

Poster sessions

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Suffering in the Terminal Ill: Does the Education in Palliative Care Improve the Identification of the Signs?

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Aim:

- To analyse if the education in palliative care improves the knowledge about the signs of suffering of the terminal ill
- To identify others factors that may influence the knowledge about the signs of suffering of the terminal ill.

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 13 signs and we asked the subjects to choose which signs may indicate suffering of the terminal ill
- We analysed if the education in palliative care, the gender, the profession and the work in palliative care affected the answers.

Results:

- The group 1 indicated more signs (11.5 ±2.3) than the group 2 (7.6 ±3.1) [p < 0.05]
- We only found differences between physicians and nurses; the firsts indicated more signs (12.8±0.4) than the seconds (8.9±3.4)[p < 0.05].

Conclusions:

- The specialized education in palliative care seems to improve the knowledge about the signs of suffering of the terminal ill
- In this study the physicians indicated more signs of suffering than the nurses
- No other factor was found that influenced the knowledge.

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Map of Care for the Process of Palliative Care

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Introduction: The Map of palliative care for patients is part of an ambitious project promoted by the continuing education department of our hospital, which is intended to respond to the difficulties between the nurses when implementing individualized care plans.

The objective was to upgrade and training skills in the practical application of the care map.

Design and method: The care map is the record where we specify in detail the daily care that the patient requires to achieve the desired results in a period of time, allowing to individualize the care to the needs of each user.

The map consists of a focused assessment according to Virginia Henderson, independent nursing diagnosis with NOC results (Nursing Outcomes Interventions) and NIC Interventions (Nursing Interventions Classification), interdependent problems with NIC activities, and diagnostics of autonomy, and also a section dedicated to graphics, catheters, diagnostic tests, observations and recording of prescribed medication.

We used e-learning methodology using a virtual learning platform credited with 40 hours, including the implementation of the map of care in a real patient with the help of the assigned tutor support.

Results: Formed 100% of the nurses at the Hospital Palliative Care Unit. The students resolved to 100% of the cases studied. Participants were passed tests for the evaluation of the activity, where 87.5% had achieved the objectives set, and had achieved a degree of satisfaction of 88.3% with activity.

Conclusions and discussion: Direct training with tutors facilitated the development of knowledge, skills and attitudes in the practical implementation of the Map of Patient Palliative Care. The paper record required us to prioritize aspects of the care plan with the loss of information. This limitation could easily save the computerization of the map that we believe will be the next step to work.

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Program for Training in PC - Program for Training in Palliative Care (PC)

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Aim: The aim of this study was to determine the role of OSI (New York) funded PC Resource & Training Center in providing education in PC care for trainees predominantly from Eastern and Central Europe.

Method: Oral and written reports of trainees evaluating the training value were analysed.

Results: In the period of 2001-2010 the 'packages' of 2 weeks free of charge, hands-on training in interdisciplinary palliative care at ESMO designated Hospice 'Palium' in Poznan and Palliative Medicine Chair and Dept of Poznan University of Medical Sciences in cooperation with Wielkopolska Association of PC volunteers, Home Care Hospice for Adults and Children in Poznan, Hospice in Gdansk, Palliative Home Care team in Wroclaw, St Lazarus Hospice in Krakow and Hospice in Wagrowiec - were offered to English speaking 75 trainees (doctors, nurses, psychologists) from 20 Eastern and Central Europe, and also Central Asia and India. The training was provided in variable of PC units: pain clinic, 24-hours per day and 7 days a week accessible home care for adults and children, in-patient ward, hostel for children/adolescents, day care centre, lymphoedema clinic, wound clinic and bereavement service, using not only physicians as teachers, but also qualified in PC nurses, psychologists, social workers, physiotherapist and volunteers. The recruitment for training was performed by the use of questionnaire available on the web of ECEPT (Eastern and Central Europe Palliative Care Taskforce).

Conclusion: Participants positively evaluated knowledge and skill gained in to improve symptom control, communication, holistic care, end of life decision and team work despite the cross country cultural diversity and one of the most bothersome limitation difficult to force barrier - problems with oral morphine availability and lack of palliative care policy and educational programs in palliative care in their countries.

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Palliative Care Competency Programme One: Collaboratively Sustaining and Developing Care

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Aim: To provide dedicated palliative care education to those not working or new to palliative care. The programme had not been delivered in this area before. All palliative care providers in the area collaboratively worked together to deliver the new programme. The programme was oversubscribed before it was advertised, not surprising to us as we knew from neighbouring education programmes that there was a demand.

Design: 12 nurses enrolled on the programme (4 hospices, 2 hospitals, 2 nursing home, 2 community nurses - 1 participant withdrew due to promotion). A palliative care mentor was allocated to all participants. The programme was 8 study days facilitated by 2 palliative care educators, mentorship meetings, complementary learning opportunities, & accessing other teaching opportunities. Attendees completed a pre confidence questionnaire, individual learning objectives and end course 1000 word personal reflection. The programme covered symptom control, principles of care, assessment tools, palliative care emergencies, communication skills and advance care planning.

Results: Rated 79% excellent for learning objectives and 84% excellent for relevance to role. End day evaluation provided deeper insight with themes of: Change in approach to palliative care. Greater symptom control knowledge. Relevance to role. Change in practice. Desire for career development (2 participants were promoted during the programme). Relevance of the mentor role. All participants would recommend the course to their peers.

Conclusion: The programme enabled participants to sustain and develop their palliative care confidence

and expertise through focused learning objectives, systematic formal education programme, and mentorship support and peer networking with each other. It also enabled a greater understanding between each other of the patients/ journey through care. Course Two has already begun.

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An Evaluation of Palliative Care Education in the Specialist Training Programme in Family Medicine, Malta

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Introduction: The Specialist Training Programme in Family Medicine (STPFM) was launched in Malta 2007. The present study aimed to evaluate the teaching provided in palliative care during the STPFM. This is the first time that education in palliative care is being studied locally.

Method: A questionnaire was used and distributed to all GP trainees. The questionnaire consisted of four sections analyzing 15 topics commonly encountered in palliative care.

Results: 22 (74.4%) trainees completed the questionnaire. All came across patients receiving palliative care but only 6 (27.3%) had used a syringe driver and only 5 (22.7%) felt involved in their care. In all 15 topics listed, there was a predominance of formal teaching during the STPFM. In general, the non-medical subjects scored lower scores than the traditional medical areas as regards confidence and coverage during the STPFM. A significant correlation between confidence and coverage (p < 0.05) was identified in the following topics: using a syringe driver, managing constipation, breaking bad news, teamwork, certification at end of life and ethical issues at end of life. A significant minority of trainees (40.9%) raised concerns on dealing with dying patients in the community. 63.3% of trainees responded correctly to a question on pain management whilst only 23.7% of trainees answered correctly to another question on using a syringe driver. The Half Day Release Programmes in palliative care were rated as extremely useful by 81.8% of trainees. 50% of trainees rated the attachment at the Oncology and Palliative Hospital of average usefulness. 90.1% of trainees rated their overall STPFM as good or very good.

Conclusion: GP trainees need to be trained in palliative care in a manner which adequately addresses their future case load. Changes need to be made in the STPFM to address areas such as ethical issues in end-of-life; using a syringe driver; self-care and managing patients in the community.

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The "Last Aid" Course of the Austrian Red Cross - A New Concept of Teaching Palliative Care to the Public

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Aims: Palliative Care is a holistic approach aiming for best possible quality of life for patients with chronic life threatening diseases and their relatives. There is a great demand of Palliative Care all over the world including people of all ages. The demand is likely to increase because of the expected demographic changes. As means to introduce Palliative Care to the public a public knowledge approach including last aid courses and a chain of Palliative Care have been suggested (1,2).

Methods: A working group was established in Austria to create a curriculum for a Last Aid course for the Austrian Red Cross. The working group consisted of educators from the Austrian Red Cross and experts/researchers from the field of Palliative Care. Based on the experts suggestions a consensus was reached about the contents of a Last Aid course.

Results: The result is a curriculum for a Last Aid course for the public. The course shall be open to the public and is divided into 4 modules with 4 hours