia care and use that to work as a member of a multi-professional team
- Understand the role of research in making improvements to the way dementia care is delivered
- Demonstrate a range of skills in promoting effective communication with people with dementia and be able to adapt as required to specific communication needs of people with dementia
- Demonstrate awareness of safeguarding issues and protection of people with dementia as vulnerable adults and strategies to empower and support including understanding the role of advocacy
Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- To critically analyse the systems which influence relationships and communication between professionals, people with dementia and their carers, evaluating the evidence on the different approaches to communication and the impact in forming therapeutic relationships with people with dementia and their families
- To demonstrate an understanding of working within a multi-professional/agency setting and the range of services that might be used to support people with dementia and their carers
- Demonstrate awareness of safeguarding issues and protection of people with dementia as vulnerable adults, the roles of appropriate agencies and the challenges posed
- Critically appraise research in dementia care which might be used to promote and improve the delivery of evidence-based care and develop an understanding of the ways in which practice is underpinned by evidence and an understanding of the context

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Demonstrate a systematic and critical understanding and application of the legislative, theoretical and policy framework informing multi disciplinary dementia care practice, recognising any areas that require further research or policy development
- Utilising a problem solving approach, compare and contrast a variety of intervention strategies aimed at the protection of vulnerable people with dementia
- Reflect critically upon the role and communication skills of a dementia care professional, advancing a systematic knowledge and understanding in the facilitation and assessment of people with dementia and their families

Mapping

- Common Core Principles: Principle 8
- Dementia Competency Framework: Sections 8 & 11
- Promoting Excellence: All stages of the dementia journey
FULL CURRICULUM TOPIC 13. UNDERSTANDING LEGAL ASPECTS OF WORKING WITH PEOPLE WITH DEMENTIA

Rationale
Professionals and carers need to practice with confidence within the appropriate policy and legal frameworks.

Key Content
- The Mental Capacity legislation and its application to people with dementia and their families including power of attorney, guardianship and Court of Protection
- The requirement to act in the best interests of a person without capacity
- Codes of practice which accompany mental capacity legislation and which outline how health professionals should support the person and/or include carers in the decision making process
- Legal frameworks which aim to protect people who don’t have mental capacity from being kept in hospital or a care home inappropriately
- Mental Health Law as it applies to people with dementia
- Legislation to safeguard people with dementia from abuse
- Understand legislation regarding residential care
- The principle of “duty of care” as applied to working with people with dementia
- Health and Safety legislation as it applies to caring for people with dementia
- The use of advanced decisions/directives for those lacking capacity

Learning outcomes for
- Level 5 (FHEQ)
- Level 2 (SCOTCAT)
- Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:
- Apply Mental Health Law to their work with people with dementia where appropriate
- Understand the Mental Capacity legislation as it applies to people with dementia and their families
- Understand issues related to capacity, best interests and deprivation of liberty
- Debate the challenges posed by legislation to safeguard people with dementia from abuse
- Apply legislation regarding residential care to situations within own practice experience
- Examine the issues related to advanced decisions/directives for those who lack capacity
Learning outcomes for

Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

■ Critically reflect upon their systematic and critical understanding of Mental Capacity legislation and how this has supported their practice in empowering people with dementia
■ Critically reflect upon issues related to capacity, best interests and deprivation of liberty
■ Identify the key elements of Mental Health law which are relevant to people with dementia and demonstrate how the legislation has been used effectively to promote the best possible outcome for a person with dementia and their family
■ Debate the challenges posed by the existing legislation to protect people with dementia from abuse
■ Discuss how advanced decision/directives can be managed within the practice area and the limitations of this approach

Learning outcomes for

Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

■ Demonstrate a systematic understanding of Practice within the parameters of Mental Health law, Mental Capacity and other relevant legislation
■ Systematically critique application of the principle of “duty of care” to situations pertinent to people with dementia
■ Draw on knowledge systematically gained from a range of disciplines to apply appropriate legal principles in situations when people with dementia may be vulnerable to risk of abuse or exploitation and evaluate the evidence base to support decisions balancing issues of risk and empowerment
■ Demonstrate a systematic understanding and application of the legislative, theoretical and policy framework informing practice with people, with dementia recognising any areas that require further knowledge or policy development

Mapping

■ Common Core Principles: Principle 4 & 6
■ Dementia Competency Framework: Section 9
■ Promoting Excellence: All stages of the dementia journey
Rationale

Professionals need to have an in-depth appreciation of the ethical issues of working with and supporting people with dementia and their families.

Key Content

- Ethical reasoning and its relationship to critical reflection
- The principles of effective ethical reasoning including how it is underpinned by ethical theories, professional codes, and the law values-based practice
- Principles of social inclusion and non-discriminatory practice
- The social and political context of care and its impact on ethical decision making
- Risk management that promotes independence and choice
- Identify abusive or exploitative practice and take action to prevent its occurrence
- Advocacy
- Mental Capacity legislation
- Powers of Attorney
- Care and treatment options available for people with dementia and their families

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Apply learning from the module to a range of decision making and problem solving situations which help people with dementia and their families make decisions about their care
- Demonstrate their knowledge and skills in preparing people with dementia to make appropriate plans for a possible time when they cannot make their own decisions
- Examine the knowledge and skills needed to work sensitively with people with dementia who are at the end of their lives, including where appropriate the family and friends of the person
- Examine the knowledge and skills required to support risk taking as part of everyday life
Learning outcomes for
Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Critically discuss effective ethical decision making: apply reflectively to own practice
- Appraise the principles of social inclusion and non-discriminatory practice in relation to decisions made about the care and support given to people with dementia and their families
- Critically evaluate the context of care and its impact on making ethical decisions about the care and treatment options available for people with dementia and their families at the end of their lives
- Critically evaluate the knowledge and skills required to support risk taking as part of everyday life in dementia care

Learning outcomes for
Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Critically evaluate the relevant research evidence, contemporary theory and literature underpinning an ethical issue relevant to practice with people with dementia, providing a critical rationale for decision making and risk taking
- Synthesise contemporary theory and practice in relation to supporting people with dementia and their families as they move towards the end of their lives and identify any gaps which are apparent
- Justify evidence based decisions related to assessment of a situation where abusive practice is suspected, and develop a creative strategy to both safeguard and empower the person with dementia

Mapping

- Dementia Competency Framework: Section 9
- Promoting Excellence: All stages of the dementia
FULL CURRICULUM TOPIC 15. END OF LIFE PALLIATIVE CARE

Rationale

To ensure a ‘good death’ for people with dementia. In particular at the end of life it is important to understand the needs of the family of the person who is dying and demonstrate the support they need.

Key Content

- Principles of palliative care
- Advance care planning
- Principles of pain management including the recognition of signs of pain in people with advanced dementia
- Care-giving skills to people at the end of life
- Issues arising in delivering high quality care at the end of life
- Identification and assessment pain, measures to reduce pain and referral to specialised services e.g. palliative care, GP
- Palliative care and identification of symptoms associated with end of life and how these symptoms can be managed
- Care and support the dying person needs
- The stages of loss and bereavement and the needs bereaved families may have
- Concerns and needs affecting younger people with dementia at the end of life
- Cultural, spiritual and religious differences associated with death, care of the dying and the deceased person
- Application of the standards within end of life frameworks to support people with dementia
- The use of advance decision/directives for those that lack capacity in terms of life saving interventions

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Examine ways in which the approaches to care at the end of life which are identified during the module can be applied in your practice setting
- Discuss the wide variety of ways a person may demonstrate they are in pain and how this may be managed
- Demonstrate understanding of the scope of carers needs when the person with dementia is dying and how they can be supported at this time
- Explore how differing cultural, spiritual and religious differences can be managed in a variety of settings
- Discuss how advance directives/decisions may influence care
Learning outcomes for Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Reflect critically on own knowledge and understanding of high quality end of life care and the needs of the family of the person who is dying and demonstrate a responsive, supportive and flexible approach which recognises the need for ongoing support for bereaved family members.
- Analyse strategies for assessment of pain and implementation of pain management in palliative care.
- Critically explore the support available to carers and how your own practice can facilitate this support.
- Critically reflect on how your culture and beliefs influence your care.
- Critically reflect on how advanced directives/decisions will effect caring activities.

Learning outcomes for Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Reflect critically upon role and responsibilities in the care of people with dementia who are approaching the end of their lives, advancing a systematic knowledge and understanding of contemporary literature.
- Evaluate the methods available to assess and implement pain management in palliative of people with advanced dementia.
- Reflect on how knowledge can be applied to develop policies and practices to support carers of people in advanced stages of dementia.

Mapping

- Dementia Competency Framework: Section 10
- Promoting Excellence: End of life and dying well
Rationale
The environment can significantly affect the person with dementia’s ability to maintain wellbeing and independence.

Key Content
- The impact the built environment has on people with dementia
- Difficulties related to unfamiliar environments
- The advantages and disadvantages of respite, away from home, care
- Strategies to reduce the struggle with unfamiliar environments
- Perceptual distortions that may occur in dementia and the need for attention to lighting, colour schemes, signage, sounds, garden design and access to external space
- The role of assistive technologies

Learning outcomes for

<table>
<thead>
<tr>
<th>Level 5 (FHEQ)</th>
<th>Level 2 (SCOTCAT)</th>
<th>Level 8 (SCQF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On successful completion of the topic, students studying at level 5 will be able to:</td>
<td></td>
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<tr>
<td>Appreciate the impact of the built environment on people with dementia and how negative impact can be minimised</td>
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<tr>
<td>Recognise the advantages and difficulties that the carer and person with dementia may experience with the provision of respite care</td>
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<tr>
<td>Identify strategies to reduce the impact of unfamiliar environments for respite care</td>
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<tr>
<td>Explore how different environments could be adapted to facilitate the wellbeing of the person with dementia</td>
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<tr>
<td>Examine when and where assistive technologies could be used to support the person with dementia</td>
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</tbody>
</table>
Learning outcomes for Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Demonstrates appreciation of the developing evidence base on the impact of the built environment on people with dementia and strategies for maximising people’s potential functioning
- Analyse, using the available evidence, the impact of respite care on the carer and the person with dementia along with strategies to reduce the struggle
- Critically discuss how different environments could be modified to enhance wellbeing and independence
- Explore the roles of external space and assistive technologies in facilitating wellbeing

Learning outcomes for Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Propose and justify potential changes to a known environment to maximise the wellbeing of people with dementia, basing justification on a sound evidence base of contemporary research
- Evaluate the strategies available to reduce any disadvantages of respite care
- Critically explore the use of assistive technologies

Mapping

- Common Core Principles: Principles 3 & 4
- Dementia Competency Framework: Section 5
- Promoting Excellence: Living well with dementia, and Living well with increasing help and support
Rationale

If treatment and care are to be truly person centred there is a need to know how dementia, its diagnosis, treatment, services and support are experienced by the person, their family and carers. People with dementia, their family and carers all need to be involved in research, policy and Service Development.

Key Content

- Research methodologies
- Ethical issues including consent considering principles such as the biomedical (Beauchamp and Childress 2001) ethical principles and the Nuffield (2009) dementia ethical principles
- Recruitment and information giving
- Dementia specific evaluation, assessment and research methods
- The practice and strategies of policy development
- The practice and strategies of service development

Learning outcomes for

Level 5 (FHEQ)
Level 2 (SCOTCAT)
Level 8 (SCQF)

On successful completion of the topic, students studying at level 5 will be able to:

- Identify research methodologies that support the sharing of experiences
- Describe the ethical issues related to conducting research with people who have a cognitive impairment
- Discuss strategies to share information and gain informed consent
- Explore ethical recruitment processes
- Articulate the research methods that could be used to evaluate and assess dementia, care, services and support
- Discuss the strategies that could be employed to gain people with dementia, their families and carers involvement in policy and service development
Learning outcomes for
Level 6 (FHEQ)
Level 3 (SCOTCAT)
Level 9 & 10 (SCQF)

On successful completion of the topic, students studying at level 6 will be able to:

- Critically discuss research methodologies and methods that would facilitate researching the experiences of dementia, its assessment, treatment and care
- Analyse ethical principles for the recruitment and involvement of people with dementia in research
- Critically discuss strategies for the involvement of people with dementia, their family and carers in policy and service development

Learning outcomes for
Level 7 (FHEQ)
Level 4 (SCOTCAT)
Level 11 (SCQF)

On successful completion of the topic, students studying at level 7 will be able to:

- Develop a research proposal using an appropriate method and one that addresses the ethical issues of a given dementia experience
- Develop an innovative approach to involving people with dementia, their family and carers in policy and service development

Mapping

- Dementia Competency Framework: Section 11
- Promoting Excellence: Living well with dementia
References and Bibliography


Innes A. Barker S., Board M., Fenge L., Heaslip V. (2012) Review of HEDN Curriculum for Dementia Education. Bournemouth University, Dementia Institute Bournemouth University. (See Appendix 1)


Scottish Credit Accumulation and Transfer (SCOTCAT) See UK Credit and Accumulation Transfer models. http://www.nicats.ac.uk/about/cats_uk.htm (Last accessed July 2013)


The Scottish Credit and Qualification Framework (SCF) http://www.scqf.org.uk See also: http://www.qaa.ac.uk/assuringstandardsandquality/qualifications/Pages/default.aspx (Last accessed July 2013)


Appendix 1

Literature review of dementia education

**Review of HEDN Curriculum for Dementia Education (CfDE)**

**10 September 2012**

**Prof. Anthea Innes, Dr. Sue Barker, Michele Board, Dr. Lee-Ann Fenge and Vanessa Heaslip**

**Bournemouth University Dementia Institute, Bournemouth University**

This document reports on the work undertaken by Bournemouth University Dementia Institute (BUDI) commissioned by HEDN to review the curriculum for Dementia Education (CIDE). The aim of the work was to contribute to the ultimate aim of HEDN for an empirically based, validated curriculum, providing guidance for those delivering dementia education in HEI’s.

To help achieve this BUDI undertook:

1. A focused review of:
   a. Recommended content/topics to include in the Curriculum for Dementia Education
   b. Learning outcomes and anticipated competencies/capabilities for a range of courses/levels including
      i. pre and post registration curricula for health and social care professionals
      ii. independent undergraduate modules/courses in dementia

2. A synthesis of empirically based literature

Using the table provided by HEDN we updated content as well as generally edited the document to take account of policy directives and general trends in the dementia world drawing on our collective experience of delivery of a Masters programme in Dementia Studies open to a multi-disciplinary audience and nursing and social work specific programmes at undergraduate and post-qualifying levels.

The synthesis of the literature involved a date specific focused literature search (2007 – present) using Science Citation Index, Academic Search Complete, Social Science Citation Index, Psych Info, EDS Foundation Index, Cinahl plus with full text, Medline, Science Direct, Eric, and Soc Index with full text. The literature search was conducted on 2nd and 3rd July 2012.

The search terms used were dementia, education, higher education, HE and university with the Boolean phrase “AND”, to focus the search. This initial search resulted in a large number of potential papers (over 6000) and these were listed according to relevancy to the search terms used. The title of the papers and the 2-3 line summary information provided was read for each of these and where the key search terms (education, dementia, higher education, HE, or university) was noted then the abstracts for the relevant papers reviewed in line with the inclusion criteria below:
Published after 2007 (as we made the assumption that papers pre 2007 would have been covered in the previous HEDN review)

Included the term education, and involved Higher Education Staff either educating in practice or delivering education programmes in a Higher Education Institution (HEI).

Published in peer reviewed journals.

If the inclusion criteria were met the full text article was ordered. In taking this forward HEDN may wish to review other papers that were not identified through the narrow search terms used in this focused review, as we recognize from our own knowledge of the literature that, for example, papers have been published but have been missed from the review as they used alternative terms such as training or programme evaluation.

Of the twenty three full text papers reviewed, eight papers were subsequently discarded as they did not articulate HEI involvement in the educational programme, but instead were developed and led by clinicians in practice. In total fourteen papers met the inclusion criteria above and were included in this review (table 1). Five of the eleven reviewed papers reported on dementia education provided as part of an undergraduate pre-registration programme (Bradley et al. 2010; Fruhauf 2007; George et al. 2007, Kaf et al. 2011 and Paquette et al. 2010), six focused upon post graduate/registration (Board et al. 2011, Beer et al. 2009, Downs e al. 2009, Dunphy et al. 2010, Lichtenberg and Hegde 2009, and While et al. 2010) two were European reviews exploring medical and neurologists’ dementia education (Hasselbalch et al. 2007; Tsolaki et al. 2010); one was a literature review drawing together recommendations for UK undergraduate and postgraduate medical education on dementia (Tullo and Allan 2011).

Those papers [5] focusing upon undergraduate teaching programmes showed diversity in the delivery approach to dementia education. There was a central theme of creativity, moving away from a traditional didactic approach to one centered on working and being with people with dementia rather than learning about dementia as a disease. Three of these were delivered in practice based environments (Fruhauf 2007, George et al. 2011 and Kaf et al. 2011) where students were partnered with a resident with dementia to work on a particular activity; for example as a social partner, talking to residents and playing games (Kaf et al. 2011); undertaking a structured activity such as horticulture or scrap book making (Fruhauf et al. 2007) or as a creative story telling partner (George et al. 2011). For many of the students involved in these types of activities, the evaluations suggested that they had a positive impact on the students’ attitudes towards older people with dementia.

Two further papers reporting on undergraduate pre-registration programme dementia education (Bradley et al. 2010; Paquette et al. 2010), used actors to play individuals with dementia, as part of the learning or assessment strategy. Bradley et
al. (2010) used actors to demonstrate positive person-centred care and negative social interactions via five docu-dramas that had been developed with practice staff. These docu-dramas were filmed in three different environments (2 in the acute care setting, 2 in residential care facilities and 1 in the home environment). The students watched the docu-dramas and completed an associated workbook to encourage reflection and critical thinking. In contrast Paquette et al. (2010) used the actors as part of the assessment strategy, where the actors portrayed older hospitalised patients in a simulation exercise to assess whether nursing students could differentiate between delirium and dementia, identify systems of heart failure and address family members concerns.

The post registration/graduate education appeared to follow a more traditional route of educational input, for example Lichtenberg and Hegde et al. (2009) documented their annual conference on older people; Dunphy (2010) explored the use of action learning sets alongside traditional educational sessions to educate and prepare practitioners to become peer educators whilst While et al (2010) used diadatic teaching and joint clinical visits. Board et al. (2012) used a creative approach blending traditional sessions as well as reflective, observational activities and practice based projects in which the participants worked in groups of 4-5 to identify a project which could be implemented in the care home to enhance the lives of staff or residents.

A tentative comparison of these selected studies reporting on post and pre-registration education activities, suggests a different emphasis within the education provision; in post-registration education, the focus is upon managing the disease utilising different teaching and learning strategies, whereas within pre-registration education the focus is towards enabling students to see beyond the diagnosis towards seeing the individual who is living with dementia. There was only one module within the papers reviewed, which explored the personal perspective as part of post graduate education (Downs et al. 2009). Addressing potential attitudes that individual practitioners may have towards people with dementia, to facilitate practitioners to see beyond the disease towards seeing the individual is currently central within policy initiatives within the UK (Department of Health 2004, 2005, 2010) and it is therefore important that consideration of education curricula considers the mode of delivery as well as the content.

Four papers did not articulate any formal evaluation of the education process (Bradley et al. 2010, Downs et al. 2009, Fruhauf 2007, Lichtenberg and Hegde 2009), however where evaluations of the educational programme occurred, they focused upon the learning and teaching strategy used (Dunphy et al. 2010, Paquette et al. 2010), evaluation of the educational programme developed (Board et al. 2012 and While et al. 2010); or the impact upon individual students (George et al. 2011, Kaf 2011 and While et al. 2010). No paper in this review evaluated the impact on the lives of the people with dementia in
practice, perhaps because an impact upon service improvement is more difficult to identify and assess. However, evaluating the impact of any educational initiative from a service perspective is vital if we are to ensure high quality evidence based care. This is a gap that this focused review has identified as did the Tullo and Allan review (2011) and is an area to consider in relation to the development of a dementia curricula.

The final three papers included in this review (Beer et al. 2009, Hasselbalch et al. 2007, Tsolaki et al. 2010) focused on dementia education in specific staff groups. Beer et al. (2009) explored medical and primary care staffs’ knowledge about dementia and worked with participants to identify their ideas for the content of an educational package. Their findings supported the need for flexible, case based, locally relevant educational sessions as opposed to face to face teaching.

Two reviews (Hasselbalch et al. 2007 and Tsolaki et al. 2010) examined medical and neurologists’ education and training in dementia across Europe. Hasselbalch et al. (2007) identified that whilst many countries in Europe have mandatory dementia teaching for medical students, the degree and level is not consistent across Europe, and that there is no formal dementia education at post graduate level in many countries. In contrast Tsolaki et al (2010) did not identify a decrease in teaching activities on dementia at postgraduate medical level, but did note that there was no consistency across the different countries in Europe. Tsolaki et al’s review concluded that education on dementia should occur at all stages (medical school, during specialty training as well as after specialty training), and should include early detection and diagnosis, pharmacological and non-pharmacological treatment and communication. They suggested that a standardized European Educational Programme be developed which could run in all European countries. Tullo and Allan (2011) conducted a literature review exploring the international evidence base in order to make recommendatons for successful teaching on dementia in UK medical education. They concluded that a curriculum on dementia should be developed mapping out learning outcomes to ensure that practitioners working with people with dementia have the necessary skills both at undergraduate levels extending through to early post graduate education.

Therefore we conclude that not only does the content of the proposed Curriculum for Dementia Education (CfDE) require attention but also the delivery mode and competencies promoted by CfDE.
Table 1: Synopsis of papers included in this focused review

<table>
<thead>
<tr>
<th>Reference</th>
<th>Country</th>
<th>HEI/Practice</th>
<th>Accredited/Non Accredited</th>
<th>Pre/Post Reg</th>
<th>Summary of Education</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board, M., Heaslip, V., Fuggle, K., Gallagher, J., Wilson, J., 2012. How education can improve care for residents with dementia. Nursing Older People 24(5); 29-31</td>
<td>UK</td>
<td>HEI Practice</td>
<td>In house short course gained short course accreditation from the HEI</td>
<td>Post-Reg</td>
<td>5 day HEI based educational programme Blended programme (educational sessions, reflective exercises, observational tasks, work based projects). 2.5 work based programme developed.</td>
<td>Programme Evaluation</td>
</tr>
<tr>
<td>Beer, C., Horner, B., Almeida, O., Scherer, S., Lautenschlager, N., Bretland, N., Rett, P., Schaper, F., Flicker, L., 2009. Current experiences and educational preferences of general practitioners and staff caring for people with dementia living in residential facilities. BMC Geriatrics (36).</td>
<td>Australia</td>
<td>HEI</td>
<td></td>
<td>Post-Reg</td>
<td>This research explored medical and primary care staff knowledge regarding dementia and worked with participants to identify what they perceived an educational package would require.</td>
<td>Findings supported the need for other educational sessions (as opposed to face to face teaching). Need to be flexible, case based, locally relevant focused upon practice strategies</td>
</tr>
<tr>
<td>Bradley, S., Bellis, A., Guerin, P., Walters, B., Wotherspoon, A., Cecchin, M., Paterson, J., 2010. Educational Gerontology 36; 809-823.</td>
<td>Australia</td>
<td>HEI Practice</td>
<td>Part of accredited prog</td>
<td>Pre-Reg</td>
<td>Advisory group (AG) of healthcare professional provided real life case studies, which were then explored further by the AG, this led to 5 docu-dramas being developed and filmed by actors with a work book for students</td>
<td>No evaluation</td>
</tr>
<tr>
<td>Downs, M., Capstick, A., Baldwin, P., Surr, C., Bruce, E., 2009. The role of higher education in transforming the quality of dementia care: dementia studies at the University of Bradford. International Psychogeriatrics. 21; S3-S15.</td>
<td>UK</td>
<td>HEI</td>
<td>Acc Programmes</td>
<td>Pre and Post Reg</td>
<td>Presents a variety of programmes offered within the HEI including Cert HE, DipHe, MSc, in Dementia Studies and Post Grad Cert in Change Management and Leadership in Dementia Care.</td>
<td>No evaluation</td>
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<tr>
<td>Reference</td>
<td>Country</td>
<td>HEI/ Practice</td>
<td>Accredited/ Non Accredited</td>
<td>Pre/ Post Reg</td>
<td>Summary of Education</td>
<td>Evaluation</td>
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<td>Dunphy, L., Proctor, G., Bartlett, R., Haslam, M., Wood, C., 2010. Reflections and learning from using action learning sets in a healthcare education setting. Action Learning: Research and Practice. 7(3) 303-314.</td>
<td>UK</td>
<td>HEI</td>
<td>Accredited</td>
<td>Post-Reg</td>
<td>Students were allocated 1 day per week over the academic year to attend the programme. The programme consisted of teaching sessions in the morning and Action Learning Sets (ALS) in the afternoon.</td>
<td>Centered on the use of ALS and identified some uncertainty regarding the L&amp;T strategy.</td>
</tr>
<tr>
<td>Fruhauf, C., 2007. Dementia 6; 157.</td>
<td>USA</td>
<td>HEI Practice</td>
<td>Part of accredited prog</td>
<td>Pre-Reg</td>
<td>Blended Site placement with people with dementia (15-20 Hours), dementia training orientation, structured activity (reminiscence, horticulture, intergenerational projects, scrapbook activity. Mid semester meeting. Student journal then final reflection paper</td>
<td>No Evaluation</td>
</tr>
<tr>
<td>Reference</td>
<td>Country</td>
<td>HEI/ Practice</td>
<td>Accredited/ Non Accredited</td>
<td>Pre/ Post Reg</td>
<td>Summary of Education</td>
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<tr>
<td>George, D., Stuckey, H., Dillon, C., Whitehead, M., 2011. Impact of participation in timeslips, a creative group-based storytelling program, on medical student attitudes towards persons with dementia: A Qualitative study. The Gerontologist 51(5) 699-703.</td>
<td>USA</td>
<td>HEI Practice</td>
<td>Part of accredited prog</td>
<td>Pre-Reg</td>
<td>One month creative story telling programme (Timeslips (TS)) Educational session at HEI at start on dementia and in practice on engaging with residents. Option to develop final creative project. 4 visits to practice setting student would work with residents to retell a story from pictures</td>
<td>Qualitative evaluation on students’ experience showing an overall positive shift in their perspective.</td>
</tr>
<tr>
<td>Hasselbalch, S., Baloyannis, S., Denislic, M., Dubois, B., Oertel, O., Rossor, M., Tsiskaridze, A., Waldemar, G., 2007. Education and training of European neurologists in dementia.</td>
<td>Europe</td>
<td>Review paper – In many countries there is obligatory teaching of medical students on dementia however the degree and level of this is not consistent across countries. In contrast there are no formal education on dementia post grad (in many countries). No published guidelines on teaching in dementia although noted that continuous medical education could assist here.</td>
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<tr>
<td>Kaf, W., Barboa, L., Fisher, B., Snavely, L., 2011. Effect of Interdisciplinary service learning experience for Audiology and Speech Language Pathology students working with adults with dementia. American Journal of Audiology 20; S241-249.</td>
<td>USA</td>
<td>Practice</td>
<td>Part of Acc programme</td>
<td>Pre-Reg</td>
<td>Each student paired with a resident in a NH to serve as a social companion. 15 hours over the semester participating in residents daily activities such as engaging in conversation, playing cards to stimulate vernal communication.</td>
<td>Students’ attitudes assessed using Kogan’s Attitudes Toward Old People Scale and students in the SL programme demonstrated more positive attitudes compared to students who did not participate.</td>
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<tr>
<td>Reference</td>
<td>Country</td>
<td>HEI/ Practice</td>
<td>Accredited/ Non Accredited</td>
<td>Pre/ Post Reg</td>
<td>Summary of Education</td>
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<tr>
<td>Paquette, M., Bull, M., Wilson, S., Dreyfus, L., 2010. A complex elder care simulation using improvisational actors. Nurse Educator 35(6) 254-258</td>
<td>USA</td>
<td>HEI</td>
<td>Part of Acc programme</td>
<td>Used Improvisational actors to portray elder hospitalised patients to see if nursing students could differentiate between delirium from dementia, identify systems of heart failure and address family members concerns.</td>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>Tsolaki, M., Papaliagkas, V., Anogianakis, G., Bernabei, R., Emre, M., Frolich, L., Visser, P., Michel, J., Pirtila, T., Rikker, M., Soininen, H., Sobow, T., Vellas, B., Verhey, F., Winbald, B., and the Alzheimer’s Disease Consortium. 2010. Consensus statement on dementia education and training in Europe. The Journal of Nutrition, Health &amp; Ageing. 14(2); 131-135.</td>
<td>Europe</td>
<td>Review Paper, this review did not identify a decreases the teaching activities on dementia from undergraduate to postgraduate medical education. The review identified that education on dementia should occur at all stages (medical school, during specialty training as well as after specialty training). Education should include early detection and diagnosis, pharmacological and non-pharmacological treatment and communication. Trainer should be at Masters level or above with expertise in ageing and dementia care. Suggested European Educational Programme which could run in all European countries.</td>
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<tr>
<td>Tullo, E., Allan, L., 2011. What should we be teaching medical students about dementia? International Psychogeriatrics. 23(7); 1044-50.</td>
<td>UK</td>
<td>Review Paper examining undergrad and postgrad medical education on dementia. The paper identified variation not only in time allocated to dementia education but also in the delivery. The authors concluded that improvement in both undergrad and postgraduate medical education is needed, recommending curriculum mapping outcomes on dementia at undergrad level extending to postgraduate.</td>
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<tr>
<td>While, C., Nunn, R., Donohue, L., Koch, S., 2010. Supporting practice in dementia care: evaluation of an educational programme for district nurses. Journal of Mental Health Training, Education and Practice. 5(3) 14-21</td>
<td>Australia</td>
<td>Practice</td>
<td>Non Acc</td>
<td>Post-Reg</td>
<td>The course was designed following focus groups with 10 carers and 16 nurses. Course included 2 30 mins didactic teaching on aetiology and person centred care principles. Further 1 hour on dementia assessment practices including joint visits with a clinical nurse consultant.</td>
<td>Pre and post test questionnaire to measure knowledge and confidence. Focus groups to gauge the nurses’ perception on the value of the educational programme.</td>
</tr>
</tbody>
</table>
### 1. How will you encourage a wide diversity of students onto this Programme?

The curriculum content spans levels 5, 6, and 7 (FHEQ); levels 2, 3 and 4 (SCOTCAT); and levels 8, 9, 10 and 11 (SQF).

- The CfDE curriculum content has been designed to engage students at Universities across England and Wales, Northern Ireland and Scotland.
- The curriculum is adapted for student need at various academic levels, to include diploma, degree and masters.
- This range of academic study levels will be useful to students also on various professional programmes at degree (such as pre-reg nursing) or social work (which can be studied at degree or Masters level).

### 2. Please describe any aspects of the curriculum content that may be considered by some to impact negatively on their own principles or beliefs.

The content of the curriculum reflects the needs of people with dementia and their carers. Care and attention has been given to anticipating the diversity of this client group and relevant stakeholders. Accordingly, this has necessitated the inclusion of content that some potential students may have difficult to discuss. Examples of this includes:

- The needs of gay, lesbian and trans-gender people with dementia and their partners and families
- Care and treatment options for people with dementia and their families
- Helping people with dementia meet their spiritual needs
- Helping people with dementia meet their sexual needs
- Exploration of preconceived ideas and their impact around sexuality and dementia
- Complementary therapies including aromatherapy, massage, Etc.
- Cultural, spiritual and religious differences associated with death, care of the dying and the deceased person
- The role of assistive technologies

The HEDN recognise that some potential students may have clear opinion or bias in these areas, and may find the subject matter uncomfortable or inappropriate. However the HEDN feel these areas are essential when considering good quality care, and that any potential student, regardless of their own personal beliefs, needs to be aware of the current ideas, debates, thinking and advancement in these areas.
<table>
<thead>
<tr>
<th>3. What considerations are made to the curriculum content for ETHNICITY in dementia?</th>
<th>HEDN Curriculum</th>
<th>Commentary from Equality &amp; Diversity Adviser</th>
</tr>
</thead>
</table>
| The needs of people from minority ethnic groups are implied throughout the programme. Specific reference however is given in: | • The experience and needs of people with dementia from black and minority ethnic cultures, and their families  
• Supporting and providing for each person’s personal beliefs, emotional needs and preferences including culturally appropriate religious observance, food, language, care practice  
• Cultural, spiritual and religious differences associated with death, care of the dying and the deceased person  
• Lifestyle factors that may affect health education with minority ethnic groups  
• Cultural competence in understanding diversity in communication styles  
• Diversity of family arrangements and the importance of community  
• Culturally appropriate diagnosis and treatment options and services | In England, it is estimated that 3% of the number of people with dementia come from an ethnic minority group (DH, 2009), and there is much discussion that current services do not always take account of cultural differences. The HEDN have included a number of important issues. |
<table>
<thead>
<tr>
<th>4. What considerations are made to the curriculum content for DISABILITY in dementia?</th>
<th>HEDN Curriculum</th>
<th>Commentary from Equality &amp; Diversity Adviser</th>
</tr>
</thead>
<tbody>
<tr>
<td>The HEDN recognise that dementia is recognised under the Equality Act 2010 as a disability. However it also notes that there may be other conditions, not related to dementia that can also have a disabling effect. In addition, acting as a carer for someone with a disability is given deserved attention. These have been specifically reflected in the curriculum content in the following areas;</td>
<td>There are no up-to-date statistics focusing on the exact extent of disability by type in people with dementia or by their carers. It is good to see clear attention given to two specific areas of working with carers, and also learning disability. The HEDN has indeed made a clear attempt to consider disabling conditions within the curriculum.</td>
<td></td>
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<tr>
<td>• Communicating strategies for interacting with people with dementia; personal communication styles</td>
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<td>• Carers needs for a range of practical and psycho educational information, support, caring for the carer, and strategies for managing stress; the importance of meeting carers needs; carers rights to assessment of their own needs</td>
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<tr>
<td>• The needs of people with learning disabilities and dementia</td>
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<td>• The implications of other disabilities or illnesses that may show the signs of dementia</td>
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<tr>
<td>• Perceptual distortions that may occur in dementia and the need for attention to lighting, colour schemes, signage, sounds, garden design and access to external space</td>
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<td>• Health education initiatives that are sensitive to a range of learning needs</td>
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<td>• Making reasonable adjustments for carers with a disability</td>
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<td>• Carer legislation, including support for young carers</td>
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<tr>
<td>• Support and services entitlements available for people with disabilities</td>
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</table>

| 5. What considerations are made to the curriculum content for GENDER in dementia? | There is no specific reference to gender within the curriculum content, but responding to equality and diversity issues is implied throughout. The curriculum takes into account that people may respond differently to the care giving role based on their gender. | The curriculum has taken into account that people may respond differently to the care giving role based on their gender. This will need to be written into Part 4. In addition strategies to support the daily life of people with dementia may incur differences in the nature of care required and may require attention in Part 11. |

<table>
<thead>
<tr>
<th>6. What considerations are made to the curriculum content for TRANSGENDER in dementia?</th>
<th>This is included in the curriculum under:</th>
<th>It is good to see that this has been considered by the HEDN. There are no up-to-date statistics on transgender in people with dementia, and little research on support systems required. This will be an area that needs careful review when the curriculum is next updated for any supportive information that needs to be included.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The needs of gay, lesbian and trans-gender people with dementia and their partners and families</td>
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<tr>
<td>• Reference to the equality legislation is made at regular points throughout the curriculum</td>
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<tr>
<td>HEDN Curriculum</td>
<td>Commentary from Equality &amp; Diversity Adviser</td>
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</tbody>
</table>
| 7. What considerations are made to the curriculum content for AGE in dementia? | This is included in the curriculum under:  
- The needs of younger people with dementia and their families  
- Specific reference to the additional needs of young carers, including children and young adults taking on caring responsibilities  
- Relevant legislation that affects younger carers  
- The additional issues that may affect younger people with dementia at the end of life  
- Legislation as it results to equality in service provision for older people |
| 8. What considerations are made to the curriculum content for RELIGION or BELIEF in dementia? | A number of areas cited in point 3 above on ethnicity are of relevance here, and thus not repeated. However more specific reference to region or belief within the curriculum includes:  
- The person’s life history (...cultural, spiritual) and its importance in supporting the individual and specific needs of people with dementia  
- Supporting and providing for each person’s personal beliefs, emotional needs and preferences including culturally appropriate religious observance, food, language, care practice  
- Helping people with dementia meet their spiritual needs  
- Maintaining the persons spiritual care needs  
- Cultural, spiritual and religious differences associated with death, care of the dying and the deceased person  
- Understanding the practical dilemmas faced by many in care settings of religious dietary observance and choice and how this may change in dementia, potentially causing conflict with relatives |
<table>
<thead>
<tr>
<th></th>
<th>HEDN Curriculum</th>
<th>Commentary from Equality &amp; Diversity Adviser</th>
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</thead>
</table>
| 9. What considerations are made to the curriculum content for Sexual Orientation in dementia? | The curriculum content addresses sexual orientation in the following areas:  
- The needs of gay, lesbian and trans-gender people with dementia and their partners and families  
- Strategies for challenging preconceived ideas around sexuality and dementia care practice which acknowledges the persons identity, preserves their dignity privacy and choice and maintains their independence, rights and culture  
- Helping people with dementia meet their sexual needs  
- Exploration of preconceived ideas and their impact around sexuality and dementia  
- The effect of key legislation such as equality legislation in connection with sexual orientation | It is important to recognise that other considerations may be made to curriculum content subject to local needs and student interest. An example of this may include the needs of offenders with dementia, and prisoners who develop dementia. |
| 10. What OTHER considerations could be made to the curriculum content for equality and diversity issues in dementia? | The HEDN is a guideline for individual HEI’s. Plans exist to formally review this document in the coming years and provide an updates guideline as required. | Individual HEI’s will continue to maintain responsibility for the curriculum content through local Programme Management Teams. The HEDN will review the curriculum content of this publication and issue future updates to curriculum content as necessary. |
| 11. How will you monitor any changes in the curriculum content? | | |
| 12. How will potential students be made aware of these curriculum elements before enrolling on the course (this may be resolved by ensuring that these elements are included in course descriptions and marketing materials). | This will be the responsibility of the individual HEI. | |

APPENDIX 2
<table>
<thead>
<tr>
<th>HEDN Curriculum</th>
<th>Commentary from Equality &amp; Diversity Adviser</th>
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</table>
| **13. Please describe the equality related staff training and development needs** | Equality and Diversity remain a core feature of the indicative content for all Parts. Teaching staff/lecturers using the curriculum need to be aware of the equality and diversity challenges that ‘dementia’ as a subject area can bring. There are some areas of the curriculum that can cause much discussion, debate and prejudice – as noted above. It will be the responsibility of the individual HEI to ensure staff have appropriate equality and diversity training.  

The HEDN however will play its part in ensuring the curriculum content is appropriately equality impact assessed, and that all content ‘updates’ are also equality impact assessed. |
| **14. Are any particular professional groups of students at an advantage/disadvantage based on curriculum content?** | The curriculum content is designed to be used by HEIs over a wide range of courses, including both professional course such as nursing and social work, as well as dementia studies programmes.  

Individual HEI's may wish to review curriculum content against courses including nursing, social work, and other professions allied to health and social care. It is expected that depending on the course being offered and the requirements of individual professional bodies, some parts of the curriculum may be given more attention than others. With this in mind it is important to bear in mind that this document is guideline, rather than a course/programme prescription. |
Appendix 3
List of HEDN members

- University of Bedfordshire
- Birmingham City University
- University of Bradford
- University of Brighton
- University of Bolton
- Bournemouth University
- Brunel University
- Buckinghamshire New University
- Canterbury Christchurch University
- University of Central Lancashire
- City University
- Coventry University
- University of Cumbria
- De Montfort University
- University of Dundee
- University of Edinburgh
- Edge Hill University
- University of Essex
- University of Exeter
- University of Glamorgan
- Glasgow Caledonian University
- University of Greenwich
- University of Hertfordshire
- University of Huddersfield
- University of Hull
- King’s College London
- Kingston University
- University of Leeds
- University of Lincoln
- Liverpool John Moores University
- University of Manchester
- Middlesex University
- Newcastle University
- University of Northampton
- University of Nottingham
- Open College Network North East Region
- University of Plymouth
- University of Portsmouth
- Robert Gordon University (Aberdeen)
- University of Salford
- Sheffield Hallam University
- University of Southampton
- Staffordshire University
- University of Stirling
- University of Surrey
- Swansea University
- University of Teesside
- University of Wales Bangor
- University of West of England
- University of the West of Scotland
- University of Wolverhampton
- University of Worcester
- University of York
## Index

<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>abuse</strong></td>
<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>CT-10: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>FC-10: Pharmacology related to dementia</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>50-51</td>
<td>FC-13: Understanding legal aspects</td>
</tr>
<tr>
<td><strong>activity</strong></td>
<td>17</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td></td>
<td>40-41</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td><strong>advanced decisions/care planning</strong></td>
<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
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<tr>
<td></td>
<td>19</td>
<td>CT-9: End of life palliative care</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>FC-6: Supporting people in the early stages</td>
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<td>50</td>
<td>FC-13: Understanding legal aspects</td>
</tr>
<tr>
<td></td>
<td>54-55</td>
<td>FC-15: End of life palliative care</td>
</tr>
<tr>
<td><strong>advocacy</strong></td>
<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
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<td></td>
<td>48</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>52</td>
<td>FC-14: Understanding ethical issues</td>
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<tr>
<td><strong>alcohol</strong></td>
<td>See lifestyle factors, alcohol</td>
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<tr>
<td><strong>assertive outreach</strong></td>
<td>See interventions, assertive outreach</td>
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<tr>
<td><strong>assessment</strong> (see also diagnosis)</td>
<td>11</td>
<td>CT-2: Identification and assessment</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>CT-4: Creating effective partnerships</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>CT-6: Developing person centred care</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>CT-9: End of life palliative care</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>FC-2: Identification and assessment</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>FC-4: Creating effective partnerships</td>
</tr>
<tr>
<td></td>
<td>34-38</td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
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<td>40</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>FC-10: Pharmacology related to dementia</td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>FC-14: Understanding ethical issues</td>
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<tr>
<td></td>
<td>54-55</td>
<td>FC-15: End of life palliative care</td>
</tr>
</tbody>
</table>

CT = Core Topics  FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>assistive technologies</td>
<td>17-18</td>
<td><strong>CT-8</strong>: Holistic health and supporting daily life</td>
</tr>
<tr>
<td></td>
<td>56-57</td>
<td><strong>FC-16</strong>: Environment</td>
</tr>
<tr>
<td>attitudes</td>
<td>22</td>
<td><strong>FC-1</strong>: Prevention and keeping well</td>
</tr>
<tr>
<td>befriending</td>
<td>See services, befriending</td>
<td></td>
</tr>
<tr>
<td>behaviour:</td>
<td></td>
<td></td>
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<tr>
<td>• as a form of communication</td>
<td>12</td>
<td><strong>CT-3</strong>: Understanding the experience</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td><strong>FC-2</strong>: Identification and assessment</td>
</tr>
<tr>
<td></td>
<td>26-27</td>
<td><strong>FC-3</strong>: Understanding the experience</td>
</tr>
<tr>
<td>• stressed/distressed</td>
<td>17</td>
<td></td>
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<tr>
<td></td>
<td>24</td>
<td><strong>CT-8</strong>: Holistic health and supporting daily life</td>
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<tr>
<td></td>
<td>40-42</td>
<td><strong>FC-2</strong>: Identification and assessment</td>
</tr>
<tr>
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<td>44-45</td>
<td><strong>FC-9</strong>: Supporting daily life</td>
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<tr>
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<td></td>
<td><strong>FC-10</strong>: Pharmacology related to dementia</td>
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<tr>
<td>bereavement</td>
<td>See end of life, bereavement</td>
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<tr>
<td>black and ethnic minority cultures</td>
<td>14</td>
<td><strong>CT-5</strong>: Equality, diversity and inclusion</td>
</tr>
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<td><strong>FC-4</strong>: Creating effective partnerships</td>
</tr>
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</tbody>
</table>

CT = Core Topics  FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>communication:</td>
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<tr>
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<td>20</td>
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</tr>
<tr>
<td></td>
<td>48</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
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<td>34-35</td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
<tr>
<td></td>
<td>49</td>
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</tr>
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<td>20</td>
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</tr>
<tr>
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</tr>
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</tr>
<tr>
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</tr>
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<td>30-31</td>
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</tbody>
</table>

CT = Core Topics  FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>decision-making</td>
<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
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<td></td>
<td>50</td>
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</tr>
<tr>
<td></td>
<td>52-53</td>
<td>FC-14: Understanding ethical issues</td>
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<td>40-41</td>
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<td>50-51</td>
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</tr>
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<td>34-35</td>
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<td>36</td>
<td>CT-2: Identification and assessment</td>
</tr>
<tr>
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<td>11</td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

CT = Core Topics FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>education:</td>
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<td>• carer</td>
<td>13 28</td>
<td>CT-4: Creating effective partnerships</td>
</tr>
<tr>
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<td>10 22-23</td>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
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<td>54-55</td>
<td>FC-8: Holistic health for people with dementia</td>
</tr>
<tr>
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<td>19 19 54-55</td>
<td>CT-9: End of life palliative care</td>
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<td>58</td>
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</tr>
<tr>
<td></td>
<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
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<td>• reasoning</td>
<td>52-53</td>
<td>FC-14: Understanding ethical issues</td>
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<tr>
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<td>58</td>
<td>FC-17: Research, policy and service development</td>
</tr>
<tr>
<td>• theory</td>
<td>52-53</td>
<td>FC-14: Understanding ethical issues</td>
</tr>
</tbody>
</table>

CT = Core Topics  FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
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<tbody>
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<td>• communication</td>
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<td>34-35</td>
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</tr>
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<td>37 46</td>
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<td></td>
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<td>See lifestyle factors, exercise</td>
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</table>

CT = Core Topics FC = Full Curriculum
<table>
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<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
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<tbody>
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<td>24-25</td>
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<tr>
<td>• crisis</td>
<td>11</td>
<td>CT-2: Identification and assessment</td>
</tr>
<tr>
<td>• early</td>
<td>24-25</td>
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<td>54</td>
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</tr>
<tr>
<td>• pharmacological</td>
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<td>46</td>
<td>FC-11: Psycho social approaches</td>
</tr>
<tr>
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<td>42</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td>Kitwood</td>
<td>15</td>
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</tr>
<tr>
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<td>14</td>
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<tr>
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<td>38</td>
<td>FC-8: Holistic health</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
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<td>17</td>
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</tr>
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<td></td>
<td>22</td>
<td>FC-1: Prevention and keeping well</td>
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<td>38</td>
<td>FC-8: Holistic health</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>FC-9: Supporting daily life</td>
</tr>
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<td>30-31</td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>FC-9: Supporting daily life</td>
</tr>
</tbody>
</table>

CT = Core Topics  FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>management:</td>
<td></td>
<td></td>
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<tr>
<td>• behavioural</td>
<td>18</td>
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</tr>
<tr>
<td></td>
<td>38-39</td>
<td>FC-8: Holistic health</td>
</tr>
<tr>
<td></td>
<td>44-45</td>
<td>FC-10: Pharmacology related to dementia</td>
</tr>
<tr>
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<td>34</td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
<tr>
<td>• complementary therapy</td>
<td>46</td>
<td>FC-11: Psycho social approaches</td>
</tr>
<tr>
<td>• counselling</td>
<td>17</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td>• medication</td>
<td>46</td>
<td>FC-11: Psycho social approaches</td>
</tr>
<tr>
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<td>CT-2: Identification and assessment</td>
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<tr>
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<td>CT-8: Holistic health and supporting daily life</td>
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<td>38-39</td>
<td>FC-8: Holistic health</td>
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<tr>
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<td>FC-10: Pharmacology related to dementia</td>
</tr>
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<td>19</td>
<td>CT-9: End of life palliative care</td>
</tr>
<tr>
<td></td>
<td>54-55</td>
<td>FC-15: End of life palliative care</td>
</tr>
<tr>
<td>• psycho social approaches</td>
<td>17-18</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
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<td>46</td>
<td>FC-11: Psycho social approaches</td>
</tr>
<tr>
<td>• reminiscence therapy</td>
<td>46</td>
<td>FC-11: Psycho social approaches</td>
</tr>
<tr>
<td>• sensory stimulation</td>
<td>46</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
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<td>46</td>
<td>FC-11: Psycho social approaches</td>
</tr>
<tr>
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<td>See management, medication</td>
<td></td>
</tr>
</tbody>
</table>

CT = Core Topics  FC = Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>memory difficulties</td>
<td>26</td>
<td>FC-3: Understanding the experience</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
<tr>
<td>Mental Capacity legislation</td>
<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
<td></td>
<td>50-51</td>
<td>FC-13: Understanding legal aspects</td>
</tr>
<tr>
<td></td>
<td>52</td>
<td>FC-14: Understanding ethical issues</td>
</tr>
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<td>16</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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<td>CT-10: Key professional abilities</td>
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<td>FC-5: Equality, diversity and inclusion</td>
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<td>36</td>
<td>FC-7: Developing person centred care</td>
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<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>CT-4: Creating effective partnerships</td>
</tr>
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<td>19</td>
<td>CT-9: End of life palliative care</td>
</tr>
<tr>
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<td>28-29</td>
<td>FC-4: Creating effective partnerships</td>
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<tr>
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<td>54-55</td>
<td>FC-15: End of life palliative care</td>
</tr>
<tr>
<td>• carer’s</td>
<td>48</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td>• communication</td>
<td>30-31</td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td>• emotional</td>
<td>14</td>
<td>CT-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td>• sexual</td>
<td>17</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td>• spiritual</td>
<td>20</td>
<td>CT-10: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td>38-39</td>
<td>FC-7: Developing person centred care</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td>NICE criteria</td>
<td>44</td>
<td>FC-10: Pharmacology related to dementia</td>
</tr>
<tr>
<td>nutrition</td>
<td>See lifestyle factors, nutrition</td>
<td></td>
</tr>
<tr>
<td>oppression</td>
<td>See discrimination</td>
<td></td>
</tr>
<tr>
<td>Index Term</td>
<td>Document pages</td>
<td>Curriculum heading</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------</td>
</tr>
</tbody>
</table>
| pain:                       | 19 44          | **CT-9**: End of life palliative care  
| • assessment                |                | **FC-10**: Pharmacology related to dementia          |
| • management                |                | **FC-15**: End of life palliative care               |
|                             | 54-55          | See management, pain                                 |
| palliative care             | See end of life, palliative care                     |
| partnership                 | 13 28-29 40    | **C-4**: Creating effective partnerships  
|                             |                | **FC-4**: Creating effective partnerships          |
|                             |                | **FC-9**: Supporting daily life                     |
| personal budget             | 28-29          | **FC-4**: Creating effective partnerships          |
| person centred:             | 15 31 36-37    | **CT-6**: Developing person centred care  
| • care                      | 41-42          | **FC-5**: Equality, diversity and inclusion  
|                             | 15 36-37 41    | **FC-7**: Developing person centred care          |
| • models/theory             |                | **FC-9**: Supporting daily life                     |
| perspective                 | See feelings   |                                                       |
| pharmacology                | See management, medication                            |
| policy development          | 39 49 51 58-59| **FC-8**: Holistic health                             |
|                             |                | **FC-12**: Key professional abilities               |
|                             |                | **FC-13**: Understanding legal aspects              |
|                             |                | **FC-17**: Research, policy and service development  |
| prescribing                 | See management, medication                            |
| professional:              | 52 20 40 48-49| **FC-14**: Understanding ethical issues        
| • code                      | 14 31-32       | **CT-10**: Key professional abilities            |
| • team                      |                | **FC-9**: Supporting daily life                     |
| • values                    |                | **FC-12**: Key professional abilities              |
|                             |                | **CT-5**: Equality, diversity and inclusion         |
|                             |                | **FC-5**: Equality, diversity and inclusion         |

CT= Core Topics FC= Full Curriculum
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>protection</td>
<td>See risk management</td>
<td></td>
</tr>
<tr>
<td>quality assurance</td>
<td>36</td>
<td>FC-7: Developing person centred care</td>
</tr>
<tr>
<td>quality of life</td>
<td>29, 38, 42</td>
<td>FC-4: Creating effective partnerships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-8: Holistic health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td>reality orientation</td>
<td>See management, reality orientation</td>
<td></td>
</tr>
<tr>
<td>reflection</td>
<td>10, 14, 16, 19, 20, 23, 31, 35, 41-42, 49, 51, 52-53, 55</td>
<td>CT-1: Prevention and keeping well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT-9: End of life palliative care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT-10: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-1: Prevention and keeping well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-13: Understanding legal aspects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-14: Understanding ethical issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-15: End of life palliative care</td>
</tr>
</tbody>
</table>

CT = Core Topics  
FC = Full Curriculum

See culture and religion
See management, reminiscence therapy

88 A Curriculum for Dementia Education
<table>
<thead>
<tr>
<th>Index Term</th>
<th>Document pages</th>
<th>Curriculum heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>research:</td>
<td></td>
<td>CT-10: Key professional abilities</td>
</tr>
<tr>
<td>• appraisal/critical evaluation</td>
<td>20</td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>FC-7: Developing person centred care</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>FC-10: Pharmacology related to dementia</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td>• involvement</td>
<td>49</td>
<td>FC-14: Understanding ethical issues</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>FC-17: Research, policy and service development</td>
</tr>
<tr>
<td>• methodology</td>
<td>59</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td>• role</td>
<td>48</td>
<td>FC-16: Environment</td>
</tr>
<tr>
<td>respite</td>
<td>56-57</td>
<td>FC-17: Research, policy and service development</td>
</tr>
<tr>
<td>risk management</td>
<td>16</td>
<td>FC-16: Environment</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
<td></td>
<td>40-41</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td></td>
<td>51-52</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>FC-13: Understanding legal aspects</td>
</tr>
<tr>
<td>safety</td>
<td>17</td>
<td>FC-14: Understanding ethical issues</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>CT-10: Key professional abilities</td>
</tr>
<tr>
<td>safeguarding</td>
<td>16</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>CT-7: Understanding ethical and legal aspects</td>
</tr>
<tr>
<td></td>
<td>48-49</td>
<td>CT-10: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>FC-12: Key professional abilities</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>FC-13: Understanding legal aspects</td>
</tr>
<tr>
<td>self-efficacy</td>
<td>10</td>
<td>FC-14: Understanding ethical issues</td>
</tr>
<tr>
<td></td>
<td>22-23</td>
<td>CT-1: Prevention and keeping well</td>
</tr>
<tr>
<td>sensory stimulation</td>
<td>See management, sensory stimulation</td>
<td></td>
</tr>
<tr>
<td>Index Term</td>
<td>Document pages</td>
<td>Curriculum heading</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• befriending</td>
<td>40</td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td>• development</td>
<td>29, 32, 35, 58-59</td>
<td>FC-4: Creating effective partnerships</td>
</tr>
<tr>
<td>• specialised</td>
<td>54</td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-6: Supporting people in the early stages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-17: Research, policy and service development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-15: End of life palliative care</td>
</tr>
<tr>
<td>sexuality</td>
<td>17-18</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td></td>
<td>30-31, 38, 40</td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-8: Holistic health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-9: Supporting daily life</td>
</tr>
<tr>
<td>social:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• contacts/networks</td>
<td>13, 18</td>
<td>CT-4: Creating effective partnerships</td>
</tr>
<tr>
<td>• inclusion</td>
<td>28, 38-39, 52-53</td>
<td>CT-8: Holistic health and supporting daily life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-4: Creating effective partnerships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-8: Holistic health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-14: Understanding ethical issues</td>
</tr>
<tr>
<td>spirituality</td>
<td>See needs, spiritual</td>
<td></td>
</tr>
<tr>
<td>support networks</td>
<td>11, 24</td>
<td>CT-1: Prevention and keeping well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-2: Identification and assessment</td>
</tr>
<tr>
<td>symptoms</td>
<td>See diagnosis, signs and symptoms and management</td>
<td></td>
</tr>
<tr>
<td>technology</td>
<td>See assistive technology</td>
<td></td>
</tr>
<tr>
<td>trans-gender</td>
<td>See gay, lesbian and trans-gender people</td>
<td></td>
</tr>
<tr>
<td>treatment</td>
<td>See management</td>
<td></td>
</tr>
<tr>
<td>validation therapy</td>
<td>See management, validation therapy</td>
<td></td>
</tr>
<tr>
<td>VIPS</td>
<td>15, 36</td>
<td>CT-6: Developing person centred care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-7: Developing person centred care</td>
</tr>
<tr>
<td>younger people with dementia</td>
<td>14, 19, 30-31, 54</td>
<td>CT-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CT-9: End of life palliative care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-5: Equality, diversity and inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC-15: End of life palliative care</td>
</tr>
</tbody>
</table>

CT = Core Topics  FC = Full Curriculum