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President's Message

My Dear Fellow Members,

Welcome to 2014...Happy New Year!

On behalf of our College, I am pleased to update you that there are more than 50 College Members applied for the 2nd and FINAL batch Fellow Membership under the Grandfathering Scheme of the Provisional HK Academy of Nursing. We can expect that this batch of successful applicants will be conferred as Fellows in May 2014 at the HK Academy of Medicine.

During the second half of 2013, our College has collaborated with the Guangdong Nursing Education Centre to launch the first Gerontology Nursing Specialty Program for nurses from Guangzhou Province. There are over 47 students enrolled in this first class of specialty nursing training. The graduation ceremony has also been successful held on December 5th 2013 at Guangzhou. I would like to take this opportunity to express my heartfelt thank you to our College 2 Vice-Presidents, Ms. Joan HO, Ms. Ivy TANG and our Council Member Ms. Patricia LEE, for their unfailing support by sending lecturers to do classroom teaching in Guangzhou and arranging clinical observational visit in HK.

Our College had also conducted CNE activity: "Dementia Care Update" on October 22nd 2013. Dr. Stanley TAM, Associate Consultant (Medicine) of HK Buddhist Hospital is very kind and has delivered an one hour comprehensive lecture to our members on dementia care. There were more than 60 members turned up for such CNE activity. An abstract of Dr. Stanley TAM's presentation has also been published in this issue of newsletter.

Last but not the least, the HK College of Gerontology Nursing will launch our 2014 Annual Scientific Meeting cum AGM on May 31st 2014 at Eaton Hotel. The theme of this year event is "Elderly Healthcare: Strength and Opportunity". I am also delighted to inform you that Professor Sophia CHAN, Under-secretary of Food & Health, HK SAR Government, is so very kind and has consented to be the Key-note Speaker for our coming Annual Scientific Meeting. Therefore, please mark your diary first and pay special attention to our College Announcement for this important annual conference.

Since the Chinese Lunar New Year is approaching, may I wish you and your family a joyful and prosperous Year of Horse!

Best regards,

Anders YUEN

President

HK College of Gerontology Nursing



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Dementia Care Update

Dr Stanley KF TAM

Executive Council Member,

Coordinator of Education & Publication Subcommittee,

Hong Kong Alzheimer's Disease Association

Honorary Clinical Assistant Professor, Faculty of MED, HKU

Associate Consultant, Department of MED, QEH / HKBH

Dementia is not a disease itself, but rather a group of symptoms that are caused by various diseases or conditions. There is decline in cognitive functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning. In Hong Kong, about 1 in 10 community-dwelling population aged 70 or above had dementia, and 1 in 3 aged 85 or above had dementia. Majority of them are due to Alzheimer's Disease and cerebrovascular insults.

In DSM-V, the diagnosis of dementia is subsumed under the newly named entity major neurocognitive disorder (NCD). The term dementia is not precluded from use. Furthermore, DSM-V now recognizes a less severe level of cognitive impairment, mild NCD.

Current diagnosis of Alzheimer's disease relies largely on documenting cognitive decline. We now know that Alzheimer's disease has already caused pathological changes years before symptoms onset. Latest researches advocate the use of biomarkers for early diagnosis. These biomarkers include CSF tau and amyloid level; amyloid-PET; 18 flurodeoxyglucose PET; structural or functional MRI of brain.

On the other hand, pharmacological management remains symptomatic. Acetyl-cholinesterase inhibitors are the mainstay of symptomatic treatment for mild-moderate Alzheimer's Disease and NMDA receptors antagonists are used in moderate to severe stages. Non-pharmacological therapies are equally important in delaying progression, controlling symptoms (cognitive, behavioral, psychological), and maintaining ADL functions.

“Dementia Care Update cum briefing session for the last batch of Hong Kong College of Gerontology Nursing Founding Fellowship Scheme 2013”

was successfully organized on 22 October 2013, at The City View Hotel.

We are cordially invited Dr. Stanley Tam to share his expertise knowledge with our nurses, and Mr. Terry Ip (Registered Dietitian) on his topic “ Updated nutritional support on improving muscle health on healthy aging”.

The talk had attracted about 60 participants.



◀ **Dr. Tam Kui Fu, Stanley**
(Specialist in Geriatric Medicine, Co-ordinator of Education & Publication subcommittee, Hong Kong Alzheimer's Disease Association)



◀ **Mr. Terry Ip**
(Registered Dietitian)



President presents our thanks to Dr. Tam



A snapshot on the event

HONG KONG COLLEGE OF GERONTOLOGY NURSING
Dementia Care Update
Briefing session for Hong Kong College of Gerontology Nursing Founding Fellowship Scheme 2013

Target Participant
All nurses who have interest and experience in taking care of Dementia clients
All nurses who have interest to join HKCGN and would like to become a Fellow.

Objective
1. To provide evidence based practice and contemporary management in Dementia Care
2. To introduce the updated nutritional support on improving muscle health on healthy aging

Run-down

5:30 pm – 7:45 pm	Dementia Care Update (60 mins Lectures + 15 mins Q&A)	Dr. Tam Kui Fu, Stanley Specialist in Geriatric Medicine, Co-ordinator of Education and Publication subcommittee, Hong Kong Alzheimer's Disease Association
7:45 pm – 8:15 pm	Updated nutritional support on improving muscle health on healthy aging (20 mins Lectures + 10 mins Q&A)	Mr. Terry Ip Registered Dietitian
8:15 pm – 8:30 pm	Refreshment break	
8:30 pm – 9:00 pm	Briefing session on Founding Fellowship Scheme	Mr. Anders Yuen President, Hong Kong College of Gerontology Nursing

No. of participants: Maximum 70

CNE Points: 7.5

Date: 22nd October 2013 (Tuesday)
Venue: The Crystal Ballroom, The City View Hotel, 28 Waterloo Road, Kowloon

Conveners: Ms Peggy Cheng 2477 8016
Fee: \$50 for all nurses

Sponsors: 美國雅培 Abbott Nutrition

Application: Please complete the application form and fax to (852) 2819 6085. **Att:** Ms Connie Ng
Please prepare a crossed cheque payable to "Hong Kong College of Gerontology Nursing Limited" and hand in the cheque to the staff in the registration counter on the meeting date.

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A report on the students' perceptions towards older adults after a summer attachment at Geriatric Day Rehabilitation Centre (GDRC)

CHENG Po-po, Peggy
Nurse Consultant (Gerontology), Yan Chai Hospital

October, 2013

Introduction

In 2013, a number of High Diploma students from various Higher Institutional Colleges were recruited to join the Summer Student Attachment Program of the Hospital Authority at the Kowloon West Cluster. This is a 7-week work-based training program that spanned from 17 June to 2 August 2013. Students were expected to assist in the daily operation of the Centre, including administrative and clerical duties, or support the patient service projects. In this regard, 11 students from the local higher educational institutions were selected and were deployed to Yan Chai Hospital under the Medical Department. Students had neither working experience nor much life experience in caring for older adults.

Background

By definition, Generation Y was born in the mid of 1980's. The younger is in their 20s and just entering the workforce. Most of them are come from middle class families. In common, they do not have much financial burden. They are always being over nurtured and pampered by parents. They have been told that they are come to gain work experience, less "responsible" in term of summer jobs than previous generations¹. This generation is coming from the world of electronic information over-whelmed. The time spent on internet more often exceed time spent watching television.

In positive aspects, most of them have good education background, may be extremely keen in information technology and empowered of creative thinking. This generation is the hardest to recruit and retain². They valued their personal lives and will leave one job for another if it is beneficial for them³. They are known as very demanding and want quick response and results. They require strong mentorship, support and intellectual stimulation to succeed³.

Therefore, a pre-job meeting was organized to brief the students about their roles and responsibilities in the program. They were advised to learn about to co-work with professionals and need to respect older generations because of their age and experience. At the last week of attachment, a debriefing meeting was provided for them to share their feeling and opinions. Hopefully, the arrangement was making them feel welcome as they were valuable. In addition, it would embrace their enthusiasm joining in the healthcare service.

Purposes of the summer attachment

- To provide an opportunity for the students to communicate with older adults.
- To reflect on what students have learnt about older people after an engagement in a summer learning activity.
- To facilitate their interests to learn in a health care environment.

Methodology

Of the 5 weeks in the Medical Department (from 2 July to 4 August inclusive), the students were arranged to support the social recreational activities in the GDRC, and occurred after the older adults had completed the physical training session. Each student could interact with 5-6 older people. This allowed them to become active participants in the learning process through the small-group work. Thus, they would spend a period of time in playing games with the older adults, such as ball passing whilst asking questions about a particular topic. Topics were quite creative including, for example, names of celebrity, MTR station, District area, own favorite food. For this summer period, a special learning activity was also designed to facilitate students to interact and interview older people in order to gain greater understanding of a health need; that is, Constipation Management. Students were invited to informally chat to older people about constipation management using a set of questions that included the following topics:

- *Experiences of suffering from constipation in their daily life.*
- *Duration of suffering from constipation.*
- *Strategies used to resolve the problem.*
- *Preferences on modes of receiving information about constipation.*
- *Perceptions about the helpfulness of health care professionals in solving the problem.*

After the interactions with the older persons, students were required to write a summary of 100 -150 words to reflect about what they have learnt after encountering with the older adults (*See Appendix 1 for the Students Reports*). The purposes were to: (1) facilitate

students' interests and learning opportunities in a health care area, and (2) to help students to integrate foundational nursing knowledge that had been learned into the clinical practice settings. The instructor reviewed all the self-reflection reports to identify misinterpretations, and to reinforce understanding and to deepen student's learning experience. The specific areas that required attention were on how to further consolidate student's understanding of the concepts of positive ageing.

Sample sizes

Of the 11 students, 10 were female and one male student, aged from 18 to 20 years. They are full-time students of (Higher) Diploma / (Associate) Degree Program from 5 local higher educational institutions, including The University of Hong Kong, The Chinese University of Hong Kong, City University, Hong Kong Baptist University and Lingnam University.

Programme Enrolled	Number of students: 11
Associate Diploma in Business Administration	2
Associate Diploma in Marketing	1
Associate Diploma in Social Science	1
Associate Diploma in Human Resource Management & Development	1
Higher Diploma in Medical & Health Products Management	3
Higher Diploma in Event Management	2
Higher Diploma in Airline Service & Management	1

Results

Main areas reflected	Students comments that related to caring for older people
Career interests	<ul style="list-style-type: none">• 8 wished to work in Health Care Service• 5 of them wished to enter the Nursing Profession
Expectation of the attachment	<ul style="list-style-type: none">• Felt alright and expectations met.• Enhanced a regular biological clock to rest from 11pm to 7am
Interaction with olderadults	<ul style="list-style-type: none">• Inspired an importance of healthy life style.• Changed the myths of aging.• Appreciate that older adults are wise and smart.• Learned a lot from the stories told by older people and from their life experiences.• Learned to have empathy, be patient in serving the older adults.• Appreciated observing older adults aggressiveness and assertiveness whilst actively participating in the exercise training.• More confident in joining the nursing profession or health care service.• Understood the importance of filial piety, respect and care for senior relatives.• Learnt about older people's lifestyle such as living alone, in depressive mood, and have certain dietary restrictions.• Taught them to treasure their health and youth.

A debriefing session was conducted during the last week of the students' attachment on 31 July 2013. The students were overwhelming positive regarding their interactions with the older adults. While students could learn about the care of older adults by being in a traditional classroom with a teacher/ instructor, the work-based training program was learner-focused and appeared to improve student's performance, particularly in the area of critical thinking. Nevertheless, after reviewing their self-reflective reports, I believe that they have learnt much from the attachment, and that the work experience would act as an impetus in their future life development.

Conclusion

Overall, the students' feedback on the attachment program is positive with strong affirmative. In vice versa, I perceive the students are helpful, active and initiative in taking up the role, even contribute more in their assigned job. The program illustrates that the link between college settings into the real workplace, it provides a simulation environment for the new generation to access the change especially working lives with others and encountering older generations. At best, over 70% of the students show interest in the Healthcare Service as their career in the future. Succession planning is an essential work in healthcare service, as the organization are facing the huge retirement wave from the baby boomer of experienced healthcare professionals. This generation is our future; they are today's workforce. It is necessity to figure out how to work with the generation who came after us.

Reference

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2. Calhoun Sk, Strasser PB, *Generation at work*, AAOHN Journal, 2005, 37, 113-20
3. Dodd J, Saggars S & Widy H, *Retention in the Allied Health Workforce: Boomers, Generation X, and Generation Y*, Journal of Allied Health, 2009, 38.4
4. Weingarten RM, *Four Generation, One Workplace: A Gen X-Y Staff Nurse's view of team building in the Emergency Department*, Journal of Emergency Nursing, 2009, 35.1, 27-30



長者貧窮： 香港的挑戰，我們的期望

香港社會服務聯會在早前發表的「2011年度香港貧窮狀況數據分析報告」指出香港的長者貧窮問題嚴重，雖然貧窮率由2001年的高峰的36.4%下降到2010年的32.5%，但貧窮率持續高於三成。2011年香港整體的貧窮率顯著下降，但長者的貧窮率反而略為上升0.2%至32.7%，貧窮的長者人數則增至28.8萬人。獨居及二老長者的貧窮率較一般長者高，2011年獨居二老長者的貧窮率為53.9%，即約每兩名獨居或二老長者中，便有一人處於貧窮狀況。

新的扶貧委員會在五月初公報會聚焦討論如何根據香港實際情況和客觀數據訂立「貧窮線」，扶貧委員會會採納相對貧窮的概念作為釐訂「貧窮線」的框架，並以住戶入息中位數的一半作為貧窮主線；但設立了「貧窮線」並不相等於解決了貧窮的問題，當中長者貧窮問題有著基本的不同，貧窮長者的狀況難以透過經濟發展，或改善基層勞工處境的政策而改善，是需要我們的政府作出有對策性的考慮。

根據社聯另一個調查報告，現時約有三成的長者完全得不到家人的財政支援，而獨居及二老長者更達四成沒有得到家人的財政支援，由於這批長者並不能因工資上升而受惠，因此只能透過社會保障制度，才能改善這些貧窮長者即時所面對的困境，而長遠則必須改革推行全民退休保障制度，確保將來每一位長者都能得到基本的生活保障。

我們期望政府能就全民退休保障制度展開研究、諮詢及訂出路線圖；對強積金制度作出全面檢討及改革；盡快研究將長者生活津貼計劃提高至基本生活需要的水平，檢討及改善高齡津貼和綜援制度，包括容許與家人同住的長者可獨立申請綜援，及將各項津貼申延使長居廣東省的長者均能受惠。

伸手助人協會總幹事
陸寶珠

意外的體會

 伸手助人協會總幹事 陸寶珠

年前老爸遇交通意外骨折，需入住醫院深切治療部，手術後需要轉院繼續復康療程，之後又要為老爸安排離院後的照顧。

老爸年逾八十，受傷前基本上身體健康，行動自如，每日均會晨運，日間自由行，晚上更間會買餸及準備晚飯，與家人共享晚餐。月前某晨，老爸如常外出晨運，在橫過馬路時，不慎被大巴撞倒並捲入車底，身受重傷入住醫院，住院期間，我們各兄弟姊妹輪流探視及照顧，康復進度還算理想，轉眼亦要考慮離院安排，包括日常生活照顧等。兄弟姊妹中因我對照顧及有關服務最認識，所以各種安排當然由我提議，經商量再決定，過程中往往要面對來自四方的種種意見，若不是對有關服務有深入的認識，當中的挑戰可不是容易應付。

當然我們要以老爸的意願為首要考慮，老爸是希望回家的，但老爸手術後需要助行器協助步行，回家生活需要多方面配合，首先，老爸要認老，出院後康復路長，他自己要知道身體不復當年強，更不可能回復受傷前一樣自由行，日後他也要量力而為，不可高估自己的能力，經常使用助行器是不可少了，此外我們亦要為一些家中設施如洗手間，座椅等作一些小改動及加裝配件，好讓老爸生活更方便，至於日常起居生活方面，便得靠老媽了，老媽雖比老爸稍年長，可喜是老媽身體仍可以，要照顧家中老爸，應還可應付得來，我們相信只要我們兄弟姊妹合作，為老媽分擔部份家務及照顧，放工後輪流及分頭合作，老爸應可安心回家繼續生活。但若老媽應付不來，或兄弟姊妹未能配合，那可能有需要另作安排，包括考慮聘請傭工或安排老爸入住院舍。

在香港老爸及我家的經歷可算時有聽聞，家中長者或是突遇意外，或是突有急病，家中成員往往在完全無準備、短短時間及缺乏資訊下要安排照顧突有照顧需要的長者。就算有充足的資訊，加上家人齊心，要為有需要的長者作出適切的照顧及安排，也得花不少精神和時間，若稍有偏差或猜疑，長者或家人要面對的挑戰可真不少。

那次老爸的意外，雖然令日子變得非常忙碌，但卻令我們兄弟姊妹的關係變得更加緊密及互相體諒，亦可算是因禍得福。無論如何，家中長者是否有意外或生病，家人的關懷及支持，家人間的信任及體諒是讓我們繼續的動力，我非常感恩，因為我時刻都有家人在身邊，我希望大家都能珍惜你自己及身邊的家人。



~ Forthcoming Events ~

會議/座談會 *Coming Overseas/Local Conference for Elder Care:*

1. Frontiers in Medical and Health Sciences Education HKU 2013, From Classroom to Clinic: Opportunities and Challenges in e-Learning, 6 – 7 December 2013, Cheung Kung Hai Conference Centre, Li Ka Shing Faculty of Medicine, HKU.
2. Capacity Building in Dementia Care, the 16th Asia Pacific Regional Conference of Alzheimer's Disease International, 11-13 December 2013, Hong Kong Convention & Exhibition Centre, Hong Kong.
<http://www.aprc2013-hongkong.com/en/welcome-message.php>
3. Technology, Care & Ageing: Enhancing Independence Conference, 8 -9 April 2014, Leeds, United Kingdom.
<http://www.aktive.org.uk/conference2014.html>
4. Evidence-Based Practice: Implementing Best Practice Guidelines in Your Organization, Prior to Sigma Theta Tau International Research Congress, 24 – 26 July 2014, Hong Kong. <http://www.nursingsociety.org>
5. Advanced Nursing Practice: Expanding Access and Improving Healthcare Outcomes, 8th ICN INP/APNN Conference 2014, 18-20 August 2014, Helsinki, Finland. <http://icn-apnetwork.org/>
6. Aging and Society: Fourth Interdisciplinary Conference, 7-8 November 2014, Manchester, United Kingdom. <http://agingandsociety.com/2014-conference>

歡迎投稿



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