



Association for
Palliative Medicine



Health Education England

Making the most of End of Life Care for All (e-ELCA)

A guide to factors that maximise the effectiveness of End of Life Care for All (e-ELCA)

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Introduction

This guide is intended to provide a brief overview of factors that can help organisations maximise the effectiveness and value of using the End of Life Care for All e-learning programme (e-ELCA).

e-ELCA was developed by Health Education England e-Learning for Healthcare (e-LfH) and the Association for Palliative Medicine (APM). It focuses on care individuals and families need during the last year of life and is designed for use by health and social care staff, managers and trainers to help achieve learning objectives at a flexible pace and style that suits the intended learner. It can be used as a standalone resource but greater benefits are achieved when included as part of blended learning. More information about e-ELCA can be found [here](#).

With the aim of increasing the use of e-ELCA, we conducted a number of focus groups and an online survey to identify what systems organisations would ideally have in place to support learners, their mentors and those providing education and training programmes. This guide is based on the results we gathered and includes a small number of useful case studies.

What we found

The feedback we received identified four main areas :

1. benefits of using e-ELCA within blended learning
2. factors within organisations that can provide support to those using e-ELCA
3. more help with access and navigation
4. better communications telling people about e-ELCA.

We looked at these four areas in detail which are covered later in this guide, but we were also able to identify a number of emerging critical success factors that can contribute to an increase in the use of e-ELCA if they are in place.

Critical success factors

Organisational

- management support in organisations is critical and can be achieved by showing clear links to national guidance and initiatives. This also has an added value of using e-ELCA to support organisational development and training e.g. priorities for care, supporting mandatory and statutory training as well as 'essential to role' training.
- raised awareness with learning and development leads in organisations, as well as educators, that e-ELCA is more than a self-directed learning resource and covers basic and advanced levels of learning. Its content is most effective when used as a component of blended learning alongside complex and local case studies, taught sessions, themed and topic based workshops, and small group working to generate thinking and discussion including reflection and how to apply learning.
- local access to IT and provision for users who are not confident with IT and those with differing learning styles e.g. if accessible IT is limited as in care

homes then the use of facilitated group working using e-ELCA sessions for discussion is especially useful.

Educational

- improved access for staff working within universities and further education will increase the number of sessions integrated into curricula for pre and post-registration programmes.
- clearly identifiable packages of sessions within e-ELCA will help to identify sessions that are meaningful to the learner/educator/mentors. Tools and resources such as a Training Needs Analysis (TNA) and a topic matrix of all sessions and modules will also aid navigation to learning aimed at staff groups/grades/sectors.
- guidance available via the e-ELCA website to support workplace learning and development leads, trainers, group discussion leaders and mentors to maximise the use of sessions within blended learning and raise confidence in leading local e-ELCA based training.
- downloadable workbooks linked to e-ELCA packages to enable learners to evidence learning outcomes.
- improved use of social media, new mobile technology for access, alerts and updates.

Further information on the four main areas:

1. Benefits of using e-ELCA within blended learning

We asked for feedback on elements that make up effective blended learning resources and the following are ranked by importance by those responding to our survey:

- use of small group sessions – facilitated or peer group, and can use an e-ELCA session to stimulate discussion, prepare before group working or consolidate after group working
- formal education/teaching sessions (didactic presentations)
- time allowed for reflection
- support provided for self-directed learning – mentors, ‘champions’, managers etc.
- use of meaningful case studies
- ensure other resources available are signposted
- help staff put learning into practice (experiential learning)
- hold themed workshops/seminars
- encourage use of multimedia tools
- have clear assessment and review criteria in place
- agree learning objectives with the learner supported by their manager.

Many of the organisations feeding back to us had used blended learning as a way of reaching a far wider audience, such as those who cannot be released to attend workshops or as an aid for those who have attended workshops and need to cascade learning to others. It has also been shown to be more effective in embedding the learning and changing attitudes leading to improved end of life care.

e-ELCA is used to provide baseline information to enable discussion based workshop sessions or to consolidate the learning afterwards. For example communication skills training is often best delivered as a face-to-face session to enable interactive practice in groups, but by using e-ELCA as pre-course preparation learners can already understand the theory.

If a model of blended learning is developed using e-ELCA it can contribute to many of the elements highlighted, but also allows localised case studies to be developed, use of videos and time for reflection and review to be built into a wider programme.

Top 10 Tips for educators/trainers when using e-learning:

- consider setting up hubs of learning for people to access e-learning in a supported environment rather than alone, at home or at their desk
- use a facilitator/trainer when a group comes together to discuss any issues or concerns either before or after e-learning takes place
- have protected time in the learner's diary to access e-learning and ensure their work place mentor also has protected time to provide the appropriate level of support
- use the case studies in e-ELCA sessions to generate discussion with learners or adapt to local circumstances which are more meaningful for the learner
- encourage learners to make use of the other resources often mentioned at the end of e-ELCA sessions and bring any questions they may have as a result to a group session or meeting with their mentor
- provide realistic deadlines for completing identified sessions
- talk with the individual learner about the sessions they have completed and how they will apply the learning to their practice
- try to link packages of sessions to mandatory training and revalidation requirements as well as 'essential to role' training
- look at other HEE e-LfH programmes and see where related sessions which could help the learner expand their knowledge e.g. sessions in Shared Decision Making (SDM), Dementia (DEM) and Death Certification (DCT)
- include examples of good practice and the resulting benefits of e-learning as a method of learning.

2. Factors within organisations that can provide support to those using e-ELCA

We received feedback on what needs to be in place within organisations to increase the use of e-ELCA. The following are ranked in order of importance by those who contributed to our survey:

- **good IT facilities and technical support** – these are local issues and we know that they can be a problem within smaller organisations such as care homes, and we suggest using e-ELCA sessions as part of blended learning or within group learning sessions can help overcome some of the problems
- **ease of access to e-ELCA (including mobile devices)** – the next section highlights changes to the Learning Management System (LMS) and ongoing work by HEE e-LfH which helps to improve access
- **senior management support** – there must be a culture of learning within organisations supported by managers and clinical leaders for all types of

learning to be valued. Showing links to mandatory and statutory training, and revalidation can help, as can supporting the implementation of new policy guidance such as 'One Chance to Get it Right'. Also CQC inspections now include end of life care and a commitment to improving care for dying patients can be demonstrated by ensuring staff receive the appropriate training. Support also needs to include adequate funding for e-learning and backfill for protected learning time

- **Raised awareness of e-ELCA** – we know that people who use e-ELCA rate the quality of the content as very good, we need to ensure organisations know that as well as having access to high quality resources e-ELCA is freely accessible to the majority of health and social care staff. It would be useful for learning and development leads, as well as those who have used e-ELCA, to identify or take on the role within organisations as 'champions' to advise and help others. They need not be IT savvy but be able to support others who may lack confidence in using technology
- **Protected learning time** – this has to be a local decision and part of the organisation's policy, but has been highlighted to us by many as a major issue. e-ELCA sessions are around 20 minutes long and we know that some organisations have used a session for a short and snappy group learning opportunity within lunch or coffee breaks
- **Learning and development leads in organisations are fully engaged** – those responsible for planning training interventions and identifying resources that meet the organisation's development needs. They are key in showing how training can improve the care dying patients receive, for example identifying e-ELCA sessions that can be used for 'essential to role' training. If they are unsure they should make links with the local SPC team or hospice
- **Information and advice available** – HEE e-LfH already provides information and guides about how to use e-ELCA and local trainers/local champions and others can always contact HEE e-LfH for additional help. Your organisation will be able to provide advice on training in end of life care, including training delivered by education providers which e-ELCA can support
- **e-ELCA as part of blended learning** – we know from feedback that organisations that have used e-ELCA as part of blended learning have found it beneficial in embedding the learning and changing attitudes (see previous section)
- **Availability of work place mentors** – these can help staff to put theory into practice and need not necessarily be trainers but more experienced staff willing to work alongside learners.

3. More help with access and navigation

New learning management system (LMS) – the HEE e-LfH Hub

The really big news is the launch of Health Education England e-Learning for Healthcare's (e-LfH) new, bespoke LMS within which e-ELCA and all other (currently 90) e-learning programmes sit. The LMS used until now has been from an external provider and had a number of limitations, mainly caused by the use of multiple systems.

In order to address this, HEE e-LfH decided to use its expertise to build its own bespoke LMS and this new system is now live. In building it HEE e-LfH listened to

user feedback and identified four key developments that were the most commonly requested:

- an intuitive, simple system that was easy to use
- the ability to launch content quickly and easily
- the ability to demonstrate their activity to their supervisors and
- a system that works on a wide variety of devices and browsers.

The most immediate benefit of the new LMS is the developmental control that HEE e-LfH now has and the system will be undergoing continual improvement in the coming years.

Benefits of the new system:

- a single system with a consistent look and feel and more simple navigation
- instant registration and instant access to additional programmes
- fewer clicks to access the learning
- improved visibility of progress as programmes, courses and sessions now have a status such as 'not completed', 'completed', 'passed'
- search for sessions without being logged in
- improved performance
- supported on many more browsers making it more accessible
- the platform is now mobile responsive and individual sessions will be updated in due course to make them responsive as well
- ability to link to individual sessions.

The [support site](#) has been completely revamped to reflect the new system. However, if you have any specific enquiries in the meantime, please [email e-LfH](#).

Access to e-ELCA

All HEE e-LfH content, including e-ELCA, is freely available to all NHS employed staff. Other staff groups are also entitled to free access, more information can be found [here](#).

Navigating through the e-learning

One of the simplest ways to encourage learners to use e-ELCA as an integral part of their development is to establish dedicated learning pathways or packages through the resource. These take the form of a list of sessions from one or multiple modules and can be designed to fit the particular learning objectives for the individual or a group of staff. e-ELCA already has a number of pathways and these are being updated but plans for additional pathways available during 2015 include:

- core sessions for care of the dying (Priorities for Care)
- ambulance staff
- registered staff in acute hospitals
- OOH staff
- GP trainees
- band 5 nurses with SPC,
- clerical staff
- volunteers

- sessions mapped against the Association for Palliative Medicine Undergraduate Curriculum

If organisations have developed other pathways using e-ELCA sessions they can be submitted to the editorial board for inclusion on the system if they show they would be beneficial to other users. To do this please [email e-LfH](#) and add 'e-ELCA learning path submission' in the subject line.

Skills for Care have mapped the e-ELCA sessions to the national end of life qualifications units. There are 14 units which form the core of the qualifications and the e-ELCA modules identified can support learning for each unit as specified. More information can be found [here](#) (select e-learning option).

4. Better communications telling people about e-ELCA

The feedback we got was 'Tell Me About It' so HEE and APM are developing a marketing and communication strategy which will be informed by the results of the survey. Given that e-ELCA is a key part of HEE's implementation of "One Chance to Get It Right", HEE is developing a communications strategy and matrix to improve awareness of its role and work on EoLC and strengthen national, regional and local relationships and strategic partnerships to support network building in End of Life Care. Understanding the connections between key organisations in End of Life Care is not always easy; groups co-exist within a complicated framework in a context of political change - agencies theoretically working in partnership find it difficult to collaborate in practice as historical channels of communication break down and 'tribal knowledge' is not safeguarded. The simple consequence of a complex situation is that learning may be lost and hinders awareness of CPD programmes such as e-ELCA.

The communications strategy and matrix will aim to:

- communicate the role and responsibility of HEE on EoLC and its programme of work
- promote networking and partnerships
- engage and persuade employers, higher education institutions, providers of health and social care of the value of investing in EoLC education and training across the career pathway of the health and social care workforce and the patient and public benefit that flows from it
- demonstrate the impact of high quality EoLC training on patient care, including e-ELCA as a core part of continuing professional development (CPD).

What we are doing

We have listened. HEE and APM are working on a programme of developments and activities to address some of the issues raised. For example:

- all sessions are being reviewed by APM expert authors to ensure they are up to date and reflect new policy guidance such as 'One Chance to Get it Right' (LACDP 2014)

- a full topic matrix covering all e-ELCA sessions and their learning objectives can now be accessed on the [e-ELCA website](#)
- an online Training Needs Analysis covering the five Priorities for Care is now live
- packages of recommended core and other useful sessions covering care in the last days and hours of life for different staff groups is now live
- other packages of recommended sessions are being developed for ambulance staff, registered staff in acute hospitals, OOH staff, GP trainees, band 5 nurses with SPC, clerical staff and volunteers. New packages will be considered following feedback from stakeholder groups such as sessions to support revalidation for nurses and more focus on care homes
- a couple of new sessions will be developed in response to feedback – one on symptom management specific to the last days of life and one on the AMBER care resource
- e-ELCA will be mapped to the Association for Palliative Medicine Undergraduate Curriculum
- we want to help higher and further education healthcare programme leads plan how e-ELCA might be integrated into relevant curricula/education as well as learning and development leads within health and social care providers with responsibility for planning training interventions to meet any agreed national/local guidance on end of life care
- HEE and APM are improving the marketing and communication networks to raise awareness and provide updated guidance on access and navigation.

Case studies

We are grateful for people who were prepared to provide examples of how they have used e-ELCA. e-LfH and APM are always interested in hearing from anyone willing to share their experiences. To do this please [email e-LfH](#) and add 'e-ELCA case studies' in the subject line.

1. St Barnabas Hospice and the United Lincolnshire NHS Trust work in partnership to provide specialist palliative care and end of life care services. With the introduction of CQC inspections, which include end of life care and the phasing out of the Liverpool Care Pathway, the Trust asked the Hospice to develop plans to provide mandatory end of life care training for doctors and other staff. Initially discussions focussed around delivering training through theatre based lectures, but this was rejected as it was too much of a tick box response and would not deliver the culture change around end of life care required within the Trust. Dr Adam Brown and his colleagues in the Hospice came up with a three strand approach which has been agreed and funded as it now forms an element within the end of life care CQUIN. The three strands of the development plan are:

1. Identify a small number of mandatory e-ELCA sessions for doctors and other healthcare staff to be undertaken over a specified number of years, for doctors 5 years and other staff 3 years. Also a number of suggested sessions for Palliative Link Practitioners working across the specialist palliative care services and the Trust's wards, again spread over a 3 year period.
2. Redevelop the link practitioner programme as many staff had received training some time ago and needed refreshing or had left the Trust. The

programme is not now restricted just to nurses but also other ward-based clinical staff.

3. Ward based training where for a 4 week period SPC staff join daily board rounds and help staff to identify patients who may require palliative or end of life care in the near future as well as holding two training sessions in each of the weeks to facilitate discussion on related subjects and get staff to identify what has worked and what could be done better. For example around topics covering recognising dying and prognostication, decision-making at the end of life, discharge options and care in the community, 5 priorities of care, DNACPR decisions, and review of difficult cases on that ward.

It is very early days and the team are still facing challenges on how to record the completion of the mandatory training and will be linking with e-LfH to discuss options available within the new learning management system. An EoLC Facilitator post crucial to delivering the plan has yet to be recruited to and it will be some time before evidence exists that the training planned will actually have made any difference to the quality of end of life care delivered. For further information please [email Dr Adam Brown](#) – Consultant in Palliative Medicine or [email Emma Warner](#) – Specialist Nurse Practitioner at St Barnabas.

Mandatory training for all doctors

Year 1	00_02	Relationship between palliative care and end of life care
	04_02	Agreeing a plan of management and care
Year 2	03_22	“Am I dying?” “How long have I got?” – handling challenging questions
	03_30	Discussing ‘do not attempt CPR’ decisions
Year 3	04_10	Opioids in pain management – advanced knowledge
	04_11	Managing different types of pain
Year 4	01_01	Introduction to principles of Advance Care Planning
	01_10	Advance Care Planning and different trajectories
Year 5	03_26	“What will it be like?” – talking about the dying process
	03_31	Discussing food and fluids

Mandatory training for all other healthcare staff

Year 1	00_02	Relationship between palliative care and end of life care
	03_01	The importance of good communication
Year 2	02_14	Assessment of dying phase and after-death care
	07_01	Talking about death and dying
Year 3	01_01	Introduction to principles of Advance Care Planning
	04_23	Recognising the dying phase, last days of life and verifying death

Expected learning for Palliative Link Practitioners

Year 1	00_02	Relationship between palliative care and end of life care
	03_01	The importance of good communication
	04_02	Agreeing a plan of management and care
	04_23	Recognising the dying phase, last days of life and verifying death
	06_04	Support and care planning at end of life
	07_01	Talking about death and dying
Year 2	01_01	Introduction to principles of Advance Care Planning
	01_14	How to document conversations about advance care planning
	02_14	Assessment of dying phase and after-death care
	03_22	“Am I dying?” “How long have I got?” – handling challenging questions
	03_26	“What will it be like?” – talking about the dying process
	05_12	Scenario: patient dying in acute hospital: optimising situation
Year 3	01_10	Advance Care Planning and different trajectories
	03_30	Discussing ‘do not attempt CPR’ decisions
	03_31	Discussing food and fluids
	04_05	Influence of transition points and crises on decision-making in SM
	04_07	Assessment of pain
	04_09	Drug management of pain – core knowledge

2. Professor Christina Faull (LOROS) teaching resuscitation decision-making

I use session 3.30: Discussing 'do not attempt CPR' decisions as the structure for a 3 hour classroom session to enhance nurses and doctors skills in having discussions with patients and families about resuscitation. I send participants the detail of the session in advance but very few of them have looked it at! The group take it in turns to read slide content aloud and then I facilitate debate and discussion and relate

points to previously established learning needs within the group. The case studies provide excellent materials to apply the theory and the inbuilt quiz elements aids confidence building.

I find it a fun way of teaching. I can add my critique of the materials to those of other participants and apply the information to local contexts including actual DNA CPR forms and recent events. The feedback from students is positive and this session I hope inspires and enables them to use e-ELCA themselves. For further information please [email Professor Christina Faulk](#).

3. Anonymous responses from the survey

a) District Nurses with placement students using e-ELCA as 'ongoing learning' – when they have been out on visits they identify e-ELCA sessions relevant to the patient and the student then works through them whilst the DN writes up notes etc.

b) One person who lacked confidence in what she knew was directed to use e-ELCA and this showed her how much she did actually know which made her confident to apply to her practice.

4. National Council for Palliative Care – Care to Learn resource

The National Council for Palliative Care (NCPC) have just updated their Care to Learn resource and it now includes recommended e-ELCA sessions at the end of each module to support the learner as an additional resource to provide information or background.

Care to Learn is a self-directed learning package designed to help staff improve end of life care. It provides an introduction to good practice in end of life care and is designed to be flexible so that it can be tailored to each individual learner, organisation or locality.

It is aimed at Health Care Assistants and direct care staff across all settings including hospitals, hospices, care homes, the individual's home or in housing schemes. Qualified nursing staff moving into end of life care for the first time will also benefit from using the programme. Other qualified direct care staff and managers of services may also find it useful for induction or refresher training as each module can be used as a standalone resource, although the main benefit of the programme comes from working through each of the modules.

The accompanying Mentor's Guide provides guidance for the mentor by highlighting what they should be looking for when having discussions with the learner and how they can offer on-going support. Support throughout the modules from a mentor who is either a line manager or a more experienced colleague will be key in embedding the learning, changing attitudes and improving the quality of end of life services. More information about Care to Learn can be obtained on the [NCPC website](#) or [email Matt Lloyd](#).

5. Worcester Acute Hospitals NHS Trust – Using eLearning to improve the delivery of End of Life Care

The following is a brief overview of the work undertaken in Worcester since 2009 and more updated detail can be obtained from the End of Life Care Facilitators: [email Jennifer Garside](#) or [email Teresa Barley](#).

Worcester Acute Hospitals NHS Trust (WAHT) provides a wide range of services to a population of around 550,000 people in Worcestershire, as well as caring for patients from surrounding counties and further afield. The Trust employs more than 5,500 staff and has an annual turnover of more than £320 million.

The National End of Life Care Programme aims to influence the whole pathway of care as advocated by the National End of Life Care Strategy (DOH 2008). Working in conjunction with Marie Curie Cancer, they developed a toolkit to identify gaps in End of Life Care and to prioritise the initiatives needed to address them.

NHS Worcestershire launched the Marie Curie Delivering Choice Programme (MCDC) in March 2009 with the aspiration of reducing the proportion of patients who die in hospital to 33.3% by 2013/14.

End of Life Care was also highlighted as one of the High Impact Action initiatives from the Nursing and Midwifery Council (NMC 2010) and as part of the initiative, the "Important Choices: Where to die when the time comes" document was produced with the NHS Institute for Innovation and Improvement. Following local research that showed that of the estimated 60% of patients who expressed a wish to die at home, only 20.6% actually achieved this during 2008/9 WAHT formed its own strategic End of Life High Impact Action Group & joined the Marie Curie Delivering Choice Programme as one of the county wide workstreams that includes the Health & Care Trust, local hospices & the West Midlands Ambulance Service.

The NHS West Midlands End of Life Care for All (e-ELCA) Project for which WAHT was a pilot site provides eLearning that contributes to this agenda by enabling the rollout of End of Life care eLearning for all staff. The Trust has a strategic group based on High Impact Actions and the e-ELCA project feeds into the board as part of the governance arrangements for the project.

One of the Quality and Safety outcomes within the Care Quality Commission (CQC) states that "Staff Treat Patients and Families with respect". Part of the criteria for meeting this outcome means that the NHS must provide training records that show that End of Life training has taken place. e-ELCA training assists Trusts in meeting these objectives and can be reported on via OLM.

The e-ELCA project raises the issue of End of Life care planning within clinical environments. The Trust undertook an End of Life care survey in 2010 to identify where improvements had been made and were still to be made, guiding the creation of a program of education around Advance Care Planning within the Trust.

Lessons Learned/Advice for other Organisations

Training relies on the individual Link Nurses to deliver and encourage training often whilst competing with other priorities on the wards. WAHT has the following advice for Trusts;

- Cascade training works best when the individual is removed from the ward, so find a free office and allow one hour to show the individual how to log on and enrol in training;

- Provide deadlines, such as completing the introduction to e-ELCA training within a 2 week period;
- Ensure e-ELCA training is an agenda item at the High Impact Action group so that future rollout can be discussed and executive support provided to enable the training to be cascaded and accessed;
- Provide information about Remote Access to enable training to be adapted to the employee's needs, thereby improving access to learning.

Future Plans

- Jenny and Tess plan to establish a core curriculum for ELCA for registered Nurses and Health Care Assistants throughout the Trust to promote best practice. Work is on-going to link e-ELCA to the NICE End of Life Standards, national competencies and embed the content into future education plans. The Ward Managers and the Education and Training department are able to monitor the completion of the sessions via ESR.