St Columba's Hospice CARE AND COMPASSION

Working Together to Enable Person-centred Palliative and

End of Life Care

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Action Plan topics:

Support to the implementation of the End of Life

Queen Margaret University

EDINBURGH

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 families¹.

Aim of the project

Working together, St. Columba's Hospice, NHS



- **Medicine for the Elderly**
- Community
- **Palliative Care Unit**
- **Community Hospital**
- **Mental Health**

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.



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 learning^{2,3,} 6 follow-up days, over a 6 month period, enable the participants to construct and organise new knowledge and understanding through the process

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

Feeling more confident

Being able to practice communications skills



References:

of action learning⁴

• 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.

Symptom assessment/ management, good update

Key learning points identified around symptom control

1.SCOTTISH GOVERNMENT. 2015. Strategic Framework for ACTION ON Palliative and End of Life Care 2016-2021. [online]. Edinburgh: Scottish Government. [viewed 12.09.2017]. Available at: http:// www.gov.scot/Resource/0049/00491388.pdf.; 2. Hughes, N. 2007. Reflective Learning. In: Wee. B., Hughes, N. eds. Education in Palliative Care: Building a Culture of Learning. Oxford: Oxford University Press, pp. 137-146.; 3. Wee, B. Hughes, N. 2007. Introduction: learning and teaching palliative care. In: Wee. B., Hughes, N. eds. Education in Palliative Care: Building a Culture of Learning. Oxford: Oxford University Press, pp.1-8.; 4. McGill, I. Brockbank, A. 2010. Introducing Action Learning. In: McGill, I. Brockbank, A. The Action Learning Handbook. Abingdon: Routledge, pp. 11-25.