A LEARNING PATH FOR BAND 5 NURSES WORKING IN SPECIALIST PALLIATIVE CARE SERVICES (SPC)

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

The aim is to support the induction of new band 5 nurses taking up a post in specialist palliative care services.

New staff bring with them a range of experiences and this path has been developed to support learning within the induction period for nurses who are new to the speciality, as well as those with several years' experience of specialist palliative care.

The purpose of this path is to identify core learning outcomes for **communication**, assessment and symptom management. The role of a mentor is important in supporting the nurse to identify the learning that is required to meet these learning outcomes and access the relevant e-ELCA sessions.

The learning path

This is a flexible path adaptable to the needs of the learner. Having agreed the learning outcomes to focus on, the mentor and new member of staff will be able to plan a programme for learning that takes into account their preferred learning styles. The suggested e-ELCA sessions provide one means of meeting these outcomes and compliment any 'on-the-job' learning opportunities. The path would work well with one new staff member, or several, working with a mentor. It is suggested a minimum of three meetings between the mentor and the learner take place as the path progresses. These are:

Introductory meeting - The purpose of the introductory meeting is to establish the new staff nurse's prior knowledge, skills and experience of specialist palliative care, and to identify areas that they need to focus on in order to meet the requirements of the role.

Mid-way review - At the mid-way review meeting discussions will enable the nurse to reflect on what they have learnt so far, and how their practice has changed / developed. An action plan for the learning that is still needed can be agreed.

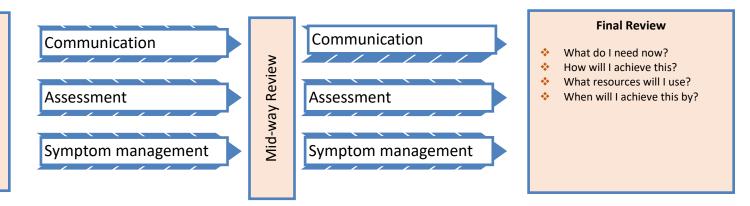
Final review - The final review meeting provides an opportunity to reflect on what the nurse has learnt and to identify further areas for development beyond the induction period. The suggested e-ELCA sessions under 'additional learning' in this path may provide a useful focus, depending on the individual's learning needs.

Mentors may find the leaflet 'Five Ways to Motivate and Engage Learners' useful: <u>https://www.e-lfh.org.uk/wp-content/uploads/2017/09/Five-ways-to-motivate.pdf</u>

Pathway Flow

Introductory Meeting

- What do I already know about palliative care?
- How do I learn best?
- Expectations of the role
- Learning opportunities available
- PDP planning



Recommended e-ELCA sessions

It is possible that some of these sessions contain content that might be more detailed than needed. The additional detail that some of these sessions contain may be of interest and will extend the learning beyond the learning outcomes required at this stage of the induction. Discussions with the mentor will help individuals to focus upon the required learning outcomes.

1. Communication

Click on the e-ELCA session title below to log in and access it on the e-LfH Hub:

| | Learning Outcome | e-ELCA session |
|-------|--|--|
| * | Identify verbal and non-verbal behaviours which block effective communication | 03 10 Things which block good communication |
| - | Identify reasons why patients, family, staff might block communication and reflect upon your own blocking behaviours | 03 09 Skills which facilitate good communication |
| - | Identify a range of approaches for enhancing effective communication in end of life care | 03 08 Understanding and using empathy |
| * | Identify the difference between empathy, sympathy and pity | |
| - 🔅 | Identify verbal and non-verbal empathic responses when communicating with patients, families and colleagues | |
| | Identify ways of drawing out the goals and priorities of patients and families | 02_16 Identifying the patient's goals and priorities |
| - 🔅 | Explore appropriate approaches for responding to unrealistic goals and priorities of care | |
| | Recognise possible motivations for patients asking questions such as "Am I dying?" and "How long have I got?" | 03_22 'Am I dying?' 'How long have I got?' Handling |
| - 💠 - | Reflect upon the feelings that end of life related questions evoke in you and their effect upon your response | challenging questions |
| - 🔅 | Identify effective communication skills for responding to challenging questions related to death and end of life | |
| | Understand why relatives or friends may ask professionals to collude | 03 23 'Please don't tell my husband' Managing |
| - 🔅 - | Identify ways of preventing and responding to collusion in end of life care situations | collusion |
| | Identify approaches to communication that can result in quiet or withdrawn behaviour by patients | 03_32 Silence: the withdrawn patient |

| [| * | Recognise effective communication skills to engage with patients who are quiet or withdrawn | |
|---|----|--|------------------------------------|
| ſ | * | Recognise your own responses to distressed patients and the effect of these upon your practice | 03_33 Distress: the crying patient |
| | * | Identify effective ways of responding to distress expressed by patients | |
| ſ | * | Identify the different ways in which patients may make requests to end their lives | 03_20 Request for euthanasia |
| | ** | Evaluate the reasons why patients make such requests | |
| | ** | Identify strategies for responding to these requests | |

2. Assessment

Click on the e-ELCA session title below to log in and access it on the e-LfH Hub:

| Learning Outcomes | e-ELCA session |
|--|--|
| Spirituality | 02_07 Assessment of spiritual well-being |
| Describe practical ways of identifying spiritual concerns in patients approaching the end of life | 08 01 Spirituality and the philosophy of end of life care |
| Pain | 04_07 Assessment of pain |
| Demonstrate insight into the impact of pain on individuals | |
| Have a clear understanding of the different types of pain | |
| Have a clear understanding of the pain pathway | |
| Identify questions to use when assessing pain and use these to demonstrate a holistic approach to assessment | |
| Identify the benefits and limitations of different pain assessment tools | |
| Nausea and vomiting | 04 15 Causes of nausea and vomiting |
| Define nausea and vomiting and recognise the difference between other similar symptoms | |
| Recognise the most common causes of nausea and vomiting and identify which causes may be reversible | |
| + Have an understanding of the physiology of nausea and vomiting | |
| Demonstrate a structured process when assessing nausea and vomiting | |
| Spinal cord compression | 04_22 Recognising and managing spinal cord |
| Identify the signs and symptoms that may suggest spinal cord compression is a problem | <u>compression</u> |
| Recognise spinal cord compression in clinical practice | |
| Identify which specific cancers may pre-dispose patients to this condition | |
| Recognise why spinal cord compression is a medical emergency | |
| Constipation | 04_18 Assessment of constipation |
| Identify the range of factors that can contribute to constipation | |
| Outline the core steps involved in assessing constipation | |
| Dying phase | 02 14 Assessment of the dying phase and after |
| Recognise the last days and hours of life | <u>death</u> |
| Recognise the issues to be aware of when communicating with families during the dying phase | |

3. <u>Symptom Management</u> Click on the e-ELCA session title below to log in and access it on the e-LfH Hub:

| Learning Outcome | e-ELCA session |
|--|---|
| Pain | 04 09 Drug management of pain – core knowledge |
| Demonstrate using the WHO analgesic ladder to help manage pain and recognise the limitations in practice | |
| Identify the role of adjuvant drugs | |
| Recognise common adverse effects of morphine and demonstrate best practice when starting and titrating morphi | ine |
| Discuss the experience of incident pain and actions required to manage it | |
| Recognise other pain management interventions that could be integrated with drugs on the analgesic ladder | |
| Identify other 'strong' opioids preparations that could be used in practice, and discuss their indications for use | 04 10 Opioids in pain management – advanced |
| Demonstrate an understanding of conversion rates | knowledge |
| Recognise when a subcutaneous route rather than oral route would be indicated | |
| Identify a range of approaches to manage bone and muscular pain | 04 11 Managing different types of pain |
| Nausea & vomiting | 04 17 Management of nausea and vomiting |
| Have an understanding of how anti-emetics work | |
| Identify the variety of anti-emetics used to manage nausea and vomiting, and their potential side effects | |
| Identify routes of anti-emetic administration and their limitations | |
| Demonstrate an understanding of non-drug interventions to manage nausea and vomiting | |
| Demonstrate a clear rationale when administering anti-emetic and/or additional treatments in practice | |
| Constipation | 04_19 Management of constipation |
| Identify a variety of approaches for managing constipation | |
| Understand the mode of action of different laxatives | |
| Identify strategies for treating faecal impaction | |
| Spinal cord compression | 04 22 Recognising and managing malignant spinal |
| Identify the immediate management of spinal cord compression | cord compression |
| Discuss nursing interventions that may be necessary to manage symptoms of spinal cord compression | |
| Recognise the side effects of some medicinal interventions | |
| Identify the role of the MDT in the long-term management of spinal cord compression | |
| Dying phase | 04_23b Symptom management for the dying adult |
| Anticipate, identify and manage common symptoms that a dying patient may experience | 04_26 Managing distress in the dying phase |
| Use a syringe driver to deliver medication | 04 27 Use of syringe drivers |
| Provide support to relatives | |

Additional Learning

Additional areas have been identified for continued learning once the pathway has been successfully completed:

Click on the e-ELCA session title below to log in and access it on the e-LfH Hub:

| Advance Care Planning (ACP) and Advance Decision to Refuse Treatment (ADRT) | * | Advance Care Planning: principles session 01 01 'Introduction to the principles of ACP' Advance Care Planning: context session 01_05 'Advance Decision to Refuse Treatment: principles' |
|--|---|--|
| Symptom management of mood, cognitive and physical aspects of advanced | * | Symptom management: mood sessions 04_32 to 04_35 |
| illness | * | Symptom management: advanced illness sessions 04 36 to 04 41 |
| Conditions other than cancer: cardiac, renal and neurological disease, COPD, | * | Initiating conversations about end of life care sessions 05 01 to 05 04 |
| dementia | * | Condition specific case studies sessions 05 05 to 05 09 |
| | * | Frameworks and Tools session 05 23 'Framework for End of Life Care in |
| | | Advanced Kidney Disease' |
| Meeting people's spiritual needs | * | Advance Care Planning: principles session 01_02 'Cultural and spiritual |
| | | considerations in ACP' |
| Bereavement assessment and support (adults and children) | * | Bereavement sessions 07_01 to 07_06 |
| Ethical situations in palliative and end of life care | * | Communicating: specific contexts session 03 21 'Legal and ethical issues |
| | | embedded in communication' |