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**POSADEM**

**REPORT OF WORKPACKAGE THREE:**

**CURRICULUM DEVELOPMENT**

## **Contents**

Aim and objectives

Overall approach and organisation

Links to other work packages

Amendment to 3 Modules and added Dissertation

Updated competitor analysis (26/9/16)

Professional and Ethical Issues

Key Competencies Report (KCR 21/8/14)

Curriculum content development

General Strategy for Curriculum Development

Module descriptions and learning outcomes

Student Guide (see WP 7)

Delivery Platform (See WP4)

Evaluation at Pilot Stage (see WP 4 and 6)

The Future (see WP8)

Conclusion

References

Acknowledgements

## WP 3

**Aim:** To develop the curriculum for the programme and develop three modules to the point of pilot testing.

***This aim has been achieved***

### **Objectives:**

1. To specify the *European Context* within which the course is to be delivered.
2. To determine the *Key Competencies* that students should have on completion of the course.
3. To write the *Curriculum* for the course.
4. To write a *Study Pathway Guide* for students (see WP 4).
5. To write *Community Dissemination and User and Carer Involvement Guidelines (see WP7)*
6. To develop three content-based modules and pilot these with a cohort of students from each partner country.

In addition, a dissertation module outline was also developed following interim report feedback.

### **Overall approach and organisation**

Work-package 3 was focused on the design of the curriculum in relation to being positive about dementia and delivering this in pilot form in partnership with the other work packages to test content, processes and delivery platform prior to full implementation of the modules by partner Universities. The first task was a survey of the context of European education in post-initial or postgraduate education in aspects of dementia (***European Context Report (ECR) 30/11/14***). The ECR showed that there is a significant challenge facing partner countries in

dealing with the demographic change of where more people are achieving much longer lives and therefore the associated increased risks of developing dementia.

A second task was a synthesis of the currently available standards or competencies relating to masters level dementia education (***Key competencies report*** (KCR) ***21/8/14***). The KCR illustrated the substantial work that some organisations and countries have put into developing a framework of skills, knowledge and values that are needed for different contributions of workers in this field. Whilst differences relating to defined competencies existed in the different countries, there appeared to be some core themes that we could map against each other to inform a set of common learning outcomes on which we all agreed. Although not all existing knowledge and skills outlined in existing national documents were relevant for the aims of Posadem, they informed the final learning outcomes agreed for each module that are outlined later in this document.

The development of the programme philosophy, values and content took account of regular work with service users (by which we mean people living with dementia and their carers) and of detailed consultation with wider stakeholder groups and organizations. In each partner country these sometimes took different forms but mostly were focus groups, individual interviews, workshops and where appropriate written surveys. Data were debated at full partner meetings and subsidiary module development meetings on line (Skype or Blackboard Collaborate) or occasionally in face to face interaction. For example, with support from Salford University in addition to Posadem funds a person with dementia (Dr Ann Johnson MBE) and a carer/advocate (Claire Marrett) from the UK were enabled to attend the partner meetings in Maastricht, Netherlands and in Klagenfurt, Austria (Kitwood, 1997). As a previous university lecturer who has developed early Alzheimer's Ann's contribution to this process was particularly valuable (Swaffer, 2015).

Module writing teams were drawn from each of the partners according to expertise, but with some attempt to rationalise to each partner being committed

to not more than two modules. Content developed broadly in relation to the individual or personal perspective (Module 1), the societal perspective (Module 2) and the need for leadership and innovation in developing services and experiences for people with dementia and those who work with or care for them (Module 3). Suggestions were discussed in regular module team online meetings and in some cases partners met face to face to finalise draft material and consolidate it. By agreement a module co-ordinator (later module leader) was appointed who worked closely with other module teams to rationalise material and avoid overlap in content.

During 2014 and 2015, in addition to online meetings of the whole partnership, clear ideas for each module were developed in face to face meetings in Saimaa, Finland and Maastricht, Netherlands. Modules were evaluated by the ***Quality Evaluation Group (WP 6), report 12/6/15*** and were, after refinement and development in response to the evaluation, piloted from March-May 2015. The meeting in Carinthia (Austria) in September 2015 was used as an opportunity to finalise details of delivery, co-ordination and content.

The main mechanism for videoconferencing was 'Collaborate' provided within the Blackboard Virtual Learning Environment (VLE). As well as video it has facilities for meeting management such as 'hand-raising', 'chat', file sharing for agenda presentation and meeting recording. Although necessitating download of 'plug-ins' and occasional updates as different universities and partners updated their own personal or corporate computer systems, with practice the system proved increasingly reliable if pre-tested before use. The use of Collaborate enabled partners to practice using the virtual classroom and trouble shoot any problems in preparation for working with students. However, in the short term, Skype proved a more reliable and simpler system for videoconferences between small numbers in module teams and sub-committees.

### **Links to other work packages**

Writing of the ECR and KCR's was heavily influenced by stakeholders identified in the Directory of Stakeholders (WP5). Detailed work on the curriculum was

within the educational environments specified in the ***Institutional Mapping Report*** (WP2). The curriculum was developed within the ***Quality Assurance Framework*** (WP6) and identification of student-facing resources and systems was undertaken in WP4. The study pathway and modules were developed with reference to the Virtual Learning Environment (WP7). Different potential platforms (Blackboard and Moodle) were integrated and tested together with a spoken text approach (Articulate) being piloted in Module 2. All outputs were rigorously evaluated under WP6. User involvement of people with dementia and their families was integrated through linkage with WP 9. Decisions about the extent to which and in what ways curriculum material will be used by partners vary, and depend partly on University managers and university strategy, but WP8 details exploitation and valorisation plans to date.

### **Amendment to 3 Modules and added Dissertation**

As a result of challenges described in the amendment application at interim report the project was approved to revise its aims to provide three content-based modules and a dissertation element so that there is potential for a Master's level award.

### **European Context Report (30/11/14)**

The report included:

- A survey of post graduate dementia education provision to include location and host institution. It maps out training requirements and existing opportunities.
- A survey of bodies regulating professions involved in services providing resources for people with dementia, registration and CPD requirements.
- A survey of academic societies relevant to post graduate dementia education including policies on accreditation of services and educational and training activities

The ECR outlined the background to the development of POSADEM as a partnership of European Higher Education Institutes and enumerates key aspects of policy in each of the partner countries. It detailed to what extent each

*WP 3 On behalf of Posadem Team by Elizabeth Collier, Martin Johnson 21st October 2016*

partner country has a 'dementia strategy' and what key objectives were indicated. The document gave an overview of provision within each partner country of post-graduate programmes with a focus on dementia, concluding with which professional and regulatory bodies are seen to have responsibility for such developments in each partner country. It was noted that the information relating to each is in often disparate forms which make detailed comparisons difficult.

It is clear that whilst the five countries face similar challenges in relation to morbidity and mortality from dementia, these issues are conceptualised differently in each. For example, whilst the terminology 'dementia' is common to Austria, the Netherlands, Ireland and England, in Finland there is a wish to use the term 'memory loss'. This term is also widely used in diagnosis and early treatment in other countries so that the potentially stigmatising term 'dementia' may be avoided. Health Policy focusing on dementia is somewhat different between countries, with Austria perhaps feeling that for social and political reasons, there has not been quite the same impetus in this field. That said, few countries are devoting resources which anywhere match those allocated, say, to prevention of acute illnesses and cancer.

The fundamental issues discussed in the document have changed little during the course of the project. Dementia remains a key issue for the World Health Organisation (<http://www.who.int/mediacentre/factsheets/fs362/en/>) and throughout Europe.

Since the ECR document was written in 2014, there has been some further European focused research on the topic (36 hits in the CINAHL database 10/9/16). The majority of this literature (12 papers) appears to be focused on medical/pharmacological perspectives. The remainder (approximately 24 papers) is focused on a range of issues such as appropriate care settings (e.g. what is the best setting, reasons for institutionalisation), issues relating to long term conditions, including family/carer burden and perspectives, and care

related issues such as quality of life and end of life, all of which can inform posadem delivery.

### **Competitor analysis**

See table 1 for competitor analysis conducted 26/9/16 which is an update from the original presented in the KCR.

**Table 1. Updated competitor analysis (26/9/16)**

**Dementia Programmes - Searches made within the UK**

Institution	Course Title	Qualification	Length & Mode	Module Titles	Entry Requirements	Fees
Middlesex University London	Dementia Care and Practice	PgCert/Graduate Certificate	18 months PT, one day per week. Intake January and September	Compulsory: Meeting the needs of people with dementia and their carers, delivering evidence based dementia care, practice based learning project.	Post-qualification healthcare professional with 6 months experience as a qualified practitioner.	£1,740 (£58 per credit). Some of our students have their course fees covered by CPPD contracts between NHS trusts and Middlesex University.
University College London	Dementia: Causes, Treatment and Research (Mental Health) - Division of Psychiatry	MSc	1 yr ft, 2 yrs pt, flexible: up to 5 years.	Current Research in Dementia (15 credits), Advanced Treatment and Management of Dementia (15 credits), Core Principles of Mental Health Research (30 credits), Statistical Methods in Mental Health (15 credits) Clinical Neuroscience of Neurodegenerative Diseases (15 credits), Clinical Mental Health (30 credits - compulsory for students who do not have either research or clinical experience in the field of dementia) OPTIONS Practical Neuroscience of Dementia (15 credits, Institute of Neurology), Higher Functions of the Brain (15 credits, Institute of Neurology), Epidemiological and Social Methods in Mental Health (30 credits), Introduction to Biological Research in Mental Health (15 credits), Quality Improvement in Health Care (15 credits, UCL Medical School)		Home: £9,020. Overseas: £23,020
University of Stirling	MSc Dementia Studies	PGdip, PGCert, MSc	Online, part-time, campus based. MSc - 3 years. PGDip - 2 years. PGCert - 1 year.	Critical and Creative Approaches to Dementia, Dementia and the Environment, Critical and Reflective Thinking in Dementia Studies, Enhancing Dementia Practice, Living with Dementia, Understanding and Evaluating Evidence in Dementia Studies, Researching Dementia, Evaluation and Assessment in Dementia Care, Developing a Dementia Research Proposal	A minimum of a second class Honours degree (2.1 preferred) or equivalent in a relevant subject. Applicants without these formal qualifications but with significant appropriate/relevant work/life experience are encouraged to apply.	Home: £678 per module. Overseas: £1,050 per module.

University of Stirling	MSc Health and Wellbeing of the Older Person	MSc, PGDip, PGCert	Part time/ distance learning/ online/ distance learning/ stand alone modules/ campus based. 2 or 3 years. January or September start	Exploring the Complexities of Caring for the Older Person, Anticipating and Enhancing the Health and Wellbeing of the Person with Dementia in Practice Settings, Multi Morbidity in the Older Adult, Pain in Older Adults , Diabetes and Dementia, Partnerships in Care for Managing Long-term Conditions , Quality Improvement Projects in Health and Social Care, Action Research in Healthcare Practice , Skills for Knowledge Enquiry, Care Integration in Practice, Non-Medical Prescribing, Qualitative Design/Analysis , Quantitative Design/Analysis , Research Proposal, Dissertation	A minimum of a second class Honours degree (2.1 preferred) or equivalent in a relevant subject. Applicants without these formal qualifications but with significant appropriate/relevant work/life experience are encouraged to apply.	Home: £4,500. Overseas: £12,450
University of Sheffield	MA Dementia Studies	MA	1 yr ft, 2 yrs pt	Theorising Dementia within the UK Policy Context, Inclusive of People with Dementia: Involvement and Impact, Understanding Communication in Dementia, Psychosocial Approaches to the Care and Support of People with Dementia, Palliative and Supportive Care for People with Dementia, Dementia and Identity (with placement, subject to DBS approval), Effective Safeguarding for People with Dementia, Evidence-based Practice	Either a bachelors degree or 120 credits at level six (degree level). We expect many applicants will have clinical experience of caring for or supporting people with dementia but this is not a requirement.	Home: £6,000. Overseas: £18,250
Brighton and Sussex Medical School	Dementia Studies	MSc, PGDip, PGCert	1 yr ft, 3 yrs pt	PGCert: Understanding Dementia (20 credits), Assessment and Treatment of Dementia (20 credits), Psychological and Social Perspectives of Dementia (20 credits) PGDip: Research Methods and Critical Appraisal (20 credits), Communication, Learning and Teaching in Health and Social Care (20 credits), Leadership and Change Management in Clinical Services (20 credits) OR Quality, Safety and Service Improvement in Clinical Services (20 credits). MSc: Dissertation (60 credits)	The course is aimed at a wide range of professionals who are in a position to deliver improvements to the health and care of people with dementia. This includes nurses, doctors, psychologists, occupational therapists and managers and staff in nursing and residential homes. Applicants should have either a degree and evidence of a capacity to study at Masters level with a substantial interest and/or experience in an area of health or social care or evidence of a capacity to	Home: £7,560. Overseas: £14,400

					study at Masters level and at least two years' work experience in an environment related to dementia care (including lived experience).	
University of Edinburgh	Dementia: International Experience, Policy and Practice	No longer offered				
University of East Anglia	MSc Leadership in Dementia Care	MSc	3 yrs pt	Year 1: Foundations of Person-Centred Dementia Care, Advanced Practice in Dementia Care, Leadership for Champions of Dementia Care. Year 2: Service Improvement and Development or Innovation and Practice, Healthcare Law and Ethics, Foundations of End of Life Care or Advanced Communication Skills. Year 3: Introduction to Research Methods, Transforming the Service.	Degree Subject A health care profession Degree Classification 2.2 or equivalent Special Entry Requirements Current registration as a health professional with an appropriate professional statutory regulatory body and a minimum of 2 years relevant work experience.	Home: £7,150.
Ulster University	MSc Interdisciplinary Dementia Studies	No longer offered				
University of St Andrews	The Psychology of Dementia Care - Distance Learning	PG Cert	1 yr pt	The Psychosocial Impact of Dementia, The Care of Individuals with Dementia, Implementing Effective Care.	A good 2.1 Honours undergraduate degree in a cognate discipline. Accredited Prior Learning: a professional qualification in Social Work, Nursing, Occupational Therapy or similar. Experiential Prior Learning: substantial relevant work	£2,160

					experience in a related discipline and at least three year's practical experience in the field.	
Bournemouth University	MSc Applied Dementia Studies (Online)	MSc	3 yrs pt	Year 1 - Postgraduate Certificate Understanding Dementia, Psychology of Dementia, Business and Dementia. Year 2 - Postgraduate Diploma Living with Dementia, Dementia Friendly Society, Leading Dementia Care. Year 3 - MSc Principles of Dementia Research, Researching Dementia.	A Bachelors Honours degree, 2:2 or above or equivalent in any subject area. If English is not your first language you'll need IELTS 7.0 (Academic) or above	Not listed
York St John University	MSc Enabling Activity and Participation in Dementia	MSc	1 yr ft, 2 or 3 yrs pt.	Compulsory modules for the MSc include: Evaluating Evidence & Effecting Change, Activity, Participation & Personhood in Dementia, Research Methods, Facilitating Activity & Participation in Care Settings for Dementia, Research Paper	You will normally have a degree or an equivalent qualification in health or social care qualifying you for registration with a relevant professional body.	Home: £5,700. Overseas: "due to the nature of these courses they are not applicable for international students"
Staffordshire University	MSc Aging, Mental Health and Dementia (Distance Learning)	MSc	Part time, distance learning	Year 1 ( PG Certificate) Safeguarding Adults (this 30 credit module runs across 2 Terms), The Ageing Individual, Dementia Care: Diagnosis, Intervention and the Person. Year 2 (PG Diploma) 'In our shoes': Learning from The Experiences of Users and Carers in Mental Health Services for Older People, Research Methods and Methodology, Public Health Principles and Practice Year 3 (MSc) 15,000 - 20,000 word Dissertation (60 Credits) Or Project Based Change (60 Credits)	You must have a first degree with honours or equivalent. IELTS 7.0 or recognised equivalent. Relevant clinical or health and social care experience if no first degree is held.	Home: £6,120

University of the West of Scotland	MSc Gerontology and Later Life Studies	MSc	Part time, 3-5 years (either all online or blended learning)	<p>Postgraduate Certificate Contemporary Issues in Ageing, Frailty in Later Life. Options: Complexities of Pain, Delivering Compassionate Care, Learning Disability and Autism in Later Life</p> <p>Postgraduate Diploma Research for Health and Social Care, Dementia Care Principles.</p> <p>MSc Dissertation</p>	<p>Applications are welcomed from graduates from all relevant disciplines with experience and or interest in later life care provision.</p> <p>Normally candidates will hold a first degree.</p> <p>In addition candidates should have a minimum of two years of relevant professional experience.</p>	Not listed
University of Bradford	MSc Dementia Studies	MSc	3 yrs pt	<p>Year 1 Understanding the Experiences of People with Dementia (core), Arts and activities in Dementia Care , People with Dementia and their Families.</p> <p>Year 2 Practice Development and Organisational Change (core), Evidence Based Dementia Practice, Psychosocial and Pharmaceutical Support for People with Dementia.</p> <p>Year 3 Service Evaluation in Dementia Care</p>	<p>This programme suitable for anyone working in a setting that provides care or support to people with dementia in a paid or voluntary capacity. You should have a work role or voluntary placement which regularly brings you into contact with people who have dementia for at least 2 hours a week during the academic year (September to June). You should possess a first degree in a relevant subject at 2:2 or above, or evidence of previous successful study at postgraduate level (FHEQ Level 7).</p>	Home: £7,520. Overseas: £13,540.
Kings College London	MSc Advanced Care in Dementia	MSc	FT/ PT	<p>NOTE: THIS COURSE IS CURRENTLY SUSPENDED. Clinical Science of Dementia, Care in Dementia, Leadership and Change in Dementia Care, Evidence Based Decision Making in Healthcare, Management and Evaluation for Healthcare Practice, Dissertation in Advanced Care in Dementia</p>	<p>This course is aimed at GP's, psychologists, occupational therapists, social workers, nurses, care home managers, dementia care trainers and other allied health and social care professionals.</p>	Not listed

Kings College London	Ageing and Society	MA/ MSc, PGDip/ PGCert	1 yr ft, 2 yrs pt	Programme core module: Population, Ageing & Policy. MSc compulsory modules: Ageing, Health & Society, Designing Quantitative Research for Social Science & Health, Quantitative Data Analysis, Dissertation in Ageing & Society. MA compulsory modules: Ageing, Health & Society, Designing Quantitative Research for Social Science & Health, Designing Qualitative Research for Social Science & Health, Dissertation in Ageing & Society. Optional Modules: Researching Vulnerable Populations, Data Manipulation and Management, Designing Qualitative Research for Social Science & Health, Quantitative Data Analysis, Internship, Ageing in a Global Context.	1st or 2:1 honours degree (or the equivalent from an overseas university) usually required. Candidates with a 2:2 degree or with professional qualifications from a recognised institution may be considered.	Home: £9,000. Overseas: £17, 550
University of Manchester	MSc Advanced Practice Interventions for Mental Health: Dementia Care Pathway	MSc	The dementia care pathway only runs on alternate years. The next intake is September 2016.	Perspectives on Dementia, Communication through Person Centred Practice, Dementia and Social Inclusion, Evidence Based Practice in Dementia Care, Working Effectively with Crisis and Complexity in Dementia Care, Critical Appraisal and Evidence Synthesis, Research Design, Developing Practice and Managing Change	UK/EU students (per annum): Only available to employees of the NHS and related organisations. Applicants must have an honours degree (2:2 or above) or equivalent from a recognised institution, or an approved and relevant postgraduate qualification (minimum Postgraduate Diploma or equivalent - 120 credits at Masters level), or evidence of previous advanced study, research or professional experience, which the University accepts as qualifying the candidate for entry.	Fees paid by contract with the NHS.
Bangor University	Aging and Dementia Studies	MSc, PGDip, PGCert	1 yr ft, 3 yrs pt	Perspectives in Dementia Care, Dementia: Managing Complexity, Communication Skills for Relationship-centred Dementia Care, Active Cultural and Language Sensitivity in Dementia Care, Active Advancing Professional Knowledge, Research Methods or e-Research Methods, Dissertation.	A good first degree in a relevant subject from a recognised institution.	£6,102

Swansea University	Gerontology and Ageing Studies	MSc, PGDip, PGCert	1 yr ft, 3 yrs pt	Population Ageing and Policy: an introduction. Perspectives on Ageing, Dissertation, Foundations in Research, Health and Ageing. Options: Policies and Practices for an Ageing population, Critical Practice with Older People, Environment and Ageing, Older People, Citizenship and Participation, Psychology of Ageing.	Typical offer 2:2.	Home; £5,300. Overseas: £13,300
Kings College London	Ageing and Society	MA/ MSc, PGDip/ PGCert	1 yr ft, 2 yrs pt	Programme core module: Population, Ageing & Policy. MSc compulsory modules: Ageing, Health & Society, Designing Quantitative Research for Social Science & Health, Quantitative Data Analysis, Dissertation in Ageing & Society. MA compulsory modules: Ageing, Health & Society, Designing Quantitative Research for Social Science & Health, Designing Qualitative Research for Social Science & Health, Dissertation in Ageing & Society. Optional Modules: Researching Vulnerable Populations, Data Manipulation and Management, Designing Qualitative Research for Social Science & Health, Quantitative Data Analysis, Internship, Ageing in a Global Context.	1st or 2:1 honours degree (or the equivalent from an overseas university) usually required. Candidates with a 2:2 degree or with professional qualifications from a recognised institution may be considered.	Home: £9,000. Overseas: £17, 550

**Dementia Programmes - Searches made within Europe as requested**

<b>Institution</b>	<b>Course Title</b>	<b>Qualification</b>	<b>Length &amp; Mode</b>	<b>Module Titles</b>	<b>Entry Requirements</b>	<b>Fees</b>
Trinity College Dublin	Dementia	MSc, PGDip, PGCert	1 yr ft, 2 yrs pt	Ways of Understanding Dementia and Dementia Care (10) (Online), Critical Issues in Assessment and Care Planning (10) (Online), Enhancing the experience of Living with Dementia (10) (Online), Fundamentals of Palliative and End of Life Care (10), Theory and Practice of Enquiry Methods for Health Care (10) and one of the following: Ethics and Law in Healthcare (10) or Clinical Practice Module (10) NU8007 Dissertation (30)	A minimum of one year's professional experience in supporting persons with dementia within the past two years For the duration of the course all applicants are required to be engaged in an area relevant to dementia care Normally hold an honours degree in a relevant discipline (candidates with relevant, and significant, experience as professional practitioners in the field of dementia care may be considered with a lower class degree or equivalent)	EU: €6,895, Non-EU: €13,791
Trinity College Dublin	MSc Gerontological Nursing	MSc, PGDip, PGCert	2 yrs pt	Year 1: Advancing the Theoretical Foundations of Gerontological Nursing (10), Theory and Practice of Enquiry Methods for Healthcare (10), Promoting Health and Wellbeing of the Older Person (10), Advancing Gerontological Nursing Practice (10), Clinical Practicum -Gerontological Nursing Practice (10), Ethics and Law in Health Care (10) or Fundamentals of Palliative and End of Life Care (10). Year 2: NU8007 Dissertation (30)	Applicants must have minimum one year professional experience in supporting persons with dementia within the past two years. For the duration of the course all applicants are required to be working in an area where dementia care is delivered.	EU: €6102, non-EU: €13,791
Royal College of Surgeons in Ireland, Dublin	Master Neurology and Gerontology	MSc, PGDip, PGCert	2 yrs pt	Neurosciences, Neurorehabilitation, Ageing / Gerontology Stroke Rehabilitation, Research Methods, Evidence-Based Practice and Healthcare Management	Applications are invited from health care professionals (physiotherapy, occupational therapy) working in the areas of neurology and gerontology.	Not listed

University of Limerick	Nursing (Dementia Care)	MSc, PGDip, PGCert	2 yrs pt	Health Research Methods - Methodology ( 12 Credits), Principles Underpinning Dementia Care (9 Credits), Clinical Practicum 1 (9 Credits), Promoting Quality and Safety in Healthcare (12 Credits), Therapeutic Interventions in Dementia Care (9 Credits), Clinical Practicum 2 (9 Credits) , Dissertation.	Students must be a registered nurse on the current register of the Nursing and Midwifery Board of Ireland, and have engaged in practice as a registered nurse for at least one year Students would normally possess a primary degree( Minimum 2.2) . Students are required to be working in a practice setting with persons with dementia for the duration of the programme	Not listed
UC Leuven-Limburg, Belgium	PGCert Elderly Care	PGCert	3 months	NOTE: THIS COURSE IS NOT RUNNING IN 2016/17. One semester, intensive programme presents students an overview of the latest development in elderly care. Modules: Elderly Care and the Society (socio-economic and health policy); Biomedical Sciences in Geriatric Care (as promoter of Healthy and Active Ageing); Psycho-geriatric Care (as clinical expert in Psychological Ageing); Geriatric Healthcare Professional as Coach and Innovator (as communicator at micro, meso and macro level). The programme consists of 30 ECTS.	Applicants should at least have an academic Bachelor degree equivalent to a (para)medical profession in Health and Welfare (Lecturer, Researcher, Policy Maker, mid- and senior management staff, Staff Nurse, Physiotherapist, Occupational Therapist, Medical Doctor, Speech Therapist, Dietician) and must be able to prove their proficiency in English (minimum level B2 of the European Reference Framework for Languages). A minimum of two years post-qualifying experience is an asset.	€ 2,950
University of Vechta, Vechta, Germany	MA Gerontology	MA	2 yrs	NOTE: CLASSROOM LANGUAGE IS GERMAN The program has its focus in Social Gerontology and integrated especially the gerontological research relevant strands of sociology, economics and psychology. The learning objectives of the different modules are designed to convey based gerontological findings from the current research practice-oriented and action-oriented design and transfer knowledge. The program allows a stay at another domestic or foreign university in the normal period (mobility window).	Before starting a programme, you need to have a basic knowledge of the German language. In the winter semester 2016/17 the Program Master Gerontology is admission free. The target group are graduates have completed a Bachelor's degree in gerontology or in a suitably qualified degree program; a list of programs that were previously	€ 2,000

					recognized as professionally qualified, you will find here .	
Free University of Brussels, Belgium	MSc Gerontological Sciences		1 year	Ethics related to ageing, Quantitative and qualitative research methods in gerontology, Intercultural aspects of gerontology and geriatrics, Biological gerontology, Comprehensive Gerontological Assessment, Psychosocial Gerontology, Social gerontology, Thesis.	Students already possessing a Master degree, obtained at an officially recognized university. This Master diploma should refer to a discipline for which Gerontology can make a substantial contribution.  In some cases, students having a professional bachelor degree can be accepted, provided, (1) they can document a relevant professional experience in a domain for which gerontological information can be useful, and (2) they can demonstrate having the knowledge necessary to follow the Master in Gerontological Sciences.	Not listed
Bern University of Applied Sciences, Switzerland	Master Gerontology - Aging: Life design 50+	MAS (60ECTS)	7 months full time	The MAS's program consists of 3 CAS modules and a master module (7 months). The choices are all offered by the Institute of Age Berner Fachhochschule CAS courses in any order, with the CAS Gerontology forms as practical science the compulsory module. A DAS course can be removed along with the CAS gerontology as a practical science also for MAS Gerontology.	Students must have a basic knowledge of the German Language, an undergraduate university degree, proof of at least two years skilled labor practice and any additional requirements according to the curriculum.	€ 21,100

## **Key Competencies Report (21/8/14)**

The KCR document explored existing publications that outline skills and competencies in partner countries and these informed the learning outcomes that students are expected to achieve on completing the POSADEM programme.

The meaning of competence was informed from Traynor et al. (2011): the ability to effectively strategise, plan and deliver care with the necessary combination of knowledge, skills and attitudes. The Key Competencies Report explored different competency documents across the partner countries which formed the basis for discussion. The competencies have been refined during the course of Posadem development in response to stakeholder and service user/carer consultations. The final learning outcomes agreed can be seen later in this report.

### **A note on professional and ethical Issues**

Gaining service user and wider stakeholder opinion in developing and evaluating curricula are not seen as research within the wider conventions of university practice. However, although not conceived principally as a research project, the project team certainly aimed to use data drawn from service users and stakeholders, with their explicit consent, in the context of both confidential and public elements of this final report. The team also aims to publish data drawn from meetings with service users and other project participants (e.g. conference papers Alzheimer Europe 2016). Informants who are service users can be considered a vulnerable group despite their abilities to offer articulate and informative feedback and their capacity to consent to involvement in Posadem. For this reason research ethics approval was gained by the University of Bournemouth on behalf of the project as a whole (Long and Johnson, 2007).

## **Curriculum content development**

Each module team wrote a module outline document for their module. This has been monitored and collated through all work packages, discussed and developed at each meeting. This report summarises the final curriculum as agreed with all partners.

## **General Strategy for Curriculum Development**

The module outline documents define the indicative content of the programme module by module and how it is to be assessed. They were developed in consultation with service users and carers and the panel of key stakeholders drawn from the associated partners who used Skype and Collaborate and some face-to-face meetings to undertake module planning, identify delivery teams and module co-ordinators. The curriculum has an inter-disciplinary focus and takes a positive, asset based approach to understanding the needs of people living with dementia. The curriculum is evidence based, informed by a human rights based approach and is action orientated. Assessment has been developed in draft form in order that each specific country can modify it according to their needs.

There are four modules:

- 1. Living with dementia: personal perspectives**
- 2. Living with dementia: societal perspectives**
- 3. Living with dementia: innovation and leadership**
- 4. Living with dementia: dissertation**

Each module is 10 ECTs. Module 1-3 above have been designed in two sections, each of 5 ECTs – this was originally decided in order to accommodate the credit arrangements at institutions in Finland, but the strengths of this design have become more evidence dissemination and exploitation have been further discussed. Being able to offer 5 ECTs (one half module at a time) will make Posadem education more affordable and achievable for some of the potential stakeholders both financially and practically.

## **Module 1 Living well with dementia: personal perspectives**

***(This title was changed from Living well with dementia: international perspectives in response to consultations)***

The aim of the module is to provide students with a positive, resource-oriented framework to enable them to help individuals live well with dementia, using innovative approaches from an international perspective.

Module team: Dr. Elizabeth Collier (Salford UK), Dr Vanessa Heaslip (Bournemouth UK), Prof Eva Mir (Carinthia, Austria), Doris Gebhard (Carinthia), Dr Marjolein de Vugt (Maastricht, Netherlands), Dr Inge Klinkenberg (Maastricht), Sybille Kohlmayr (Carinthia)

### ***Learning outcomes***

#### **Section 1 (5 ECTS) (Individual perspectives)**

1. Critical appreciation of diverse individual perspectives, in relation to living well with dementia
2. Critical reflection on attitudes towards dementia including personal views and stereotypes and the impact that these can have on engagement with people with dementia
3. Reflection on communication skills
4. Critical understanding of the individual resources that influence well-being and resilience building

#### **Section 2 (5 ECTS) (Relationships and carers)**

1. Evaluation of innovative care approaches utilized across the world to improve well-being of informal carers in their adaptation to changing relationships and the caregiver role
2. Demonstrate a wide ranging knowledge of individual-oriented approaches that positively influence lifestyle for people with dementia including a critical comparison of best practices in different European countries
3. Critical evaluation of different cultural contexts in relation to needs and experiences of caregivers

## **Module 2:**

### **Living with dementia: societal perspectives**

*(this title was changed from Dementia friendly society in response to consultations)*

To create the environment and tools for students to develop a critical appreciation of the relationships between policy, theory, perceptions of dementia and the experience of dementia, specifically challenging students to examine the concept of a 'dementia friendly society'.

Module team: Prof Martin Johnson (Salford UK), Prof Anthea Innes (Salford, formerly Bournemouth), Dr Patricia McParland (Dublin City University, Ireland), Laura Reynolds, Salford, Tiina Vaananen (Saimaa, Finland).

### **Section 1 (5 ECTS)**

#### ***Learning outcomes***

1. Discuss and debate popular ideas about dementia and the impact of these ideas on the lived experience of dementia.
2. Compare and contrast key policy initiatives in dementia care across Europe.
3. Demonstrate an understanding of the relationship between policy, practice and the experience of living with dementia.

### **Section 2 (5 ECTS)**

1. Debate the concept of 'dementia friendly' and identify and evaluate examples of initiatives in your own country and elsewhere.
2. Compare and contrast theoretical approaches to understanding dementia and consider how these may be implemented to enrich the lives of those with dementia and those who support them

## **Module 3: Living with dementia: innovation and leadership**

*(the title was changed innovative approaches to professional practice in response to consultations)*

WP 3 On behalf of Posadem Team by Elizabeth Collier, Martin Johnson 21st October 2016

The module explores the theoretical concepts of creativity and innovation with a view to empowering students to reflect and develop their capacity for creative solutions and innovations in the dementia domain. It explores the national and European influence on challenges and solutions. It then examines how practitioners and professionals can develop their leadership knowledge and skills in order to lead innovative dementia practice.

Module team: Natalie Yates-Bolton (Salford, UK), Dr Kate Irving (Dublin City University, Ireland), Dr Donald Norberg (Bournemouth, UK).

### ***Learning outcomes***

#### **Section 1 (5ECTS) Innovation and creative thinking**

1. Use theory to justify and identify opportunities for creative thinking and innovation in the organisation and delivery of dementia services
2. Construct strategies for implementation of process innovations, justifying the processes selected through the synthesis of theory and knowledge from professional or organisational practice.
3. Demonstrate that such innovations and strategies conform to ethics principles.

#### **Section 2 (5ECTS): Leadership for innovative dementia practice**

### ***Learning outcomes***

1. Critically explore different theories of leadership to support innovative and creative approaches to dementia practice.
2. Apply and critically evaluate the leadership behaviours required to inspire people to work creatively and collaboratively for the benefits of dementia practice.
3. Critically evaluate self and construct a plan for personal and professional leadership development to enable innovation in dementia practice.

## **Module 4 Living with dementia: Dissertation:**

A 60 credit dissertation option has been provided so that students can proceed by project or systematic review depending on their local circumstances. The project can be research oriented or have a local development focus.

Module coordinators: Natalie Yates-Bolton and Dr Elizabeth Collier

### **Learning outcomes**

- 1 Critically analyse one identified approach to supporting people with dementia
- 2 Identify and critically apply knowledge of published literature to enhance research and advanced scholarship
- 3 Critically Evaluate and understand literature and evidence from a variety of sources

It has not been possible to pilot this module due to the demands, volume and depth of study required for masters level dissertation.

### **Student Guide (see WP 7)**

This summarises the content of the Curriculum and presents the information specifically as a guide for students. There is particular emphasis on detailing different pathways for students with different professional backgrounds.

### **Delivery Platform (See WP4)**

One of the most protracted discussions among the project team was how equally to enable access to programme materials for students and staff familiar with one or other of the common learning environment platforms such as Moodle and Blackboard. Both of these systems were in use across the partner universities. The question is not merely one of style or aesthetics, but includes the technical question of whether materials on one VLE could be accessed by students already using or familiar with another. After a good deal of work, and since many pilot study participants were not registered members of a university, it was decided that pilot students' 'registration' would be at

Salford enabling use of the Blackboard System and that University's Library Resources where necessary. Further work enabled access, for example for Module 2, through that system to Moodle at Dublin City University where that module was located. This system worked quite well and students soon adapted to the several keystrokes necessary to access the modules.

### **Evaluation at Pilot Stage (see WP 4 and 6)**

Teams made up of participants from each of the partner universities were established to develop pilot modules. The three main modules were piloted; each taught remotely blending electronic learning, virtual lectures and virtual symposia encouraging interaction between students in small groups. Although involvement from student participants was variable depending partly on the professional or other commitments of the volunteers, a wide variety of people took part in testing materials, processes, the VLE and the discussion elements of the modules. Detailed evaluation of the modules is reported in WP6 and a separate and complementary evaluation of the VLE platforms was undertaken under the auspices of WP4 (see WP4 and WP6 Reports). The evaluations are constructive and whilst in many respects being positive about the quality and level of content, and supportive of the processes used, of course there are many learning points, such as the need to schedule 'live' or 'synchronous' discussions at more convenient times and in some cases to make technical support easier.

### **The Future (see WP8)**

The effects of the United Kingdom referendum vote to leave the European Union may not be clearly known for some time, but since various levels of continued integration in the European Project remain possible it is hoped that the partnerships and collaborations arising out of this and other Erasmus Projects can remain sustainable. The will of the Posadem project team is certainly there to achieve this.

The **WP 8 Report** explains in detail the plans for dissemination, exploitation and valorisation of modules developed. Here we simply summarise these as varying by institution from use within continuing professional development (with links to existing masters degree). (Salford), forming part of postgraduate research student development  
*WP 3 On behalf of Posadem Team by Elizabeth Collier, Martin Johnson 21st October 2016*

(e.g Maastricht), use within undergraduate UG level in health and social care programmes (Saimaa and Carinthia).

During the life of the project, the project team developed a good deal of enthusiasm for the idea of Modular On line Open Courses (MOOCs). This was particularly thought-provoking as there is a clear need for wider education than Master's Level Programmes can provide, despite the hope of 'cascade' to other levels of provider, education and other organisations. In the event, there were not sufficient resources to develop and sustain 'shareware', open access or 'free to air' modules or packages within the life of project. However the commitment to provide freely available material as sample 'tasters' was honoured, with one activity from each module to be made available on the Posadem website.

## **Conclusion**

The development of Posadem as an innovative curriculum in dementia studies has been exciting and challenging, but our aims have been met through constructive cross national and cultural collaboration and negotiation. Problem solving the differences between partner universities has helped to provide an important impetus in driving this work forward. In addition we have engaged widely to encourage good quality provision of education across a wide range of disciplines internationally.

## References

Kitwood, T. (1997). *Dementia reconsidered: the person comes first*. Buckingham, Open University Press.

Long, T. and M. Johnson, Eds. (2007). *Research ethics in the real world: issues and solutions for health and social care*. London, Elsevier Churchill Livingstone.

Swaffer, K. (2015). "Dementia and prescribed disengagement™." *Dementia* 14(1): 3-6.

Traynor, V., Inoue, K., Crookes, P. (2011) Literature review: understanding nursing competence in dementia care. *Journal of Clinical Nursing* 20:1948-1960 doi: 10.1111/j.1365-2702.2010.03511.x

WHO (2016) Dementia fact sheet

<http://www.who.int/mediacentre/factsheets/fs362/en/> accessed 22/9/16

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