

A LEARNING PATH FOR REGISTERED NURSES IN ACUTE HOSPITALS CARING FOR PATIENTS IN THE LAST DAYS OF LIFE

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 of the learning path is to provide registered nurses working in acute hospitals with greater understanding and confidence when caring for individuals during the last days of life. This is usually expressed as the last 48 hours of life but can obviously vary and may result in the individual dying within the hospital or through 'fast track' processes to return to their usual place of residence to die. The informed support of staff working in the acute hospital is critical to enable these decisions and actions to be undertaken. The learning path may also be useful to doctors and allied health professionals.

The purpose is therefore to provide a resource to improve the acute care experience for dying patients and their families by enabling staff to:

- ❖ recognise at an appropriate time that someone is dying;
- ❖ have the confidence to deal with the needs of the individual and their families at this time;
- ❖ recognise and improve communication skills around end of life care;
- ❖ be aware of symptom management for the dying and what could be appropriate and available to prescribe.

The learning path

Mentor and learner meet and review e-ELCA sessions set out in the following table and discuss what would be relevant to the learner's role, taking account of previous experience, to meet the learning outcomes identified as part of their PDP.

Learners can either undertake independent learning through e-ELCA only or agree a learning path using a mix of blended learning supported by the mentor/facilitator - this could include:

- ❖ Scenario based study group workshops using appropriate e-ELCA sessions or other work based scenarios to facilitate the discussion e.g. within e-ELCA a number of communications sessions deal with challenging scenarios and a number of the integrated sessions could form a basis for interactive group study.
- ❖ Case Studies provided by the mentor to enable application of learning and/or discussion with the mentor/SPC specialist around a specific patient the learner has been involved with.
- ❖ Shadowing end of life care staff e.g. SPC medic or CNS as well as community based End of Life Care staff.

Agree timeframe and regular review intervals.

Information for Mentors and Facilitators – Suggested learning outcomes for PDP discussions

Mentors and 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>

Registered Nurses
<p>As a result of completing the learning path a registered nurse will have increased knowledge and understanding of:</p> <ul style="list-style-type: none"> ❖ Recognising when a patient is dying, together with other members of the multi-professional team ❖ Assessment of the physical, psychosocial and spiritual needs of the patient in the last 48 hours of life; also, assessment of the needs of family members for information, emotional, spiritual and practical support ❖ Management of medication to control symptoms including the set up and safe running of a sub-cutaneous syringe driver, and appropriate use of “as required” medication ❖ Communication with both the patient and with family members: this may include explanation of the direction of care, rationale for review of artificial feeding and fluids, and discussion of DNAR decision, as well as responding to difficult questions, requiring sensitivity and use of communication skills ❖ Nursing care of a patient in the last 48 hours of life including positioning, mouth care, skincare and management of bladder and bowels ❖ Care of the body after death ❖ Insight into own emotions and coping strategies

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

Core Sessions	Additional Sessions
Assessment	Advance care planning
02_14 Assessment of dying phase and after-death care	01_01 Introduction to principles of ACP
Communication	
03_22 ‘Am I dying?’, ‘How long have I got?’ – handling challenging questions 03_30 Discussing ‘do not attempt CPR’ decision 03_31 Discussing food and fluids	03_09 Skills which facilitate good communication 03_10 Things which block good communication 03_26 What will it be like? Talking about the dying process 03_34 Dealing with challenging relatives
Symptom Management	
04_23a Recognising the dying phase, last days of life and verifying death 04_23b Symptom management for the dying adult 04_26 Managing distress during the dying phase 04_27 Use of syringe drivers	04_24 Managing death rattle 04_25 Managing agitation and restlessness in the dying phase
Integrating learning and case studies	
05_12 Dying in acute hospitals 05_19 Care after death I – introduction to care after death 05_20 Care after death II – providing personal care after death	05_13 When the dying process is protracted or unexpectedly fast 05_17 Dying in intensive care
	Spiritual and bereavement care
	07_01 Talking about death and dying 08_01 Spirituality and philosophy of end of life care 08_02 Understanding and assessing spiritual need and spiritual distress