A LEARNING PATH AND WORKBOOK FOR CLERICAL STAFF WORKING IN PALLIATIVE CARE AND END OF LIFE CARE SERVICES

Introduction
In 2012/2013 teams of experienced palliative medicine and end of life care professionals came together to develop and pilot blended learning paths incorporating e-ELCA for staff and volunteers involved in providing end of life care to people across a range of settings in Oxfordshire. These became known as the Oxford Learning Paths (OLPs). The work has now been adapted to enable others to develop local training utilising the work of the Oxfordshire teams as a foundation.

Aims and purpose
This workbook is for clerical and support staff who work with palliative and end of life care teams e.g. working in hospitals, such as oncology secretaries and ward clerks as well as those working with community teams (District or Palliative Care Nursing teams), in hospices and GP surgeries. This group will regularly have significant contact with individuals who are dying and their families. Having a clearer understanding of the difficulties patients and their families face, receiving guidance on improving communication during a stressful and emotional time will improve both the confidence and the empathic skills of frontline non-clinical staff.

The purpose of the workbook is to:
❖ Provide staff with a greater understanding of palliative and end of life care, including communication skills, spiritual care and practical issues;
❖ Increase confidence of non-clinical staff coming into contact with individuals at the end of their lives and their families;
❖ Improve the end of life experience for individuals, their families and for the staff involved.

The workbook as a resource
Ideally those using the workbook should be supported by a mentor. It is flexible and can be used either by the mentor as the basis of group sessions/teaching workshops or as a self-study resource consolidated by a group teaching session to discuss issues and help apply learning to real situations. Mentors/facilitators may find the leaflet ‘Five Ways to Motivate and Engage Learners’ useful: https://www.e-lfh.org.uk/wp-content/uploads/2017/09/Five-ways-to-motivate.pdf

It is recommended that the e-ELCA sessions are completed over a two to three week period but this can be agreed with the facilitator/mentor depending on the model of delivery agreed locally.

Sessions included in the workbook are:

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Workbook for clerical and support staff working in palliative and end of life care

This workbook will help to guide you through some of the e-learning sessions that complement your learning prior to discussions with your mentor or in your group teaching session.

Please take some time to have a look through the workbook, and complete as many of the e-ELCA sessions as you can prior to your group teaching session. Ideally, you should try to complete these over a two to three week period but you can agree the timeframe with your facilitator/mentor before starting.

Many of us have been close to someone who has died and some of you, for personal reasons, may find the material covered in this workbook and course difficult. Please let your facilitator/mentor know if you wish to talk about any issues affecting you.

Getting Started
For information on how to register for access to e-ELCA go to https://www.e-lfh.org.uk/programmes/end-of-life-care/.

Once you have access to e-ELCA take a brief look at the first session to get an overview:

00_01 Introduction to e-learning for End of Life Care

Let’s start by having a look at what you understand by ‘palliative care’. Often people use the terms ‘palliative care’ and ‘terminal care’ interchangeably – but they do refer to different things. In the space below, jot down a few ideas about what the differences might be between ‘palliative care’ and ‘end of life’ or ‘terminal’ care.

Palliative Care means:

End of Life Care means:

Now have a look at the following e-ELCA session that will address this question:

00_02 Relationship between Palliative Care and End of Life Care

Was this what you had thought?

No doubt you’ve worked in situations where you came across patients who were incurably ill, or near the end of their lives. Can you think of cases or patients who fit into the categories above? Jot
down a few cases you’ve experienced. These will help you to put some of the learning points we will cover into context for yourself.

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Now think through and describe one of the situations which involved such a patient, that you found challenging.

What happened?

What were you asked to do?

Why did you find this situation challenging?

What would you have wanted to know, or have wanted to do differently?

Understanding the principles of assessment

Scenario 1

George is a 75-year-old man who has been diagnosed with cancer. He has been referred to the palliative care team and is due to see the community nurse on Tuesday. He comes up to ask you what to expect when he first meets her. You let him know that on the first contact she will probably do an assessment of his needs. He says he does not understand what this is. How do you explain?

You may have noticed that nursing staff and doctors will assess a patient when they first enter the clinical setting (e.g. a ward, GP surgery, or even when a patient at home has contact with the
community team). This helps the healthcare team learn about the patient and structure their interventions appropriately. To understand why and how this is done, look through the following two sessions:

02_01 Introduction to Principles of Assessment in End of Life Care: PART 1
02_02 Introduction to Principles of Assessment in End of Life Care: PART 2

Does this guide you to answer George?

Understanding the importance of good communication
One of the main sources of conflict and complaints in the NHS involving end of life and palliative care is due to poor communication skills. Patients at the end of their lives, and their relatives, find hospital admission or contact with medical care very stressful and upsetting. During such difficult times, communication with all members of the healthcare team can easily become fraught and emotional. It may seem obvious that good communication from staff may help patients and their relatives navigate through the healthcare system more smoothly.

What do you think good communication involves?

Now complete the following session:

03_01 The importance of good communication

Having completed this, have you thought of any benefits to yourself if you improve your communication skills?

Complete the following sessions. For each one, write down one thing that you have learned, and see if you can relate it back to one of your own experiences that you jotted down in the first section above.

03_06 Communication skills for admin staff, volunteers and other non-clinical workers

What have you learned?
Dealing with Death and Dying
Despite the best communication skills, care staff sometimes find it difficult to talk to patients at the end of life, due to the taboos involved with talking about topics such as death, dying, spiritual and religious beliefs. Sometimes staff do not feel they know enough about the practicalities of death and dying to be able to give advice, or they don’t know how to support relatives.

Scenario 2
Charlotte is a new member of the team. There is a patient on the ward who has suddenly taken a turn for the worse and is now dying. The family members are tearful and have many questions for staff. The new team member is keen to help provide support for the family, but is nervous about ‘saying the wrong thing’. She has never known anyone die before, and does not know what to say.
Complete the following sessions and write down after each one what key points you might highlight from this session to help Charlotte feel more comfortable approaching the family and dealing with any questions they might pose.

07_01 Talking about death and dying

Key points:

07_04 Sudden death and bereavement

Key points:

At this point you could now undertake an additional session if you wish:

07_05 Emotional support and signposting

Scenario 3
Charlotte says the family are quite “religious” and as a non-practising Anglican, she feels a little uncomfortable when the patient’s wife starts talking to her about ‘God’s plan’. She asks if she should be answering.

Complete the following session and write down what key points you might highlight from this session to help Charlotte.

08_01 Spirituality and the philosophy of end of life care

Key points:

Scenario 4
Charlotte says she thinks the patient’s wife is very distressed and wonders if she should let the doctors know how concerned she is about her welfare. The wife has been asking lots of questions about what practicalities she needs to sort out and Charlotte asks for your advice.
Complete the following sessions and write down after each one what key points you might highlight to help Charlotte.

**07_02 Assessment of carer’s needs**

Key Points:

**07_03 Practical support after a bereavement**

Key points:

This concludes the workbook section of your learning. Having worked through the e-ELCA sessions you should now have a clearer picture of the skills involved in caring for patients and their relatives at the end of life. This should help you to gain the most out of your group teaching session.

There are many more e-learning courses and sessions, some of which you may find interesting. The **01_01 Introduction to Principles of Advance Care Planning** session and the six **Communicating with Empathy** sessions may be of additional interest. Please feel free to explore all sessions further.

Additional notes to raise with your mentor or discuss in a group session: