Table 7: Suggested Topics for Educational Programs for Nurses and Other Health-Care Providers

GENERAL RECOMMENDED CONTENT	REFERENCES
■ Normal aging ■ Diseases of old age ■ How to conduct a comprehensive assessment with the older adult and family* ■ Foundational content/guiding principles, including: □ person- and family centred care □ acknowledging and building on strengths □ engaging families □ care transitions[G] (including coordination of care across health-care settings)* □ therapeutic relationships and relational practice* □ communication strategies □ interprofessional collaboration ■ Self-care and safety for health-care providers* ■ Reflective practice[G] for health-care providers*	Elliott et al., 2012; Fossey et al., 2014; Lawrence et al., 2012; RNAO, 2010a, 2010b
CONTENT APPLICABLE TO DELIRIUM, DEMENTIA, AND DEPRESSION	
■ Background information □ epidemiology □ pathophysiology □ types of delirium, dementia, and depression □ impact of delirium, dementia, and depression on older adults and their families ■ Signs and symptoms of delirium, dementia, and depression, and overlapping clinical features of the three conditions ■ Accurate use of tools for screening and assessment ■ Conducting screening and assessment with critical clinical judgment and with sensitivity to the person's individual needs and preferences* ■ Atypical presentation in older adults (e.g.,- somatic signs of depression)* ■ Common diagnostic tests or procedures ■ Documentation and referral processes ■ Management strategies: □ types and benefits of non-pharmacological approaches and psychosocial interventions □ pharmacological interventions: benefits, harms, and precautions of medications ■ Alternatives to the use of restraints* ■ Resources, supports, and local services ■ Addressing personal attitudes and stigma, and building cultural competence* ■ Educational and supportive interventions for family and caregivers	CCSMH, 2010; Development Group, 2010; Giebel et al., 2015; Lawrence et al., 2012; RNAO, 2010a, 2010b

Table continued on next page.

ADDITIONAL CONTENT—DELIRIUM	REFERENCES
■ Predisposing and precipitating factors for delirium ■ Urgency (delirium is a medical emergency) ■ Strategies to prevent delirium*	CCSMH, 2010
ADDITIONAL CONTENT—DEMENTIA	
■ Knowledge and understanding of BPSD, and possible reasons for behaviours ■ Strategies for managing/responding to BPSD ■ Ethical and legal aspects related to dementia (e.g., elder abuse, advanced care planning, mental capacity) ■ Assessment and management of pain (nonverbal) ■ Strategies to preserve abilities and delay decline ■ Communication strategies for people with dementia	Development Group, 2010; Eggenberger et al., 2013; Enmarker et al., 2011; Konno et al., 2013; Livingston et al., 2014; Pieper et al., 2013; RNAO, 2010a
ADDITIONAL CONTENT—DEPRESSION	
■ Signs and symptoms of depression unique to older adults ■ Importance of screening for suicide risk □ early recognition □ immediate referral □ how to ask about suicide* ■ Recovery from depression is possible*	Dreizler et al., 2014; O'Connor et al., 2009; RNAO, 2010a

Note: Content added by the expert panel is indicated with an asterisk (*).

RECOMMENDATION 14.3:

Design dynamic, evidence-based educational programs on delirium, dementia, and depression that support the transfer of knowledge and skills to the practice setting. Such programs should be:

- interactive and multimodal (level of evidence = Ia),
- interprofessional (level of evidence = Ia),
- tailored to address learners' needs (level of evidence = V),
- reinforced at the point of care by strategies and tools (level of evidence = Ia), and
- supported by trained champions or clinical experts (level of evidence = Ia).