Up-skilling generalist nurses in Palliative care

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Background
As a result of the establishment and demand on specialist palliative care services over the past two decades, generalist staff have tended to abdicate from the role of providing general palliative care. In order to address this NHS Ayrshire & Arran Nurse Consultant in Cancer in partnership with The University of the West of Scotland (UWS) Lecturer in Palliative Care and The Ayrshire Hospice Clinical Services Director developed an academic palliative care blended learning programme aimed at improving nurses knowledge and skills to deliver palliative care in general nursing areas across the health board. Macmillan Cancer Support agreed to fund the programme and after recruitment of a project lead, the programme began in July 2011.

The blended learning programme
This involved an assessed distance learning e-module (level 9) steeped in the latest evidence for palliative care. The units included:

- Current Issues and Challenges in Palliative Care
- Pain Management
- Management of Common Symptoms in Advanced Disease
- Coping with Loss, Grief and Bereavement

The aim of the experiential learning opportunity was to give the practitioner the opportunity to work with experts in the provision of palliative care to allow them to develop a more in-depth understanding of the principles and practices of holistic palliative care. This included five days shadowing different members of Specialist Palliative Care Teams in the hospital, hospice and community. The placement was academically assessed on the nurses ability to analyse the rationale for:

- Assessment and management of physical symptoms
- Assessment and treatment of anxiety and/or depression
- Commencing a syringe pump and converting oral opioid drugs to subcutaneous opioid drug doses
- Supporting family members of the dying person

The timetable followed by the nurses on the 5 day placement.

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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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<tbody>
<tr>
<td>Meet with Project Lead, Education Team and Mentor</td>
<td>Specialist Palliative Care Community Nurse</td>
<td>Day Services Assessment Clinic</td>
<td>Hospital Specialist Palliative Care Team</td>
<td>Inpatient unit with Mentor</td>
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<tr>
<td>In Patient unit with Mentor</td>
<td>Evaluation of the week in hospice Education Department</td>
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The project has secured a further 2 years funding from Macmillan Cancer Support to extend the education programme to include colleagues from Social Work, Social Care and the Care Home Sector.

Conclusion
“…a worthwhile programme to increase everyone’s awareness and this is much needed.”

The learning opportunity has been appreciated. Nurses feel more confident and are more aware of the other palliative care resources and services that are available to them and patients in the wider community.

Opportunities to apply learning
Each nurse was asked to think of a small manageable development that would improve the delivery of palliative care in their work area. This was taken on by a number of the nurses in the following ways:

- Checklist for planning care for palliative care patients
- Leaflet based on key points from UWS module for staff
- Use of SPICT tool/ACP in Renal ward & unit
- Community nurse bereavement visits
- Bereavement support for families after death
- Leaflet on palliative care provision in a care of the elderly ward
- Subcutaneous infusion devices and documentation
- Use of electronic communication tools in community to share patient wishes
- Information for the family when someone is dying in ICU
- Information folder for use of ACP & LCP
- Macmillan resource file for patients
- Communication skills for staff in Mental Health discussing ACP
- Complimentary Therapy for community hospital palliative care patients

Influence on Practice
The nurses that have completed the programme are recognised by colleagues as a source of information about palliative care. The nurses personality and confidence seem to be a key factor in influencing practice although time and communication constraints within the nursing and medical teams also feature:

- “Consultants sometimes find it hard to take on board that nurses have something to teach them.”
- “I can speak to the medical staff and provide advice – I do feel able to influence some of them.”

Improved Practice
Increased confidence in talking to both patients and families about options were among the majority of the nurses’ responses. Nurses and managers both reported that better symptom management (in particular pain and nausea) could now be offered to patients among a wider range of therapies. The majority of nurses are considering or being involved in setting up or using the Advance /Anticipatory Care Planning (ACP) process. They are more confident too in making contact and communicating with the hospice and hospital palliative care teams. Some nurses are linking with the hospital chaplaincy teams to provide better bereavement care and follow-up after a death.

Future
The project has secured a further 2 years funding from Macmillan Cancer Support to extend the education programme to include colleagues from Social Work, Social Care and the Care Home Sector.

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