

**Abstract number:** P624

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**Abstract type:** Poster

## Demonstrate the Difference Impact of Hospital Nurse Palliative Care Education

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**Background:** In this area qualified hospital nurses now undertake a 6 day palliative care course similar to the course that has been rolled out to district nurses for a number of years.

**Aims:** The aim was to look at the skills which hospital nurses feel they have gained from attending this course and the experiences they have had in dealing with palliative care issues in the acute hospital setting subsequent to this.

**Methods:** A qualitative thematic analysis of 30 case studies produced by participants on the course was undertaken. Common themes and information regarding the aspects of the course which appeared to be most beneficial for participants was sought.

**Results:** Participants found that they had more confidence in dealing with difficult communication issues when they may have avoided having certain conversations in the past. They felt empowered in discussing cases with medical staff. Nurses felt they were now able to ask more relevant questions about symptom issues. With regard to the Gold Standards Framework, participants were able to see the benefits for patients of using the framework across all settings and not just primary care. Advanced care planning and discussing preferred priorities of care had tended to be avoided prior to the course. Staff on certain wards tended to think that, because their patients were mainly non-cancer, they had few palliative care needs, but became aware following the course that this is not true.

**Conclusion:** From the results of the analysis, it would appear that this course is of sufficient benefit to qualified hospital staff to justify releasing them from their ward duties for 6 days for the course.

**Abstract number:** P626

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## 'You can do it!' Training All Staff in Advance Care Planning Impacts on Preferred Place of Care

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**Background:** The End of Life Care Strategy 2008 recommends that patients have opportunities to be heard & make choices by Advance Care Planning. However staff lack confidence in initiating conversations about the future, & struggle to make such opportunities happen. Staff are expected to undertake these conversations, without fully understanding the processes and legalities of Advance Care Planning.

**Aims:** To equip a critical mass of healthcare staff from all settings to understand Advance Care Planning, be able to open up the conversation, enable patients to voice their wishes and preferences, & ensure that they are recorded & communicated adequately.

**Method:** Cancer Network funding enabled the development of a free, multiprofessional sessions led by 2 trained facilitators & designed to meet a variety of learning styles and preferences. Resources included a workbook & web based resources.

**Results:** 225 healthcare professionals have undertaken the workshop & have a basic understanding of ACP. 77 were from care homes, 43 specialist palliative care services, 176 hospital, 51 community nurses & 11 family doctors.

**Conclusion:** When rolling out new models the tried & tested method is to educate & employ the few to teach the many. The present economic climate was an opportunity to try something different, to reach out to the many with the expectation that they will all undertake this role wherever they work. In this way the culture of an organisation or community is changed by the expectation. Having those conversations is not reserved for those in specific positions. It will be some time before the effect of this work is realised & will be measured by increasing number of patients choosing to make their wishes known in advance by the available means.

Already, recording choices has changed the expectations of the community where a preferred place of care of home has now increased to 90% of those asked!

**Abstract number:** P627

**Abstract type:** Poster

## Needs Assessment: Does the Education in Palliative Care Improve the Knowledge about the Needs that Should Be Assessed?

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**Aim:**

- To analyse if the education in palliative care improves the knowledge about the needs that should be assessed

- To identify others factors that may influence the knowledge about the needs that should be assessed.

**Methods:**

- We created 2 groups of subjects: one with 27 students of the Master Course in Palliative Care (group 1) and other group with 26 students of others Masters Courses (group 2)

- We developed one list with 32 needs that should be assessed and we asked the subjects to choose which they thought that must be assessed

- We asked the students before the curricular unit of the Principles and Philosophy of PC(T1), immediately after (T2) and at the final of the master course (T3)

- We analysed if the education in palliative care, the gender, the profession and the work in palliative care affected the answers.

**Results:**

- From T1 to T2 the group 1 increased the number of the needs that they thought should be assessed (T1=27.8 ±6.2; T2=30.9 ±4.6)(p< 0.05) but there weren't differences between T2 and T3

- All the needs were identified by the majority of the subjects of the group 1 while 4 needs weren't indicated by the majority of the subjects of the group 2

- More needs were indicated by the group 1 (29.7 ±4.6) than by the group 2 (21.2 ±8.7)

- The physicians indicated more needs (31.6 ±1) than the nurses (23.7 ±8.4) and the psychosocial group indicated more needs (32 ±0) than the nurses.

**Conclusions:**

- The specialized education in palliative care seems to improve the knowledge about the needs that should be assessed in the terminal ill

- In this study the physicians indicated more needs that should be assessed than the nurses and these indicated less needs than the psychosocial group

- No other factor was found that influenced the answers.

**Abstract number:** P628

**Abstract type:** Poster

## End of Life Care Training for Adult Community Nurses

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**Aim:** To narrow the gap between the knowledge and skills of specialist nurses practicing end of life care (EoLC) and generalist nurses.

**Method:** A Clinical Nurse Specialist in Palliative Care delivered an educational programme in EoLC to adult community nurses working in an urban setting. The programme comprised 15 small workshops (85 nurses) and 34 individual clinical coaching sessions that led to 21 joint community visits.

Feedback was gathered on both the workshops, and the participant's own progress using a self-assessment questionnaire following joint community visits - exploring confidence in communication, Gold Standard Framework (GSF), physical symptom assessment, Liverpool Care Pathway (LCP) and care in the last days of life. For each domain participants were asked to state their ability or confidence using a five point scale from strongly agree to strongly disagree.

**Results:** Nurses initially expressed anxieties relating to syringe driver use, commencement of the LCP and limited exposure to EoLC patients. They felt that they lacked confidence in communication, physical

assessment and symptom control.

The workshops were evaluated as good or very good by 95% of participants, with no negative feedback. The self assessment questionnaire showed marked improvement in each of the domains following clinical coaching - see table 1.

Confidence in:	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Communication	-15	+46	-26	-5	0
GSF	0	+15	-8	-7	0
Assessment	+8	+7	-10	-5	0
LCP	+4	+3	-7	0	0
Last days of life	-10	+48	-28	-10	0

[Table 1 - % Change in participant confidence]

**Conclusion:** Some general nurses lack confidence in caring for patients requiring EoLC. This can be improved effectively with 1:1 clinical coaching and clinically focused teaching. Reductions in numbers who had high confidence before coaching may represent a realignment of expectations following coaching perhaps suggesting initial overconfidence.

**Abstract number:** P630

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## Continuous Training in Palliative Care for Professionals in a University Hospital

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To integrate Palliative Care (PC) into a University Hospital requires extensive and continuous education and preparation for all participating professionals. The work with advanced ill patients is difficult for professionals and very often the lack of training in specific skills can difficult a good symptom control and prevent a good care of patients. A PC consultant service is not established to attend a little number of patients. The aim of the service is to achieve the excellent attention of all the PC patients in the hospital. That is possible with demonstrative working, counseling and non formal interaction with different professionals, and with formal processes of learning. To improve the training of professionals, a PC Consultant Team of a University Hospital started in 2004 a continuous training program. The aim of this presentation is to compile the experience of training that our team has in one academic year (2009-2010). The team consists in 2 doctors, 2 nurses and 1 psychologist. The number of training processes given by the team was 7. This includes a weekly bibliographic session, a monthly interteams session (training sessions for PC teams in the region), one annual course in PC for doctors, two for nursing staff, specific sessions in the continuous training program of oncology fellows and nurses and several other sessions requested by specific services or professionals (i.e. chaplains). We also participate in the specific training of oncologist fellows, completing their training with a 2 months rotation in our service. In each of those processes an accreditation by the local administration is required in order to certificate the training.

The total number of hours given in formal processes is 160. The number of different people attending any kind of session is 135.

The satisfaction of the processes is also evaluated. We have obtained very good scoring in usefulness and quality of training given. In all the courses given the global satisfaction scores are above the excellence (scores ≥8). Overall findings revealed that professionals need and are receptive to a variety of continuing education programs.

An important part of the work time of a PC Consultant Service is the training of other professionals, and that is part of the team impact. In this presentation the training program will be detailed with the results of satisfaction questionnaires and future projects in order to ameliorate the training process.