The Future of Palliative Care: Using a novel approach to prepare the workforce

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BACKGROUND

Providing high quality care for imminently dying people requires healthcare professionals (HCPs) to have substantial technical knowledge and clinical skill in assessing and adapting care to the rapidly changing needs of dying people and their families. Crucially, compassion and excellent communication skills prevent unnecessary misunderstandings at this emotionally charged time (1).

Dying people come into contact with a wide range of HCPs, meaning all staff must be able to deliver basic end of life care and sensitively discuss issues related to death and dying. Care in the last hours or days of life is most often delivered by generalist staff, who are unlikely to be specifically trained in the delivery of such care or in engaging in the communication and discussion of complex, emotionally laden information. This is evidenced by numerous recent reports and surveys which highlight a lack of training in end of life care (2,3). A survey by the National Audit Office (4) found that only 18% of nurses and 29% of doctors stated that their training covered communicating with patients approaching the end of their life.

AIMS

The aim of this project was to develop, pilot and evaluate a simulation based course to develop the skills of healthcare professionals in communicating with and supporting patients who are expected to die (in the last hours or days of life) and their families and carers.

METHODS

A bespoke course was developed consisting of an e-learning package for the participants to work through followed by a study day. The study day focused on 4 scenarios simulating the last days of life in a hospital setting. The course was piloted on 2 occasions. Sponsorship and research ethics approval was provided by the University of Liverpool.

The Thanatophobia Scale (5) and Self-efficacy in Palliative Care (SEPC) Scale (6) were used pre and post course to evaluate perceived self efficacy and outcome expectancy. In addition, a thematic analysis of written post course evaluation questionnaire and focus group discussion were used to elicit the participants’ views of the course together with any suggestions they may have.

RESULTS

12 participants completed the training; 11 participated in focus group discussions. Analysis of the qualitative data showed overwhelmingly positive views of the simulation training.

Value of simulation training:

- “I gained confidence in discussing plans of care with agitated relatives” (PG, T2)
- “I honestly feel this was a true reflection of what happens on a daily basis” (PC, T2)
- “the actors made it more real and life like” (PC, T2)

Realistic Nature of the training reflected their professional experience, and was felt to be more beneficial than sitting in a classroom:

- “I can’t pick a best bit, I enjoyed it all … I wish all training could be like that” (Interview, T3)
- “I gained confidence when dealing with difficult questions particularly with relatives” (PG, T2)
- “I honestly feel this was a true reflection of what happens on a daily basis” (PC, T2)
- “the actors made it more real and life like” (PC, T2)

Group size and composition (multidisciplinary) was felt to enhance the learning experience and bring greater understanding of other role responsibilities.

Feedback received following simulated scenarios was found to be constructive, non threatening, identified areas for improvement and gave participants useful information to support and develop future practice.

CONCLUSION

The sample size was small but the course was universally valued by participants. Findings have been used to refine the course and evaluation of further courses is planned. Further work is now being undertaken to evaluate the course in different settings (hospital and hospice).

REFERENCES


Table: Thanatophobia Scale:

<table>
<thead>
<tr>
<th>Statement</th>
<th>T1</th>
<th>T2</th>
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<tbody>
<tr>
<td>I can’t pick a best bit</td>
<td>50% (6)</td>
<td>50% (6)</td>
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<tr>
<td>I honestly feel this was a true reflection of what happens on a daily basis</td>
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</tr>
<tr>
<td>the actors made it more real and life like</td>
<td>50% (6)</td>
<td>50% (6)</td>
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Table: SEPC Scale: Mean Score in each Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>T1</th>
<th>T2</th>
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<tbody>
<tr>
<td>Communication</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Management of Patient</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>M&amp;O Working</td>
<td>80</td>
<td>80</td>
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Results indicated a positive shift in attitude in 3 statements (highlighted above).