

Up-skilling generalist’s knowledge and skills in palliative care - a celebration of achievements

Ayrshire Hospice

Making today matter

NHS

Ayrshire & Arran

UNIVERSITY OF THE WEST of SCOTLAND

UWS

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Background

NHS Ayrshire & Arran working in partnership with The University of the West of Scotland (UWS) and The Ayrshire Hospice developed an academic palliative care blended learning programme to provide nurses and other key professionals with an opportunity to enhance their skills and knowledge in order to deliver improvements in general palliative care.

Funding

Macmillan Cancer Support has funded the project from July 2011 to October 2015. Costs: £250,000 (year 1&2) and £210,000 (year 3&4).

Aim

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.

The blended learning programme

The UWS programme lasted 12 weeks and included 8 written assignments (level 9, 20 CAT points):

- Current issues and challenges in palliative care provision (following the patient journey from identification to end of life)
- Pain Management
- Symptom management
- Assessing and supporting people experiencing loss, grief and bereavement
- Experiential learning -This involved shadowing different members of Specialist Palliative Care Teams in the hospital, hospice and community for five days:

Monday	Tuesday	Wednesday	Thursday		Friday
Meet with Project Lead Pre -evaluation form Day in In-patient unit (IPU) with Mentor	Day spent out on home visits with Specialist Palliative Care Community Nurse	Morning spent with Day Services Team PM IPU with Mentor	Crosshouse IPU with Mentor PM Visit to Hospital CNS	Ayr Visit to Hospital CNS PM IPU with Mentor	07.30 Day in IPU with Mentor Final evaluation

Table 1: timetable followed by the participant’s on the 5 day placement. The participants’ knowledge was assessed at the beginning and at the end of the week.

“If patients were coming to me now and saying “oh, I’m going into the hospice” I would have a much better understanding and tell them not to worry and what it would be like. Which I think for patients that would be a huge reassurance because a lot of them are nervous about coming to the hospice - they don’t know what to expect and they do decline it. Now that I’ve been, I can tell them what its like- I couldn’t have done that before” (Staff Nurse)

Recruiting the partipants

A total of 91 (95%) people were recruited to the education programme and of these 8 people pulled out for personal reasons therefore there are 83 people currently with additional skills and knowledge in palliative care.

Overall, each of the four groups of participants engaged in Phase 2 of the Programme involved a mix of professions, but nurses still made up the majority of learners (79%), with other professionals accounting for the remaining 20%.

Phase	Nurses	Other
1	39 (+3 nurses dropped out)	0
2	34 (+5nurses dropped out)	10
Total	81	10

Table 2: Job role / designation of Programme participants

The 10 non-nursing staff that participated in the Programme did a range of jobs, working in:

- Care/residential/nursing homes - 4
- Social workers - 2
- Social services - 2
- Occupational therapy/Physiotherapy - 2

Spreading the knowledge

Following completion of the programme each participant was asked to demonstrate a change in their cultural way of thinking and behaviour towards those in need of palliative care. Table 3 shows the number of participants that have and are continuing to make improvements in palliative care in their respective work areas.

Phase	Started module	Dropped out	Completed UWS module	Completed UWS assignments	Started own project	Completed own project	Still doing own project
Phase 1 2011 - 2013	42	3	39	34	34	33	1
Phase 2 2013 - 2015	49	5	44	38	41	25	16

Table 3 shows the overall achievements from the project

So far there are 58 completed projects with the remaining participants still endeavouring to finish their chosen project of improvement in palliative care. Added to this each participant is informing other colleagues of their experiences and enabling small changes to be made:

“I now have the knowledge and have gained confidence through this therefore I now feel confident to question practices” (Staff Nurse)
“I feel that I was able to learn so much even though I am not medically trained. I have more knowledge and in turn feel that brings confidence” Support Assistant)
“More confidence in my knowledge base and ability to direct learning within my work place” (Occupational Therapist)
“I feel that following the course I can justify any changes I would like to make” (Deputy Team Leader)
“A holistic and integrated approach, symptom management and after care of the bereaved” (Staff Nurse)
“I got great insight into the hospice setting, how referrals work, what happens in the patient unit, patients’ journey options and the acute team palliative care service” (Deputy Charge Nurse)

Source: Final report: Evaluation of the Education Programme: Up-skilling Generalists in Palliative Care. Social Marketing Gateway, Aug 2015)

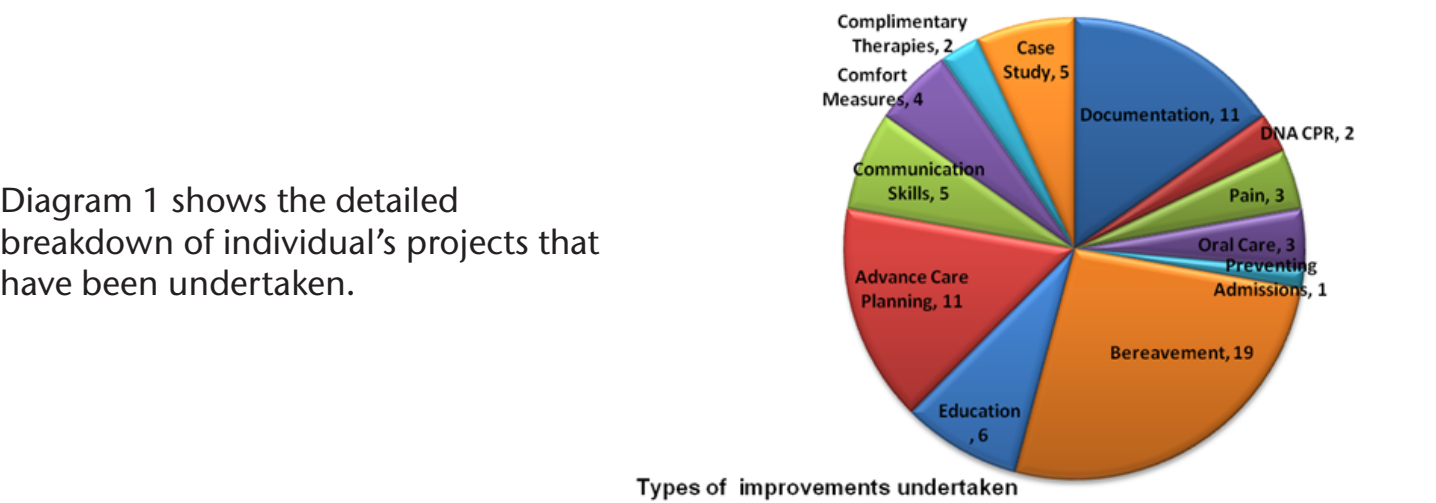


Diagram 1 shows the detailed breakdown of individual’s projects that have been undertaken.

Key results

(Source: extracted from Final report: Evaluation of the Education Programme: Up-skilling Generalists in Palliative Care. Social Marketing Gateway, Aug 2015)

A highly rewarding placement experience	The 5-day placement with The Ayrshire Hospice and the hospital specialist palliative care team was a highlight of the Programme for the participants and, for many, proved to be an experience that generated many benefits, including helping to generate ideas for improving practice.
Learning being put into practice	The great majority of participants (9 in 10) completing their academic programme went on to plan and deliver a project to change and improve practice in their workplace, frequently involving other colleagues knowledge in the process.
Strengthening partnerships	The involvement of the Hospice as a key partner in the Programme has been of great strategic value as it has enabled to Hospice to strengthen its links with the Health Board and other services about its role as a provider of general palliative care education and training.
Positive impact on colleagues and other practitioners	Colleagues involved reported an improvement in their knowledge and understanding of palliative care. Some spoke of having their misperceptions corrected as they had previously assumed that palliative care was an approach that was used only for people who were dying from cancer or focused on end of life care only.

Challenges

Adjusting to online and distance learning	Many participants who had been out of education for a long time, found the online nature of the module demanding and missed direct contact with other learners.
Difficulties experienced during the academic programme	Finding the time to do the work and the need for reassurance were very frequently mentioned. Others included: work pressures, sickness, having to take time off due to family bereavements, changes in working roles, and difficulties in getting managers to arrange for study leave.
Winning interest and support for change in the workplace	Getting other colleagues interested and involved in discussing practice change was a barrier for many participants when they went back to their working environment and tried to put their new knowledge and skills to work.
Finding time to progress and implement change projects	There was no dedicated study time to help participant’s complete projects. Rather, time made available to them was discretionary and had to be worked out between the participants and their manager.

Lessons Learned

Suitability of the academic module to target audiences	The existing module (designed for GPs) was successfully revised to suit nurses, but it was not as suited to the wider group of allied health professionals, social care and care homes workers.
Key role of Project Lead	The Project Lead played a key role across the whole scope of the Programme: from recruiting participants; providing encouragement during the Programme (some students may have dropped out without it); and being on hand to offer help and encouragement to participants who had completed the academic programme to develop and implement change.
Driving change without the need for substantial new resources	Practice change has been carried out without any significant new resources being made available. At a time when the emphasis in health and care is on ‘doing better with less’, this approach is a good illustration of what can be achieved when staff are given the space, time and support to improve quality in their services.
Supportive conditions in the workplace	Notwithstanding the above, more could have been done within participants’ workplaces, e.g. by managers and line managers, to create a more supportive and encouraging environment for change to take place.

Recommendations

Sustainability	<p>Building on the investment already made, there are number of ways sustainability can be supported, for example by:</p> <ul style="list-style-type: none">• Supporting change conversations in the workplace• Building a community of practice• Top-up and ongoing learning (with buy in from managers to enable staff to attend)• Support for link nurses to attend education updates• Short-spell job-swopping with Hospice staff• Establishing a Managed Clinical Network (MCN) or similar• Dissemination of the results of the evaluation• Providing role models and champions.
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