

Palliative Care Education: Transformational Change in Response to Covid-19

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Abstract: The Covid-19 pandemic resulted in unprecedented demand for palliative care education. In order to respond to this in a coordinated and timely way members of the specialist palliative care service across Tayside came together to form a Palliative Care Education Covid-19 Response Team. This team worked collaboratively, using a variety of approaches, to address identified need for education, training or support across all care settings. Over 1000 participants were reached and positive feedback was received.

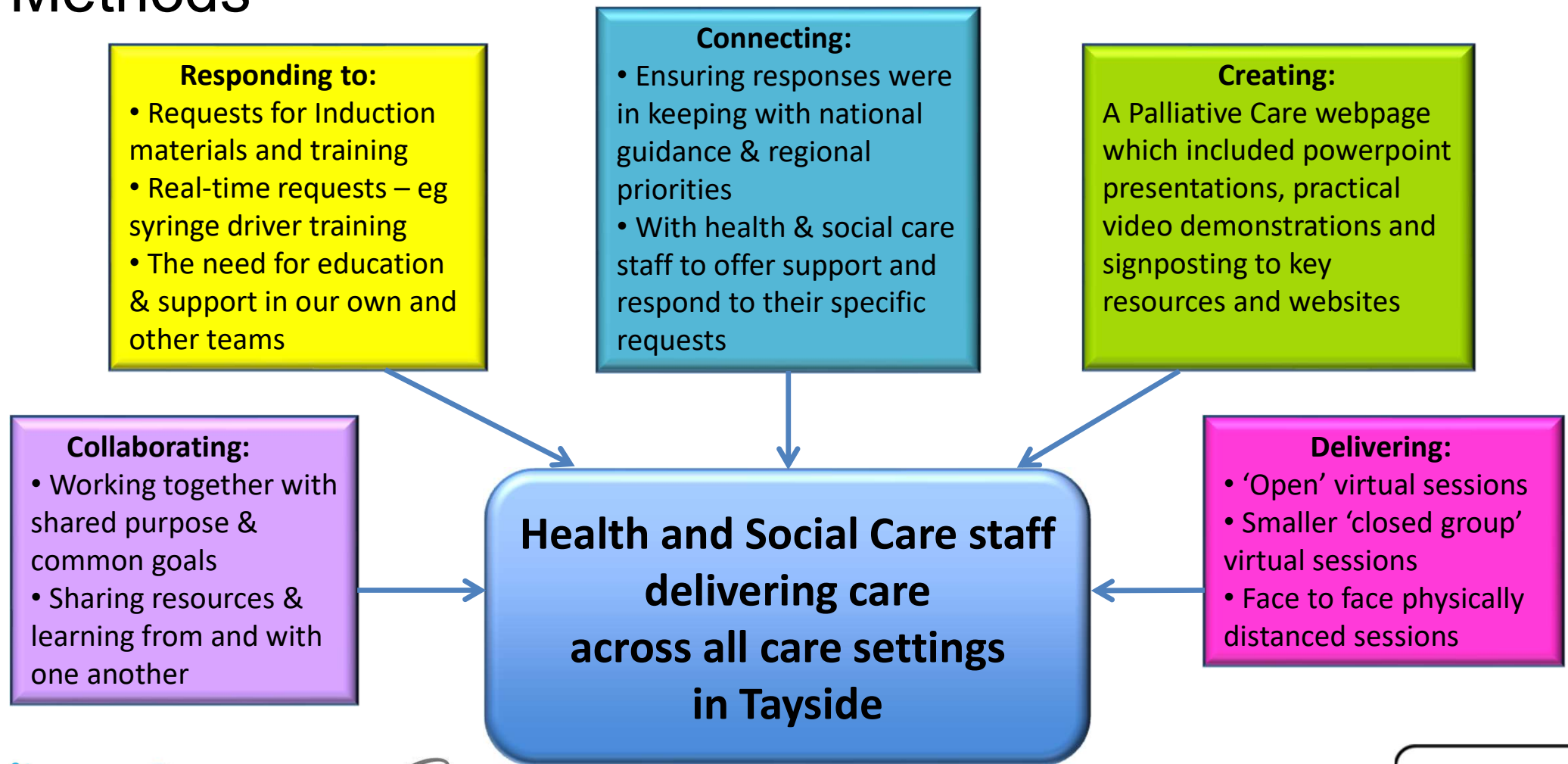
Challenge and Approach

For many healthcare providers the Covid-19 pandemic resulted in increased exposure to death and dying, including the need for anticipatory care planning and complex communications with patients and families at a distance. This, coupled with the fact that many staff were working in unfamiliar circumstances, led to an unprecedented need for palliative care education.

Palliative care education in Tayside was largely being delivered by specialist educators within localities - Angus, Dundee and Perth & Kinross. We recognised that greater regional collaboration would be required to facilitate new approaches and enable a coordinated and rapid response to this increased educational demand, while still supporting local learning and support needs.

Tayside Palliative Care Services formed a Covid-19 Education Response Team. This team worked together to address identified need for education, training or support across all care settings, using a variety of approaches.

Methods



Results and Conclusions

- Teaching reached over **1000** participants
- Feedback was very positive

*"Really useful session
sharing important
information"*
(Community Team member)

*.. "beneficial..." and "good to
have the opportunity to reflect"*
(COVID ward staff member)

*".. pace and tone was good -
felt able to ask questions
without feeling judged" (GP)*

*" ... this will help (me) support end
of life care and conversations"*
(Psychiatry ward staff member)

*"Content was relevant - I put
learning into practice the
next day" (GP)*

*"Good to come together as a group
and interact virtually while
learning"*
(Specialist Palliative Care Team member)

By working together, we responded effectively, at pace, to provide required education and support during this time of unprecedented demand. We will maintain this collaborative approach beyond the current crisis.

New teaching approaches have been learned and adopted. Virtual teaching is likely to be blended with more traditional methods in the future. This will be fully evaluated to ensure optimal approaches are used and high quality of education is maintained.