Background
Living and Dying Well: A National Action Plan for Palliative and End of Life Care (Scottish Government 2008) dictates that every Scot should receive the correct level of palliative and end of life care based on their needs rather than diagnosis or geographical boundaries. In response to this NHS Ayrshire and Arran, in conjunction with Ayrshire Hospices and The University of the West of Scotland, developed an educational programme for nurses who have a specialist interest in the provision of palliative care (NwSpI). The two year project was funded by Macmillan Cancer Support.

Aims
The aims of the project were:
1. To enhance knowledge and skills in the provision of palliative and end of life care
2. To enable the NwSpI to influence palliative care practices within their own clinical environment

Objectives
In order to meet the aims the project team:
1. Established a Programme Facilitator to ensure the project was managed effectively
2. Modified an existing on-line, academic palliative care module
3. Designed a 30 hour clinical placement programme with the local hospice and specialist palliative care teams

Participants
Participants were selected from acute hospital and community nursing teams by the Programme Facilitator. These were selected based on the volume of palliative care patients cared for within the NwSpI’s clinical area as well as the individual NwSpI’s potential to influence future care. The number of participants per cohort was dictated by the hospice to ensure that the programme did not impact on the quality of its care provision. In total 19 nurses in 5 cohorts completed the programme.

The University Module
The University module consisted of 4 online learning units and a 30 hour clinical placement. The focus of the online learning units can be seen in table 1 below:

The Hospice as a Learning Environment
The placement
The 30 hour placement consisted of 3 days working with a senior nurse mentor within the hospice inpatient unit, one day working with a hospice community nurse specialist, half a day within hospice day services and half a day working with the hospital palliative care nurse specialist. All NwSpI had the opportunity to work with the full multi-professional team and to observe the assessment and management of individual patient’s needs. This included attending ward rounds and multi-professional meetings as well as shadowing the mentor in nursing interventions.

Learning Objectives
At the beginning of the placement all NwSpI were asked to develop their own learning outcomes for the placement to ensure the learning experience was tailored to their individual requirements. While a few (n=7) had no specific objectives for the week, others had a clearer idea of what they wished to gain from this experiential learning opportunity. The individual learning outcomes were numerous, with some being quite general and others very specific to individual learners.

The most common learning objectives are presented in table 2 below:

Evaluation of Learning
All NwSpI placed their beginning by meeting with the Project Facilitator where they were invited to score their confidence in providing different aspects of good palliative care on a 1-5 scale (1= not at all and 5 = extremely). These seven domains were then used to measure their confidence scores at the end of the week. At the end of the week this questionnaire was reissued to determine whether the NwSpI believed that their confidence in providing good palliative care had increased. 34 (87%) NwSpI completed their pre and post evaluations of the hospice placement. The pre and post questionnaires

Provision of High Quality Palliative Care
The benefits of being able to use high quality, holistic palliative care in action were noted by many NwSpI. This was not only perceived within the hospice inpatient unit but across the services visited. In addition some NwSpI found it useful to be able to tell their own patients what to expect if offered a bed in the in-patient unit. In addition several NwSpI felt more confident in knowing what the hospice and specialist palliative care services could offer their own patients and felt more likely to refer patients in the future.

Pain and Symptom Management
The majority of NwSpI acknowledged that enhancing their knowledge and understanding of pain and symptom management was very helpful. For some it was taking part in ward rounds and seeing the rationale for interventions, while for others it was finding out more about actual medications and how these could be used in different clinical contexts. Some indicated that this new information on symptom management would be taken back to their own area to improve practice.

Multi-Professional Team Working
The final common theme concerning being able to see the hospice team made joint decisions based on patient need. A clearer understanding of the roles of different hospice and specialist palliative care professionals was also of benefit to some NwSpI, while an appreciation of the role of the nursing unit within hospice care was of benefit to a number of NwSpI. Some NwSpI felt more likely to refer patients in the future.

Conclusions and Recommendations
From this small evaluation it would appear that the hospice is a valuable learning environment that has allowed these NwSpI to add to the theoretical knowledge gained in the online learning units. Without exception every NwSpI gained further insight into the practicalities of providing high quality palliative care and for some there was a clear idea of how this new knowledge could be taken back to their own clinical area. To ensure that ideas are taken forward in clinical practice and that this new information on symptom management would be taken back to their own area to improve practice.

References

This component of the programme was evaluated by the University and is reported elsewhere.

Elaine Stevens, Meriel Conn, Josaleen Connolly

The Ayrshire And Arran Nurses with Specialist Interest in Palliative Care Project: The Role Of The Hospice as a Learning Environment

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Understanding the concept of patient care
Understand the concept of MDT teamwork and appreciate the skills of professional colleagues
Recognise the importance of the management of the spiritual needs and difficult questions of the patient and family
Understand the effects of the disease, its treatments on physically and psychologically
Be aware of grants, funds and awareness available
Have an understanding of the impact of loss on the dying person and their family

mean scores can be seen in figure 1.

As expected with experienced nurses, who had just undertaken formal learning in palliative care, many NwSpI had a fair understanding of some of the common issues of the palliative care approach. However a few were able to see how their experiences to hospice or specialist palliative care lower pre-visit mean scores were apparent. However it was encouraging to note that across the five domains the mean scores increased by one or more, even in areas where some had felt quite confident in their knowledge at the beginning of the week. This gives some evidence of increased confidence in the NwSpI’s abilities to provide optimal palliative care.

At the end of the placement NwSpI were also asked to identify what had been most useful to them during the placement in relation to how this could help them provide palliative care in the future. Most NwSpI identified more than one useful component of the placement giving insights into what was learned and how this could help not only their own practice but palliative care practices within their own clinical area. All the commentaries were analysed and subjected to simple thematic analysis using Braun and Clarke’s (2008) guidelines. The main themes outlined below:

Provision of High Quality Palliative Care
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