

Palliative and End of Life Care is not Black and White

The adaptation and implementation of a Macmillan Palliative Care Education resource in the Acute setting.

Authors: **Jacqueline Nicol**, Education Lead for End of Life Care; **Rosemary Cairns**, Senior Clinical Nurse Specialist in Palliative Care; **Laura Thomson**, Quality Lead for End of Life Care.

Aim

To improve palliative and end of life care within NHS Lothian through the education of registered nurses.

Background

Clinical practice in palliative and end of life care is not black and white. Whilst there are many generic aspects, it is important to ensure that education is tailored to the care environment. The Macmillan Foundations in Palliative Care education resource originally developed for care home staff, was adapted to the acute hospital setting. This included case studies appropriate to this setting and addressing common challenges in clinical practice such as management of the acutely deteriorating patient, and supporting patients and families in coping with key transitions, with sudden change in status and care options and loss. Foundations in Palliative Care comprises four modules: introduction to palliative care, communication, symptom management and bereavement. Education was delivered by the Education Lead for End of Life Care and a Senior Clinical Nurse Specialist, Hospital Palliative Care Team, four face to face days delivered within two weeks. A person centred and facilitative experiential approach facilitated learning by acknowledging that there was much expertise on which to build, inspiring confidence and engagement. Participation was supported by Senior Management and Charge Nurses which enabled ten registrants to commit and attend all four modules. The attendees needed to commit to all the study days and pledge to take new knowledge back to their clinical areas.

Foundation in Palliative Care Modules

Introduction to Palliative Care

Communication

Symptom Management

Bereavement

Evaluation

The evaluation of this programme has been very positive, for example, "giving me a new sense of purpose to help improve care, communication for patients and families".

All attendees would recommend the training to a colleague. The use of case studies adapted for the acute setting facilitated more meaningful learning, demonstrating the importance of education tailored to the requirements of the participants. Kirkpatrick's Model of Evaluation¹ structured the evaluation approach considering participants' perspectives, their own learning, change in their practice and application/sharing in practice.

Participants were asked to identify two objectives they would like to achieve following the course. Eight of those participants have been interviewed in the three months post completion. Some examples of Kirkpatrick's level 4 impact include introducing a pain assessment chart, strategies for the support and communication with families after death, adapting relatives rooms to improve the environment, providing quiet calm space, also used for staff and debriefing/support acknowledging the professional and personal impact of care of the dying. Facilitators found this aspect of the education a powerful catalyst for bringing learning from the classroom to the clinical area.

Recommendations

Engagement in palliative and end of life care education is vital. Staff working within areas where care of the dying person and their significant others is a fundamental part of their work, should be supported to attend this training. The testing of this resource demonstrates that these modules can be adapted successfully for education in the acute hospital environment.



Care and support through terminal illness

¹ <https://www.kirkpatrickpartners.com>

