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Postregistration training and education: the NAGE experience

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Background: This paper reviews the NAGE postregistration course and describes how it has responded to the changing demands of the major stakeholders in the health and social care sectors. It demonstrates how the course team have fulfilled the stated aims and objectives and sought to provide a rich experience for the course participants while being aware of the changing needs of the National Health Service (NHS) and expectations of dietitians, other health professionals and the wider community, particularly with the formation of Primary Care Groups (PCGs). Evidence to inform this review is drawn from a range of sources including dietetic managers, dietitians working with older people, past participants and course evaluations.
Aims: The overall purpose of the course has been to enhance the ability of the participants, i.e. dietitians working with older people, to reflect on their professional practice and become more effective in their membership of the multidisiciplinary team, with the ultimate goal of improving the provision of health care for older people and enhancing their quality of life. This ultimate goal is in line with the government Quality Agenda as reflected in the First Class Service and clinical effectiveness and the future National Service Framework for Older People.
Structure: The review is divided into three broad sections: detailed reflection of the courses held; nutrition and dietetic managers views; changes in the external environment that directly and indirectly influence the course.

Key words: dietitians, older people, postregistration training.

Background

The Nutrition Advisory Group for Elderly People (NAGE) of the British Dietetic Association (BDA) has been involved in postregistration education since its inception in 1984. The first national residential course was held in 1987 in Coventry. In January 1992 the NAGE postregistration course was validated for 130 learning hours by the Validation Committee of the British Dietetic Association for a period of 5 years and reviewed and revalidated for a further 5 years in 1997.

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The acronym NAGE signifies N for infinity and AGE for age, not the initials of the group.

The aims of the NAGE are:

1. to bring together people with an interest in geriatric medicine and nutrition;
2. to provide a forum for the exchange of ideas, information and experience;
3. to offer advice, support and encouragement to dietitians, other health professionals and carers working with older people;
4. to liaise and communicate with other special interest groups within the BDA as appropriate;

Table 1. Number of participants

Participants	1991/92	1993/94	1995/6	1998
Registering	28	15	20	23
Attending Phase B (residential)	28	14	12	22
Successful Phase C (project)	25	16*	11	22†

* Two individuals from the 1991/92 group of deferred with mitigating circumstances successfully completed their learning contracts and were assessed with the 1993/94 cohort phase C work. † One participant from the 1995/96 course submitted her phase C work and one member of the current intake had to defer for personal reasons.

5 to review and produce appropriate educational resources which promote and encourage good nutrition in older people.

The postregistration course

Course philosophy, aims and objectives

The core purpose is to allow the participant to progress through a logical systematic programme of study to develop the competencies and knowledge in the specialist area of 'Care of the Elderly' which will enable them subsequently to initiate more effective interprofessional/multidisciplinary practice.

This explicit intention has enabled some modification in course content to be implemented in response to the changing knowledge base. The course does not seek to provide comprehensive information about all areas of nutrition and geriatrics relevant to the dietitian working with elderly people.

The course has three aims

- to enable the dietitian working with the elderly to become more effective in their current practice and identify strategies to evaluate their work and progress as appropriate in collaboration with professionals and managers;
- to enable the participant to describe and understand possible methods of operation in a multidisciplinary team environment and to provide integrated care for older people;
- to develop the ability to be able to participate effectively in a multidisciplinary team approach.

By the end of the course the participant will be able to:

1 examine their own attitudes to ageing and ageism in our society;
2 understand the ageing process;
3 see older people as individuals with a unique experience and who make a valuable contribution to society;
4 identify particular nutritional needs of the elderly, and appropriate methods of nutritional assessment;
5 share current practice between units/trusts, particularly with regard to the 'psychogeriatric client';
6 develop appropriate strategies to meet the nutritional needs of elderly people;
7 develop a multidisciplinary approach to work. Identify contacts and their role and function in NHS, Social Services, private sector and voluntary agencies;
8 identify joint needs between professionals and possible development of research and education programmes for carers.

Participants

The courses are advertised in the monthly newsletter of the BDA, *Dietetics Today*, and via the quarterly NAGE mailing. The participants have come from across the UK including Northern Ireland and other parts of Europe (Table 1).

Some participants had recently been appointed and their managers had recognized the need for specialist training and networking as part of their development. Others had been working with older people for several years either full time or part time, several of whom had had career breaks.

Table 2. Objectives of each phase

Phase A
On completion of Phase A the participant will be able to:
(1) assess the number of older people in the catchment area where she is employed
(2) describe the health, social services, voluntary and private facilities available to older people in the catchment area where she is employed
(3) identify the nutritional needs of a sample of the population
(4) identify, locate and understand the role of other professionals working with elderly people

Phase B
On completion of Phase B the participant will have had the opportunity to:
(1) examine their own attitudes to ageism and ageism in our society. Understand the ageing process, see older people as individuals with a unique experience and who make a valuable contribution to society
(2) identify particular nutritional needs of the elderly, and methods of nutritional assessment and to share current practice between units/trusts, particularly with regard to the 'more frail' and 'psycho-geriatric'. Develop appropriate strategies
(3) develop a multidisciplinary approach to work. Identify contacts and their role and function in the NHS, Social Services, private sector and voluntary agencies
(4) identify joint needs and development opportunities for research and education programmes for carers. Identify, develop, implement, monitor and evaluate possible strategies. Critically examine examples of current good practice

Phase C
On completion of Phase C the participant will be able to:
(1) examine in depth an issue related to professional practice
(2) analyse literature relevant to the chosen topic where appropriate.
(3) appreciate the constraints from the professional management perspective

Course structure and curriculum

The course is divided into three sequential parts. The specific objectives for each phase are set out in Table 2.

Phase A (preresidential 50 h) consists of a series of directed tasks within the participant's place of employment. The aim is to allow the participant to identify the number of older people within their geographical location and investigate the range of current services and activities available. The demographic data collected are displayed at the start of Phase B providing an opportunity to identify common patterns of need and service. The successful completion of this and other Phase A activities (topical reading, case review and identification of useful contacts) ensures a baseline of knowledge which facilitates discussion in the subsequent phases of the course.

Some participants underestimated the amount of work required during Phase A. This was made more explicit in the later course information but some participants still encountered difficulties managing their time to submit Phase A activities on schedule.

Phase B (residential 30 h) is a 4-day residential intensive course in which the participants are exposed to a range of information and opinions from experts and colleagues (Table 3). Sharing and reflecting of individual group members experiences is central.

Some changes have been made in the content to reflect the changing needs of dietitians working with older people as indicated (Table 4)

Phase B is completed by a formal, time-limited unseen examination. Proceedings for Phase B are produced and circulated to participants and the wider NAGE membership.

Phase C (postresidential 50 h) allows the individual to further develop a particular area of expertise within their work with older people. It has taken the form of a learning contract negotiated between the participant and a course tutor with the subsequent

Table 3. Topics of key sessions (Phase B)

Useful Contacts and Information
The Ageing Process
Ageism
The Nutritional needs of Older People
Particular needs of the Psycho-Geriatric Client
Introduction to Research
Planning for the Future

Table 4. Content to reflect changing needs of dietitians working with older people

Health screening for the older client
Dietetic standards of care for the older adult in hospital
Enhancing the care for older people with diabetes
Food and health policies for older people
Catering issues
Stroke management

agreement of their line manager. During phase C each participant is allocated a tutor and discusses at length their proposed project defining the expected outcomes. The pro-forma (2500–3000 word report) enables the final products to be standardized for marking. The tutor and tutee maintain contact during phase C. If a participant has had to modify their proposed topic this has been agreed in conjunction with their line manager.

Details of these projects have been disseminated to other NAGE members and reported to the research committee of the BDA for their database.

Learning strategies

A combination of individual-directed study, lectures, seminars, workshops and individual tutorials have been used to allow maximum flexibility. Active participation and sharing of experiences between the participants has been encouraged.

The balance of lectures, workshops and group work during Phase B has been perceived as good. Participants appreciate the time to discuss work in small groups and the subsequent feedback in plenary sessions. They particularly commented on the enthusiasm that the lecturers had for their specialism and on the opportunity to share their views and ask questions.

The use of a learning contract was seen as a positive experience with flexibility for the dietitian and their manager to undertake an activity of professional interest and usefulness to the local Nutrition and Dietetic department and their introduction to work-based learning. Tutor support was perceived as adequate.

Assessment and progression

All members of the course team and the external assessor are involved in the assessment and progression of participants. Standardized criteria and marking schemes were developed and implemented for each assessment by the course team.

Participants were given at the beginning at the programme, and again at each stage of the course, details of the assessment of that phase and the requirements to progress or achieve an award. At each stage the course team met to confirm and monitor individual student progress.

The external assessor was appointed and approved by the Validation Committee of the BDA and conducted her activities in accordance with the relevant BDA Validation policies and regulations. She reviews all submitted Phase B and C work and attends the relevant meetings where matters of assessment are considered.

Course management

The course team meets regularly to fulfil the requirements for successful course delivery. That is to:

- organize the admission of students;
- monitor workload of participants;
- organize tutoring support for participants;
- discuss issues related to the programme of study;
- arrange for regular feedback to the general NAGE committee.

The range of experience of the course team, all active NAGE members, includes those working with older people in acute and community settings, and in educational and management roles.

The course team is approved by the national committee, regularly reporting to that committee and to the wider NAGE membership. It is accountable to the general NAGE committee but has the main responsibility for course delivery and development.

Finance

A careful financial record is kept for each course and can be made available to the Validation Committee of the BDA. The statement of accounts indicates that Phase B and administration are the key areas of expenditure.

Tutors have had their expenses reimbursed and a nominal fee paid for their time. A careful record of time spent by the course tutors is kept for each programme, and this has identified that the course could not be self-financing if it operated on a full cost–recovery basis.

Monitoring and evaluation

To inform future planning participants complete an evaluation for Phases A and B, a more detailed review of the key sessions in Phase B and a third general evaluation at the end of Phase C.

In general, they were very positive, participants feeling that their expectations had been met and that they would be more confident in collaborating with other health and social service professionals in their work with older people. They had been stimulated to think about the knowledge base underpinning their professional practice and challenged to become more effective practitioners.

Having supervised the participants during the course, the course tutors have seen individuals develop in the three broad areas of skills, critical reflection and increased knowledge. The participants have enhanced their key transferable skills – communication and presentation, problem-solving, team working, time management, negotiation, personal confidence. Skills in analysis, critique, evaluation and reflection have been developed to enable the individual to critically reflect on practice. They have acquired new knowledge which they have been able to internalize and apply to specific work-based situations, thus demonstrating an ability to translate theory into practice. The successful participant has developed into an advanced practitioner in this complex and specialist field of dietetic practice.

The critical success factors are:

- the course content is relevant;
- the academic input at an appropriate postgraduate level;
- the balance on Phase B (residential) between workshops and lectures is good;
- the level of tutorial support is good;
- academic quality, delivery, monitoring and evaluation are of a high standard.

Nutrition and dietetic managers' views

As part of the review process all nutrition and dietetic managers were sent a questionnaire seeking their views about a range of issues related to training and specifically the format and delivery of a postregistration course. Eighty-nine out of 250 questionnaires were returned – a 35% return rate. These responses were collated and discussed by the course team to inform further developments.

Thirty-six respondents had specialist dietitians for elderly people employed in their department. The number ranging from 2 out of 3.69 WTE to 1 out of 19.89 WTE. One hospital with 15 WTE had no specialist dietitian working with older people.

Training needs

Fifteen respondents had sent dietitians on an NAGE postregistration course. The perceived benefits to the department/service could be grouped into three areas:

- as providing up-to date information for the department;
- professional networking;
- the usefulness of the course work (work based learning).

The last can be demonstrated by one comment about the participant's activity 'developed a training programme and introduced NAGE screening tool'.

Twenty-one of the respondents had not sent a dietitian because they had no specialist post.

Other constraints included cost (14) and low on priorities (8).

Respondents were asked to prioritize training for specialist dietitians and relate this to other BDA courses and other Trust training development activities. It is worrisome that over 30% felt that a course for dietitians working with older people was less urgent than other BDA courses. This information has been discussed by the national NAGE committee and wider membership with a view to developing some suitable strategies to raise the profile of dietitians working with older people.

Again a large minority felt training for dietitians working with older people was less urgent than other training developments. As this was compared with other staff development opportunities within the Trust it may relate to trust contracts, commitments and budgets. At a more basic level it may relate to survival in a rapidly changing health service.

Ideal course

There was a wide range of replies but the majority felt that a multimode format was most useful with a residential phase. Three concurrent days for the residential phase was the most common response (15) although 11 individuals felt 2 days on two separate occasions would be desirable.

Individuals were asked to consider the total package and state a preferred time span. Six months was the most common reply (39) with 19 favouring a shorter time span of 3 months. Only five people felt that a year was acceptable. Several managers qualified their response with comments about the turnover of staff. The department/service did not benefit as much if staff turnover was high.

Cost

Time

The majority of managers would allow the course participant to be released for at least half of the 100 nonresidential hours. But there was a wide range of replies from 100% to only 15 h. This did not appear to relate to part- or full-time employment.

Finance

Managers were asked to quantify how much they would be willing to pay for the course. There was obviously a wide range of responses. The most frequent being £250 (1997). Individual comments referred to funding difficulties, no budget being available and the difficulties of funding travelling expenses.

Three key issues were identified:

- perceived priority of training for dietitians working with older people;
- length of course;
- funding.

External influences

The NAGE postregistration course should demonstrate its robustness and its adaptability to changes in the external environment, particularly with regard to political, social, demographic, general health care and welfare changes. This section highlights some of the changes in the external environment that have directly and indirectly influenced the course.

The major considerations are:

1 Demographic changes
- the increasing ageing population – more over 85-year-olds, many living alone, and of multicultural societies
- increase in number of ill older people (over 85 years)

2 The Community Care Act (1993), i.e. Care in the Community
- which has increased the number of private residential and nursing homes, reduced the number of hospital/unit long-stay beds and increased the number of people remaining in their own homes and depending on 24-h care systems

3 Changes within the NHS
- Changes in commissioning of services – Joint Commissioning (Merger of FHSA and HA's); Towards a Primary Health Care led NHS; GP fund-holding; Total fund-holding, PCGs and PCTs, Health Improvement Programmes (HIPS)
- Introduction of GP 'cottage' hospitals and consultant-led outpatient clinics in the community
- Reduction in 'units' for older people – usually treated on general wards

- Clinical audit, clinical effectiveness, clinical governance and the development of multiprofessional team work, i.e. Anticipated Recovery Pathways and stroke units
- National Service Framework for Older People

4
- Royal Commission for Long-term care of Older People (1999)
- Welfare Reforms (1998)

5 Education sector within the NHS environment
- Education Consortium – purchasing preregistration undergraduate and post-graduate education
- Workforce planning
- Quality Agenda – First Class Service, Appraisal and development, Continuing Professional Development (CPD)
- Health Act

6 Changes in the dietetic profession
Within the context of these external influences:
- Health Act
- Trust mergers and reorganization of departments
- NHS Quality Agenda, e.g. First Class Service
- Development of PCGs and PCTs
the dietetic profession is changing:
- General managers replacing professional dietetic managers
- Deskilling and other cost-saving measures – lower grades of staff and reduced training opportunities
- Lack of appreciation of the range of activities undertaken by dietitians working with older people
- Implementation of National Standards of Dietetic Practice – service and professional
- CPD Diploma of Advanced Dietetic Practice
- Encouraging research and clinical effectiveness programmes

7 Expanding knowledge of the nutritional needs of healthy and ill older people

During recent years several key research findings and government publications have highlighted the importance of the impact of nutrition on older people. The review section in this publication provides further information about them

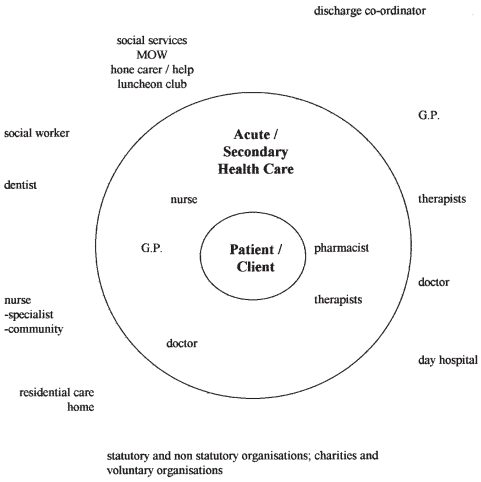

Fig. 1. Members of the multiprofessional team

Conclusions: the challenge for the future

Effective teamwork

Effective multidisciplinary/interdisciplinary working can improve nutritional status – an example of teamwork. Interprofessional working has been spurred on by concerns with quality, both inside and outside the health-care system. Each profession has its own knowledge base, skills and expertise, not always recognized by other occupations. But working 'interprofessionally' across occupational boundaries will enable dietitians to gain a view, and willingness to listen to what colleagues from another profession are doing and saying.

Fostering multidisciplinary working from dedicated practitioners supports improved communication, effective collaborative working, and improved quality of care for patients and clients. In the health and welfare care of older people, there are numerous types of teams working in collaboration to meet the needs of individuals and groups.

Liaison with key stakeholders

Teamwork in primary (community) and secondary (hospital acute) care comprises teams of different composition that often overlap. Figure 1 (members of the

Table 5. Skills needed by the dietitain working with older people

Working in a multiprofessional team
Practical advice and support
Empathy
Taking a holistic view
Networking and liaison
Good communication skills
Training and teaching experience
Planning and developing

multiprofessional team) gives an example with the client or patient at the centre.

The multiprofessional team most acknowledged by hospital dietitians is one which supports the feeding of patients, and will include a catering representative; nursing; medical; pharmacy; as well as therapists – physiotherapist, occupational therapist, speech and language therapist, dietitian – other team members could include social worker, clinical psychologist, dentist, nutrition and infection control nurses, healthcare assistant and ward operative.

In the community/primary healthcare setting the most common support team members would be: GP, specialist nurse, community nurse, dietitian, therapists, physiotherapist, occupational therapist, speech and language therapist, social worker, discharge co-ordinator; home carer.

The dietitian must be involved in liaison with external agencies, both statutory and nonstatutory, voluntary organizations and the private sector to enable the client to receive good care.

Quality of care

Both the physical and psychological wellbeing of the client and their carers need to be integral to practice.

The skills (Table 5) needed by the dietitian working with older people include the ability to see older people often with a multiple disease pathology and social and economic issues as unique individuals having a long personal history of experience that must be respected and valued. This complex web should be understood, including each disease process and the interplay of the social factors to prioritize appropriate inventions. These interventions must be developed in collaboration with the older person, their carers and other members of the multiprofessional team not in isolation.

A range of ethical issues are particularly relevant when working with older people. Ethical frameworks for decision making and clinical guidelines will be multiprofessional and require an examination of personal value systems on judgements and in decision making. Interprofessional understanding and support and collective decision making will be important to ensure that the individual patient receives appropriate interventions and a maximum quality of life.

Individual nutrition support, therapeutic and nutritional advice offered to the older person and their carers may need to be imaginative and motivating to overcome specific problems but it should always be client focused. Communication difficulties, perhaps as a result of a stroke or dementia, may further complicate the process.

Sensitivity to cultural and ethnic backgrounds is essential, the ability to explore sensitively to communicate with understanding across religions and cultures, and to work with unfamiliar food patterns so that the dietary advice offered is adapted to the client are becoming increasingly important with demographic changes in the population.

Comprehensive, co-ordinated interventions will include liaison with catering and food services, developing and advising on food policy, monitoring of food service systems and the nutritional content of meals served. In addition, it may be necessary to act as an advocate to ensure that the older person receives a diet to meet their nutritional needs whether in the community or hospital.

The NAGE course is designed to help dietitians meet the demands of this growing area of care provision.

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