Working Together to Enable Person-centred Palliative and End of Life Care

Authors: Janice Logan1,2, Eina Haraldsdottir1,2, Annabel Howell3, Gerry Finnan3, Pamela Levack4, St Columba’s Hospice, Queen Margaret University5, NHS Borders6, PATCH4

Background
People with chronic life-limiting illness receive palliative and end of life care in various care settings with the majority receiving care outwith specialist palliative care units. This requires that healthcare professionals provide person-centred palliative and end of life care that is responsive to the complex and multifaceted needs of people with chronic life limiting illness and their families.

Aim of the project
Working together, St. Columba’s Hospice, NHS Borders, Queen Margaret University and PATCH provide a model of education that enables registered nurses from general health care settings to explore, reflect and build on their experience of palliative and end of life care practice.

Method
The underpinning principle is the integration of experience with theory through reflection on practice and embedding new learning into practice.
- Small groups of registered nurses undertake 3 classroom teaching days and 2 days clinical shadowing at St. Columba’s Hospice and at the Margaret Kerr Unit at Borders General Hospital.
- Utilising the belief from adult education theory that reflection can turn experience into learning7,8, 6 follow-up days, over a 6 month period, enable the participants to construct and organise new knowledge and understanding through the process of action learning9.
- Key personal learning objectives structure individual learning and help to inform an educational component of the follow up days.
- The formation of an individual action plan enables sharing of learning and experiences with each participant’s area of clinical practice.

Findings
The rewards of this model of learning include the depth of insight generated with associated energy and motivation to contribute to new ways of working and practice improvement.

- Observing the communication skills of a specialist in palliative care
- Learned importance of good communication
- Being able to practice communications skills
- Feeling more confident
- Symptom assessment/management, good update
- Key learning points identified around symptom control

Action Plan topics:
- Support to the implementation of the End of Life Care document
- Sharing of documentation between practice areas — including pain assessment charts and discharge medicine card
- Non-pharmacological approaches to symptom management

Next Steps
Twelve registered nurses are currently undertaking the project. Continued evaluation of their experience will contribute to the succession planning of this model of education and ensure that we work together to enable person-centred palliative and end of life care.

References: