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Competency concerns the knowledge, skills, and abilities needed to perform specific job tasks. In the field of recreational therapy (RT), four documents from the certification (NCTRC), accreditation (CARTE), and professional association (ATRA) broadly identify areas of competency for RTs. While broad competencies are defined, no specific competencies (i.e., diagnoses, assessments, interventions, theories) are identified. Sixty-seven RT experts, including 10 verified older adult experts with greater than five years experience and peer-reviewed publications, participated in three rounds of a Delphi study to gain content consensus. After experts in each setting identified key terms in the first round, experts reviewed the consolidated list twice to generate the final competency list. Next, all certified recreational therapists were invited to rate the extent that each competency item is being used in RT practice; the extent of their knowledge/skill for each item; and the degree of interest in gaining more knowledge/skill. A total of 1377 recreational therapists participated in the study (88% females, 11% male, 1% non-disclosed) with participants ranging in age from 20-60+ years of age. The study's findings related to specific diagnostic populations served; interventions/modalities, techniques, standardized assessment tools, and theories utilized; education, training, and counseling topics in treatment; and on-the-horizon treatment and issues. This comprehensive two-part multi-year study is the first to explore current RT practice at a micro-competency level. In the effort to improve practice, these specific competencies necessary for RT practice with older adults are significant to both educators and practitioners in future curriculum and professional development efforts.

BUILDING CAPACITY TO CARE FOR OLDER PEOPLE! HOW IS CARE OF THE OLDER PERSON TAUGHT IN AUSTRALIAN SCHOOLS OF NURSING?

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As the Australian population ages the demand for nursing care which focuses on responding to the needs of the older person will increase. Few newly graduated Registered Nurses (RNs) currently enter the aged care workforce and few select a career in caring for older people; yet older people are the largest patient group in most health care environments. This research, conducted by the Australian Hartford Consortium of Gerontological Nursing Excellence (AUS-HCGNE), explored how care of the older person is currently taught in Australian schools of nursing (SoN). The interview guide included questions about: whether care of the older person is taught in separate subjects or integrated across the curriculum; academics' qualifications; subject content; and aged care clinical placements. The head of each of the 33 Australian schools of nursing was contacted, invited to

participate and asked to nominate the appropriate academics (undergraduate/curriculum co-ordinators) who would be the most appropriate person to participate in the interview. These academics were then contacted, written informed consent was obtained, interviews were scheduled and completed. This research is timely given the current Royal Commission into Aged Care Quality and Safety in Australia, one focus of which is nurses in residential aged care in respect to numbers, education and competence. This research will be completed by mid-2019. The results will be fed back to SoN to inform the development of their curricula and the preparation of future RNs who will undoubtedly need to be expert in the care of older people across the health sector.

ENHANCING PERSON-CENTERED DEMENTIA CARE BY NURSING HOME STAFF USING MICROLEARNING: LITTLE MESSAGE WITH A BIG IMPACT

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Effective training is critical to providing quality care in long-term care environments, where many residents have dementia. Training has been linked to positive resident care outcomes and improved job satisfaction of staff. The aim of this study was to develop, pilot, and evaluate a Microlearning training curriculum, using short (5-10 minute) "bursts" of training available through an online platform on demand (i.e. 24/7). The expected outcomes were to improve staff knowledge, attitudes, and skills regarding person-centered dementia care and to increase job satisfaction. Researchers translated the Centers for Medicare and Medicaid Hand-in-Hand training curriculum into 52 weekly Microlearning lessons delivered via an online platform (accessible by computer, iPad or smart phone) followed by a short quiz. Using pre- and post-tests, nine focus groups, and fourteen telephone interviews, the researchers engaged with a convenience sample of staff (N = 244) working at all levels from direct care to leadership in nine nursing homes in Virginia. Pre- and post-tests comprised items from the Dementia Attitudes Scale and the Nursing Home Nurse Aide Job Satisfaction Scale. Results from a between subjects t-test demonstrated significant improvements in attitudes to people with dementia. Focus groups and interviews revealed high satisfaction with the training with a significant majority agreeing it was a helpful way to learn and that they were able to apply what they had learned to caring for residents. This pilot demonstrates a promising new practice for training long-term care staff. Further research using a control group receiving usual training is indicated.

SESSION 510 (SYMPOSIUM)

DISPARITIES IN HUMAN CAPITAL INVESTMENT OVER THE GENDERED LIFE COURSE: AN INTERNATIONAL COMPARISON

Chair: Phyllis Cummins, Scripps Gerontology Center, Miami University, Oxford, Ohio, United States