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# Enhancing confidence and competence in end of life care:

## Pilot and evaluation of an educational pathway for community care staff

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# Background

- Department of Health End of Life Care Strategy (2008)
- National End of Life Care Programme (2011)

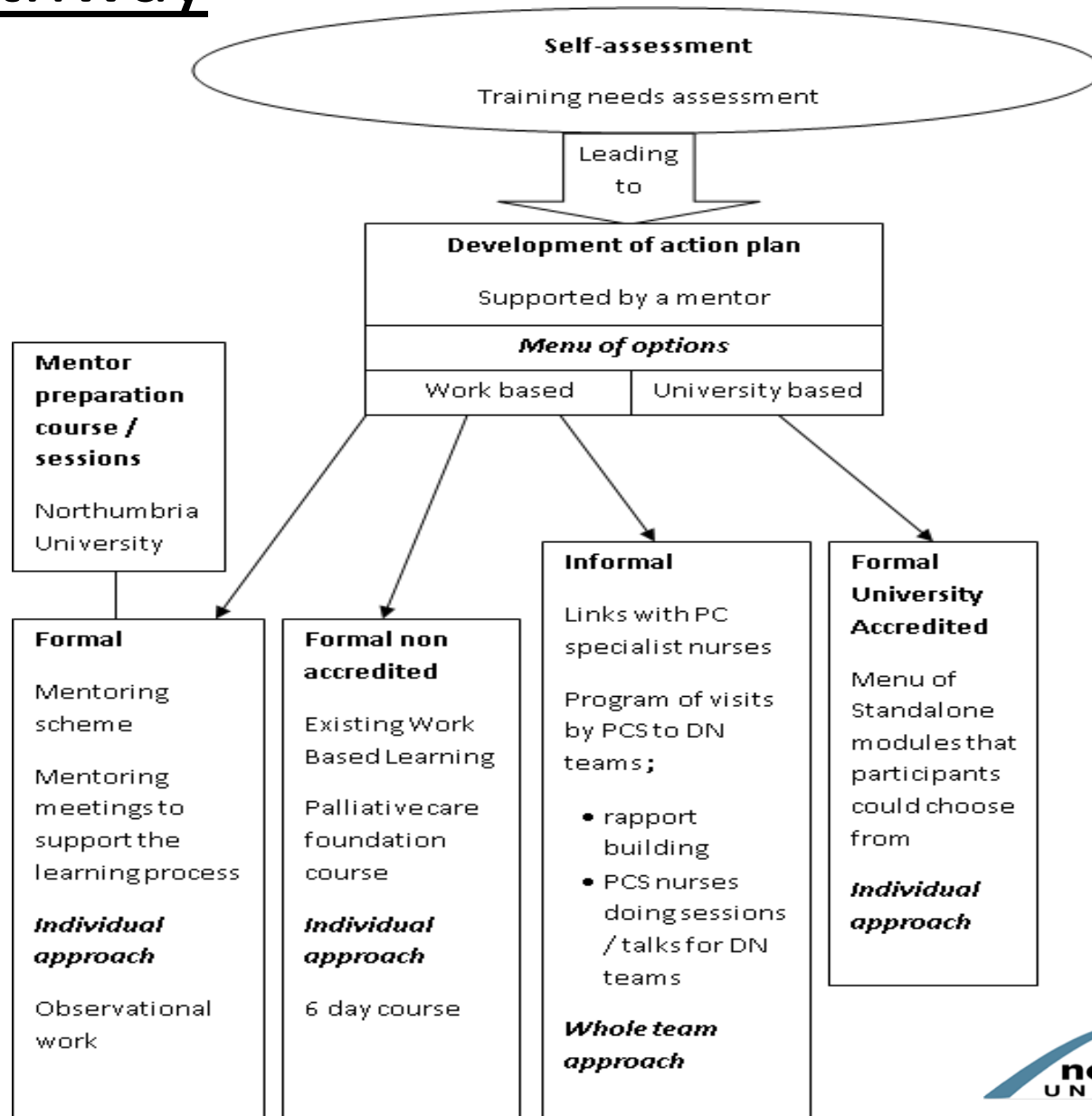
All individuals entitled to high quality care, which is respectful and sensitive, with competent and compassionate care being critical to facilitating dignified care at the end of life
- Support needs of staff working in palliative care
  - Importance of developing workforce knowledge, skills and attitudes to improve end of life care.
  - Well recognised but generally directed at hospice and specialist palliative care staff
- District nursing teams can play a vital role in end of life care

# The aim of the pathway

To increase, *Confidence* (through links to specialist nurses and mentoring) and *Competence* (through access to a range of education /training opportunities) of participants in providing care for palliative care and end of life patients in the community.

Duration February 2012-December 2012

# The pathway



# Evaluation Methods

- Mixed method approach drawing on Realistic Evaluation (*Context, Mechanism, Outcome*)
- Evaluation
  - Training needs analysis questionnaire pre and post pathway
  - Interviews with participants x3
  - Interviews with mentors x1
- Analysis
  - Descriptive stats
  - Thematic content analysis

# Participants recruited

Nurse participants	Numbers
District Nursing Sister	6
Community Staff Nurse	5
Attrition <i>2 left organisation</i> <i>1 to full time education</i>	3
<i>Total completing pathway</i>	<u>8</u>
Mentors	
Palliative care specialist nurses	4
Senior Hospice nurse	3
Palliative care specialist nurses	2

# Data collection

	Start Feb 2012	Middle	End Dec 2012	Total
<i>1:1 Interview:</i>				
Nurse participants	11	8	8	27
Mentors			7	7
<i>Documents:</i> *Training needs analysis	9		7	16

\*Department of Health (2009) National End of Life Care Programme. Common core competences and principles for health and social care workers working with adults at the end of life.



# Community nursing: Contextual issues

- Diverse patient group & remit
- Patients on varying stages of illness trajectory or end of life pathway
- Attending unfamiliar patients
- Varying perceptions of Palliative or End of life care
- Differences in 'remit' across teams,
  - In some staff nurses do not visit end of life patients, in others they do,

# Outcomes:

## Areas of low confidence or training need

- Reported in interview
  - Communication (support)
  - Care planning
  - Medication and symptom control
- Identified on TNA
  - Communication
  - Advanced care planning
  - Symptom management, maintaining comfort and wellbeing

# Mechanisms: Educational activities

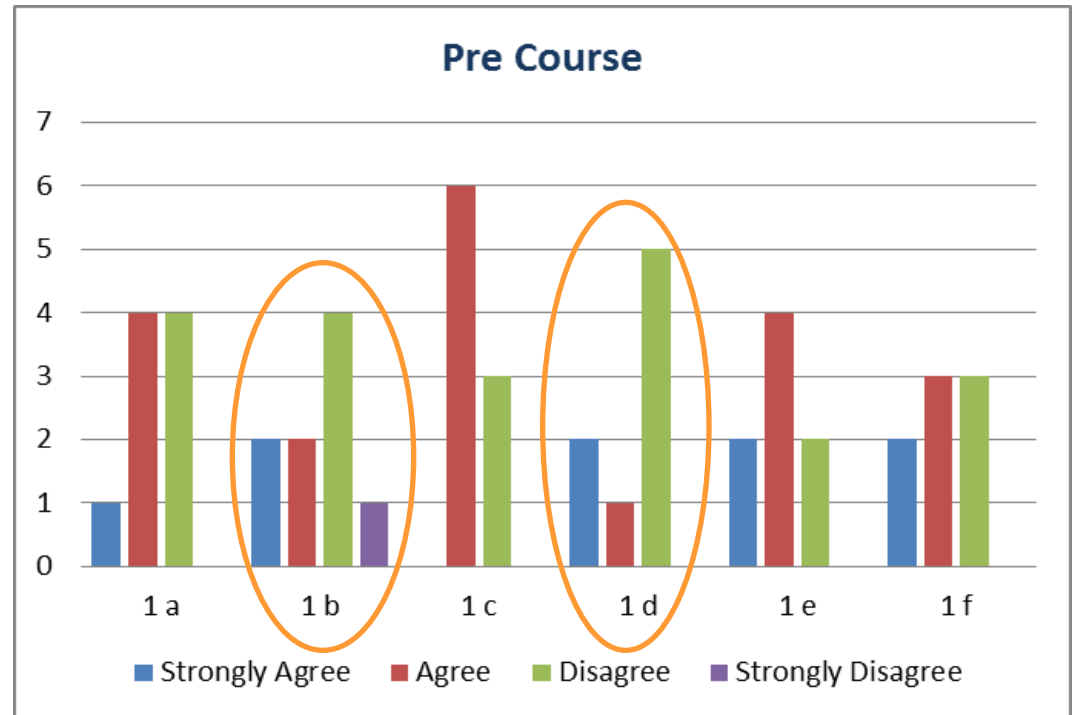
Participants	Meetings with mentors	Episodes Shadowing other staff	Hospice visits	University module /6 day PC course	Other formal e.g. lectures, seminars	Other informal e.g. self study
A	2		3			
B	2	7		x		
C	2			x	1	
D	3	1		x		
E	3				1	
F	5					1
G	2				2	
F	3	2	2			

# Communication

*That's what I find quite difficult... To find the right thing to say,... It's the difficult questions (A2)*

*1b. I feel confident to listen to and talk with a dying person about issues surrounding their care and their death*

*1.d I feel confident to provide information and support about end of life in a range of formats, including written and verbal, as appropriate to the circumstances and the situation*

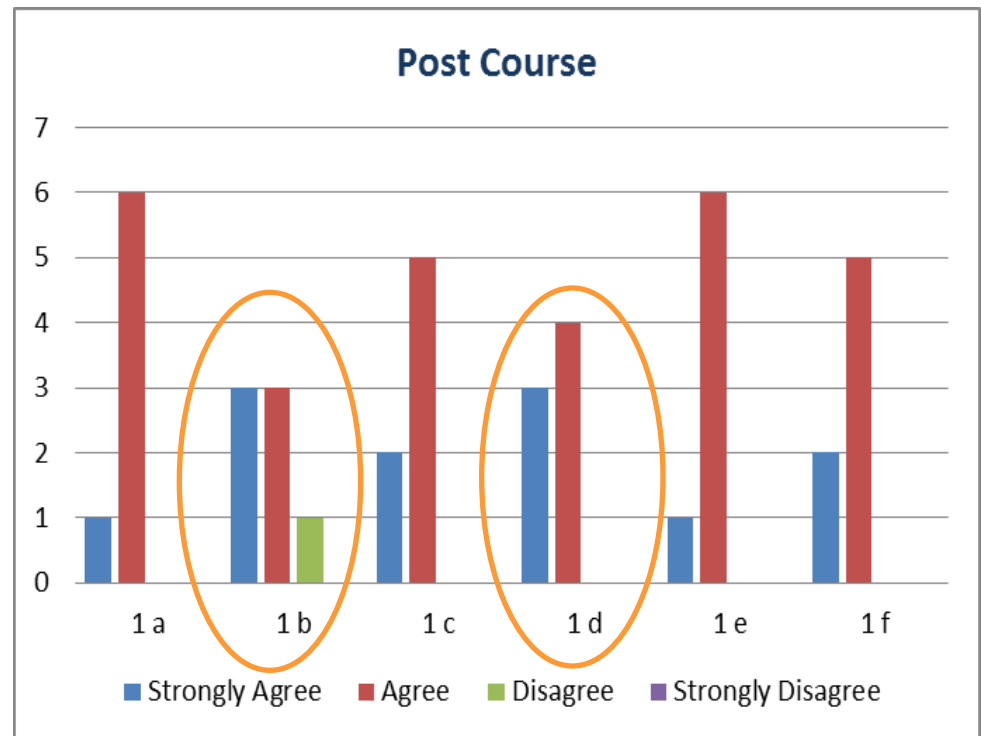


# Communication

*I had, an issue...with communication...But I think watching [mentor] and listening to the way she speaks to people... I feel a little bit more clued up ...I think I've sorted the things out (C8)*

*1b. I feel confident to listen to and talk with a dying person about issues surrounding their care and their death*

*1.d I feel confident to provide information and support about end of life in a range of formats, including written and verbal, as appropriate to the circumstances and the situation*

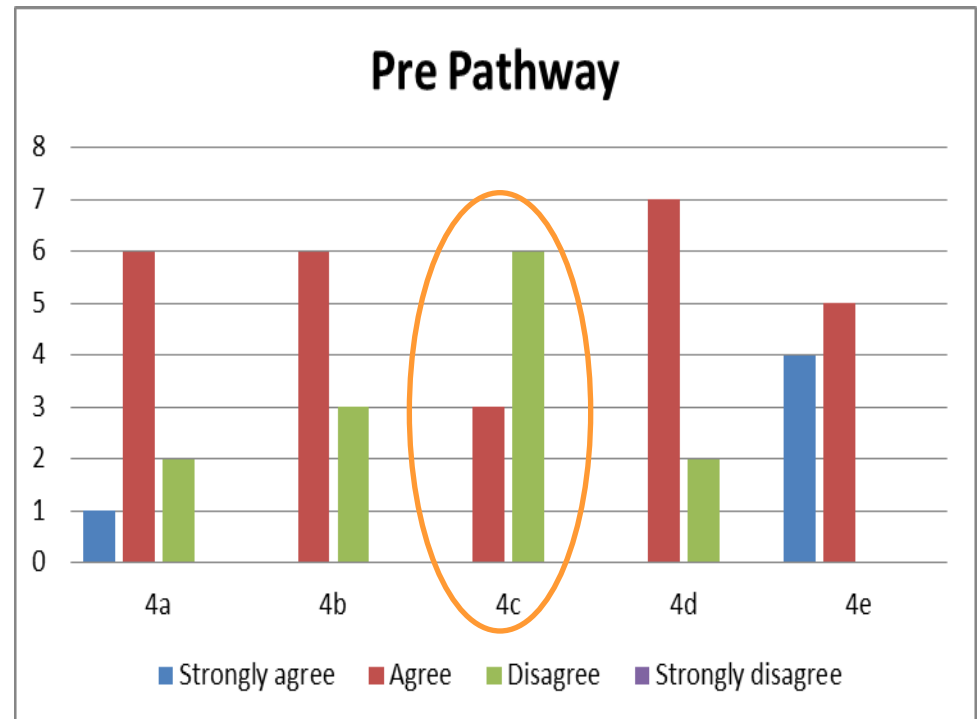


# Advanced care planning

*I don't always feel comfortable, ...I think it's because it was a new document... It's probably my own lack of confidence ..I'm looking for someone else's reassurance that I've filled this in, I've completed this, correctly (A11).*

*4b. I feel confident to communicate effectively and sensitively to support the individual as they decide upon preferences and wishes for their future care*

*4c. I feel confident to work sensitively to support an individual's family and friends through the Advance Care Planning process.*

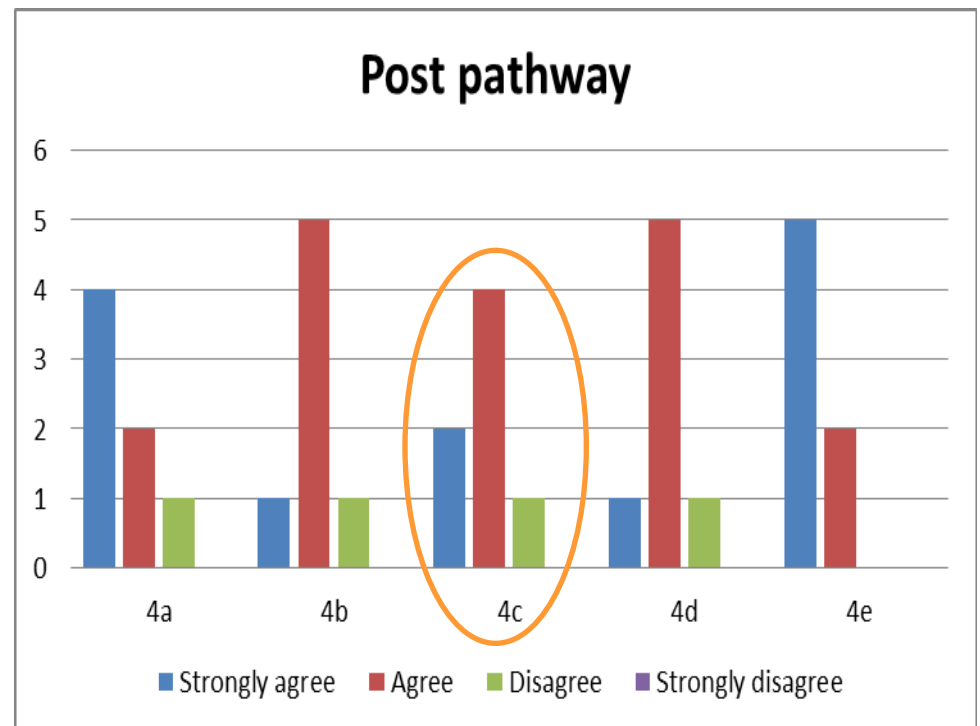


# Advanced care planning

*“ [re care planning] ...it’s your opportunity to make sure they get what they want and if you miss that opportunity you’re the one seeing them all of the time - and if you miss it you might never get it back...” (B4)*

*4b. I feel confident to communicate effectively and sensitively to support the individual as they decide upon preferences and wishes for their future care*

*4c. I feel confident to work sensitively to support an individual’s family and friends through the Advance Care Planning process.*

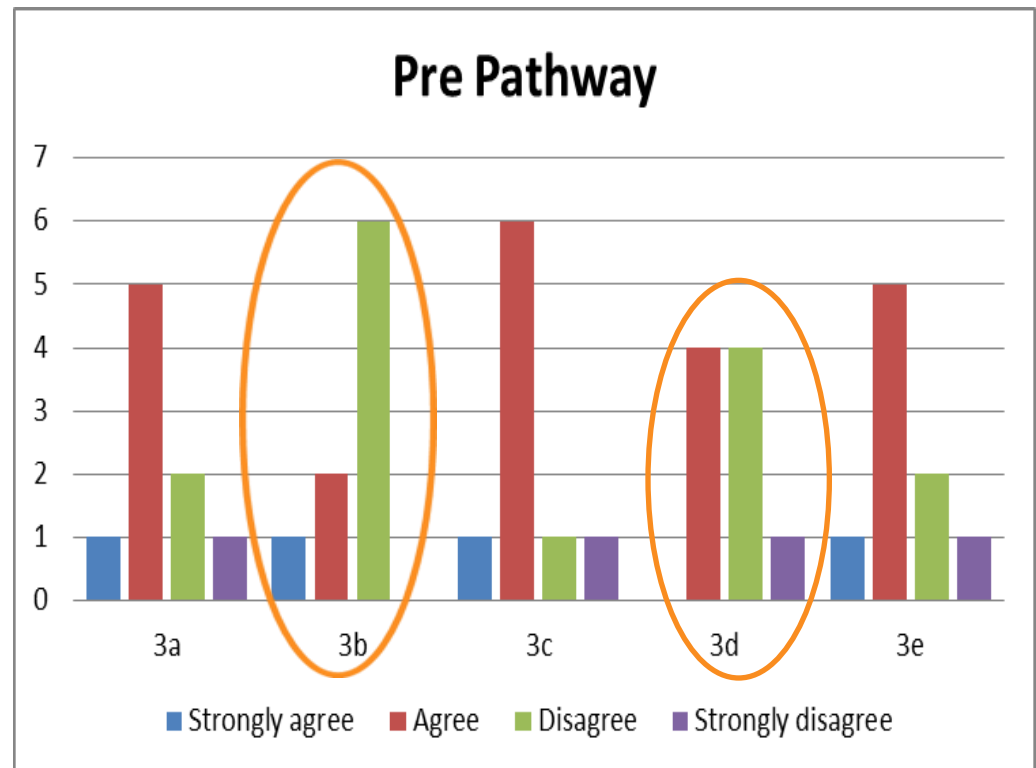


# Symptom management, comfort & wellbeing

*Sometimes I find difficult ...lots of symptoms to manage ...maybe a couple of syringe drivers ..I find that sometimes a little bit stressful, just with all of the different drugs (A8)*

*3b. I understand and can advise on coping strategies and therapies other than drugs to help people cope.*

*3d. I am comfortable discussing a person's anxiety about the dying process and what will happen, be that the individual who is dying, their friends or family.*



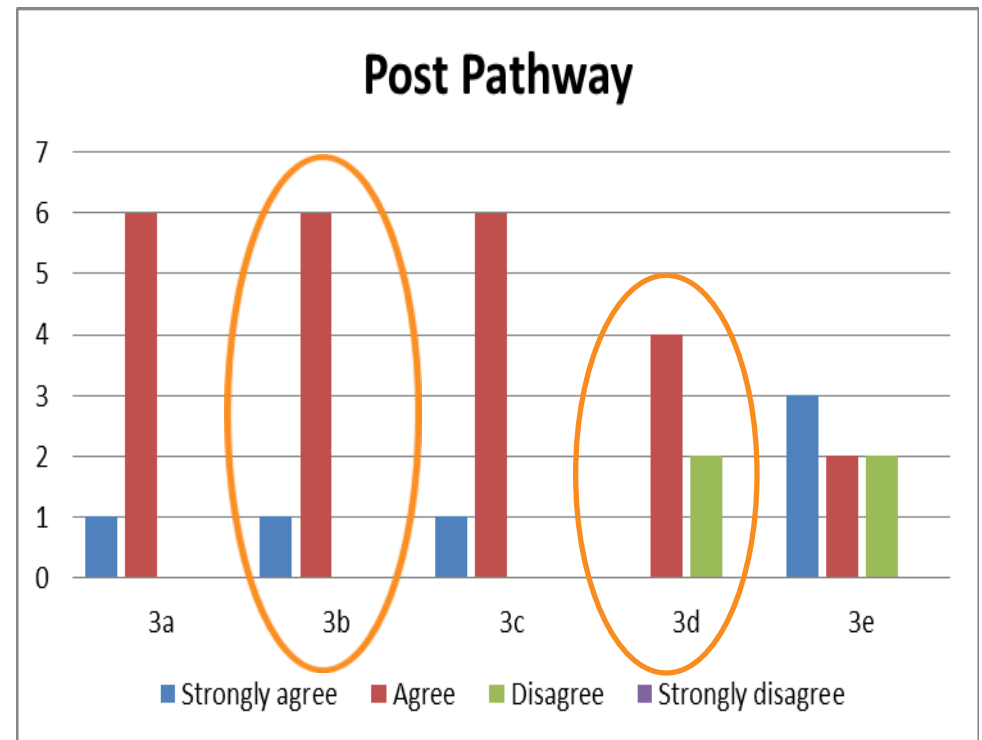


# Symptom management, comfort & wellbeing

*'I learnt so much from [Specialist Nurse] – not just from the communication, but a little bit about pain management and symptom control... more complex things, it was great to have that'(C3)*

*3b. I understand and can advise on coping strategies and therapies other than drugs to help people cope.*

*3d. I am comfortable discussing a person's anxiety about the dying process and what will happen, be that the individual who is dying, their friends or family.*



# Mechanisms

- Watching, observing or shadowing

*“...watching somebody work, somebody who is very experienced .. I picked up a lot of ideas of how to broach things with people.. even just phrases to use...which was very useful. “ (B6)*

- Mentors: Reassurance, someone to ask, support

*‘it was more, like, quality that she gave me, as opposed to quantity, because she made me think as to what direction I could go...’ (B4).*

- Taking part in formal education: theoretical /academic updating

*‘I learned [sic] so much more in that one day, linking it with the academic side from the university.’ (B3)*

# Contextual issues

- Accessing educational opportunities
  - Timing
  - Practicalities
  - Workload issues

*'there's been a few negative sides to it, from the point of view of being released from work...You arrange with your mentor to...and you just physically can't get there...that's been the most frustrating bit'(B9)*

- Isolating nature of community nurse work
- Legitimisation of educational activities

# Study Limitations

- Small numbers- enthusiastic participants
- Limited time
- Not measuring competence
- Assumption that confidence and competence may be related
- Sustainability of initiative and of levels of 'confidence' gained

# Conclusions

- Mechanisms
  - Mentorship
  - Shadowing and observation
  - Developing a ‘community of practice’
- Outcomes
  - Perceptions of enhanced confidence and competence
  - Engagement and Enthusiasm
- Contextual issues
  - Workload taking priority over education/CPD
  - Legitimation

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