End of Life Outcomes
For Unregistered Support Workers, Pre-qualifying Students & Registered Professionals in Health & Social Care

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Rationale

- Proposed by an expert sub-group of YHSHA End of Life Care Education Steering Group
- Part of wider education strategy to improve standards of end of life care delivered across Yorkshire and the Humber
- Continuing development supported by HEYH End of Life Care Education Initiatives Steering Group
Aims:

To enhance delivery of palliative care approach, general palliative care and specialist palliative care by defining minimum outcomes related to end of life care expected of:

• Unregistered Support Workers in health and social care
• New Registrants graduating from health and social care programmes
• Registrants providing palliative care approach/general palliative care
• Registrants providing specialist palliative care
Aims: Defines the EoLC Outcomes:

- **For Unregistered Support Workers** in Health and Social Care to contribute to delivery of palliative care approach, general palliative care & specialist palliative care.

- **For Pre-qualifying students** undertaking professional programmes in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine to contribute to delivery of palliative care approach at the point of registration.

- **For all Registrants** in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine to deliver palliative care approach or general palliative care.

- **For Registrants in Nursing, Allied Health and Social Work** practicing at registered, senior or advanced practitioner levels* in specialist palliative services.
Aims:

• Assist **higher education institutions** providing pre-qualifying, post-qualifying & postgraduate programmes to:
  • design and map curricula,
  • ensure teaching, learning & assessment strategies provide the opportunities to develop & demonstrate student’s knowledge & skills in palliative & end of life care within higher education & workplace settings

• Assist **workplace/clinical educators** to facilitate identified workforce groups to develop their knowledge and skills to achieve the EoLC outcomes

• Provide **clinical services** within the HEYH locality:
  • With clarity regarding the EoLC Outcomes achieved by Pre-qualifying students,
  • Opportunity to facilitate achievement of EoLC Outcomes for Registrants post-qualifying and for those delivering specialist palliative care.
Aims: To facilitate HEYH to review..

- Pre-qualifying programmes in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine relating to the achievement of the EoLC outcomes

- Workplace opportunities, post-qualifying and postgraduate programmes to demonstrate achievement of EoLC Outcomes
Definitions (Gamondi 2013a,b):

• **Palliative care approach**
  A way to integrate palliative care methods & procedures in settings not specialised in palliative care. May be taught through undergraduate learning or CPD.

• **General palliative care**
  Should be made available to professionals involved more frequently in palliative care but do not provide palliative care as main focus of work. Depending on discipline, may be taught at undergraduate or postgraduate level or via CPD.

• **Specialist palliative care**
  Provided in services whose main activity is provision of palliative care for people with complex and difficult needs. A higher level of education required. Usually taught at a postgraduate level and reinforced via CPD.
Definitions:

Levels of Practice
(DH 2010, NHS Wales 2010; NHS Scotland 2008; HCPC 2013a,b,c; GMC 2009)

• Clinical/direct patient care
• Leadership and collaborative practice
• Improving quality and developing practice
• Developing self and others
Figure 1: Relationship between specialist and advanced practice (NHS Scotland, 2008)
Figure 2: Relationship of specialist and advanced practice and the career framework (NHS Wales 2010)
## Summary of Definitions, Guidelines and Guidance: Framework for the development of the EoLC Outcomes

<table>
<thead>
<tr>
<th>Context of Palliative/End of Life Care Delivery (Gamondi, 2013a, b)</th>
<th>Role Title/Level (Skills for Health 2010; DH 2010)</th>
<th>Themes of Practice (DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)</th>
<th>Academic level and workplace preparation (Gamondi, 2013a,b; DH, 2010; Skills for Health, 2010)</th>
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<tbody>
<tr>
<td>Palliative care approach</td>
<td>Level 8: Consultant Practitioner</td>
<td>Consolidation &amp; continuing development focused on clinical/direct patient care</td>
<td>Masters/Doctoral level Workplace learning/experience</td>
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<td>OR</td>
<td>Level 7: Advanced Practitioner</td>
<td>Consolidation &amp; continuing development focused on leadership &amp; collaborative practice</td>
<td>Postgraduate level (Masters, Postgraduate Diploma, Postgraduate Certificate, Modules) Continuing professional development Workplace learning/experience</td>
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<td>General palliative care</td>
<td>Level 6: Senior Practitioner</td>
<td>Consolidation &amp; continuing development focused on improving quality &amp; developing practice</td>
<td>Undergraduate level (minimum) Continuing professional development Workplace learning/experience</td>
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<td>OR</td>
<td>Level 5: Registered Practitioner</td>
<td>Consolidation &amp; continuing development focused on developing self &amp; others</td>
<td>NVQ/Skills for Care Units Workplace learning/experience</td>
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<td>Specialist palliative care</td>
<td>Levels 2-4 Unregistered Support Worker</td>
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<td>Continuing development</td>
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<td>Palliative care approach</td>
<td>New Registrant</td>
<td>Achievement of Professional Education Standards for Registration</td>
<td>Pre-qualifying Undergraduate level (minimum) Workplace learning/experience</td>
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Updated version (October 2014)
Development and review

- New government and professional policies and guidelines published during 2014
- Feedback from Higher Education Institutions across Yorkshire and the Humber who deliver pre-qualifying programmes for Nursing, Medicine, Allied Health and Social Work.
- Evaluation of a pilot study implementing the EoLC Outcomes for Registrants providing palliative care approach and general palliative care
- Consensus group feedback from Registrants providing general and specialist palliative care across HEYH locality
Development of End of Life Care Outcomes informed by:

- Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)
- Core Competencies in Palliative Care published by the European Association of Palliative Care (Gamondi, 2013a; 2013b)
- Specialty Training Curriculum for Palliative Medicine (Joint Royal Colleges of Physicians Training Board, 2010)
- Five Priorities of Care developed by The Leadership Alliance for Care of Dying People (2014).
Organised using the four key themes of clinical/professional practice:

1. Clinical/ direct patient care;
   i. Communication skills,
   ii. Assessment & Care Planning,
   iii. Symptom management, Advance Care Planning,
   iv. Underpinning values, Knowledge

2. Leadership and collaborative practice;

3. Improving quality and developing practice;

4. Developing self and others
End of Life Care Outcomes

Specific EoLC Outcomes identified for each workforce group – colour coded:

- Unregistered Support Workers in Health and Social Care providing palliative care approach, general or specialist palliative care (Orange)

- Pre-qualifying students (Turquoise)

- All Registrants in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine who deliver palliative care approach or general palliative care (Purple)

- Registrants in Nursing, Allied Health and Social Work practicing at registered (Green), senior (Red) or advanced (Blue) practitioner levels* delivering specialist palliative services
<table>
<thead>
<tr>
<th>Theme of Practice</th>
<th>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)</th>
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<th></th>
<th>Five Priorities for Care (The Leadership Alliance for Care of Dying People 2014)</th>
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</thead>
<tbody>
<tr>
<td>1. Clinical Practice/Direct Patient Care</td>
<td>1.1 Communication Skills: The Practitioner will be able to:</td>
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<td></td>
<td>1.1a Communicate with a range of people on a range of matters in a form that is appropriate to them and the situation.</td>
<td>Unqualified Support Worker in Health &amp; Social Care</td>
<td>Pre-qualifying student</td>
<td>Registrant providing palliative care</td>
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<td>1.1b Develop and maintain communication with people about difficult and complex matters or situations related to end of life care.</td>
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<td>1.1c Present information in a range of formats, including written and verbal, as appropriate to the circumstances.</td>
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<td>1.1d Listen to individuals, their families and friends about their concerns related to the end of life and provide information and support.</td>
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<td>1.1e Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement, and recognising that their priorities and ability to communicate may vary over time.</td>
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<td>1.1f Work with colleagues to share information appropriately, taking account of issues of confidentiality, to ensure that people receive the best possible care.</td>
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<td>1.1g Ensure that information is clear, and non-jargonistic, so that it can be fully understood by others.</td>
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<td>1.1h Demonstrate knowledge of theories and evidence base for communication.</td>
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<td>1.1l Examine knowledge/research of the importance of breaking bad news and to develop strategies for the skills delivery of bad news.</td>
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Progress to date:

- Mapping of pre-qualifying curricula at Higher Education Institutions across HEYH locality
  - Future Workforce Document with Mapping Tool developed

- Disseminate and promote implementation of the EoLC Outcomes
  - Pilot commenced with workforce at St Gemma’s Hospice, Wheatfields Hospice, Barnsley Community and Palliative Care Services, Leeds Teaching Hospitals Trust
  - Evaluation September 2015 included:
    - Ease of End of Life Care Learning Outcomes and Workplace Development Record
    - Time involved and resources accessed
    - Guidelines for upscaling for organisational implementation/developing minimum standards and evaluating impact
Evaluation Feedback

20 participants & mentors – Nurses, Doctors, AHP’s, Social Workers working in specialist palliative care services and acute hospital services

Organisational facilitator in each setting:
• Leeds Teaching Hospitals NHS Trust
• St Gemma’s Hospice
• Wheatfield's Hospice
• Barnsley Community and Palliative Care Services

1 Higher Education Institution

‘Thank you to all participants for piloting the HEYH End of Life Care Learning Outcomes and for the invaluable feedback’
Issues and professional benefits for the health care professional:

- Outcomes provide consistent and clear structure to identify own learning needs and action plan to meet current role and prepare for future career aspirations.

- Outcomes are flexible/generic - can be interpreted in different ways depending on role focus and also place of practice BUT guidance related to expectations of job/role would be helpful.

“I could negotiate the focus and level based on my own role but the outcomes can also be used developmentally for future role. It made me think “Where am I now? What are the expectations of my role?” Linking the outcomes to a role/job descriptor would be good.”

“I found the outcomes to be clearly written and easy to understand..”

“Some outcomes can be misinterpreted and misunderstood…need to negotiate focus depending on individual’s role or aspirations”
Issues and professional benefits for the health care professional:

• Outcomes need to be embraced by the nursing profession - valuable to produce evidence for NMC revalidation

• Outcomes are helpful for qualified staff and their managers to identify key/minimum outcomes for period of preceptorship/at 6 months/12 months/18 months and 24 months

“An electronic format would be helpful to enable cross-referencing. One piece of reflection or evidence can often meet several outcomes... Need to be creative about the range of evidence used to demonstrate achievement of outcomes....”
Issues and professional benefits for the health care professional:

• Need to emphasise learning is from ‘everyday practice’ as well as formal or accredited events

“I've learnt how to undertake a literature search and I’m even talking to the Consultants about research!”

“One nurse has started her mentorship course so she can mentor other students and new staff with the learning outcomes”

“I developed an EoLC resource folder to keep on the ward”

“I have undertaken several of the e-Elca on-line learning modules”

“I found shadowing the palliative care team a very valuable learning experience”
Issues and professional benefits for the mentor:

• Outcomes are flexible/generic - can be interpreted in different ways depending on role focus and also place of practice BUT guidance related to expectations of job/role would be helpful

• How can those in Senior/Advanced/Consultant Practitioner roles facilitate achievement of outcomes for those providing general palliative care?

• Who should be the facilitator/mentor? – should this be an integrated part of the Senior, Advanced and Consultant Practitioner in Palliative Care role and form recognised part of workload to enable these practitioners to meet ‘educator’ outcomes

“Nurse specialists have mentored our participants, this has increased their confidence in their skills as leaders and educators”
Issues and professional benefits for the organisation:

• Needs Board commitment to implementation

• Need to develop organisational plan for implementation

• Facilitation in general and specialist palliative care settings needs to be an acknowledged part of workload. Four pillars of professional practice need to be recognised/acknowledged as part of workload/role descriptors not just focus on clinical/direct patient care

“..all the hospice leadership team has supported the pilot and are keen to see it implemented into practice in the future…”

“..this will initially require an individual to lead this implementation to ensure all staff are aware of what it is, how to use and complete it..”
Issues and professional benefits for the organisation:

- Use HEYH End of Life Learning Outcomes to form role/job descriptors for different levels of practitioners to ensure consistency of preparation/level of practice and all aspects of professional practice addressed.

- Preparation is crucial: preparing staff to use and understand the documentation. A realistic timeline for achievement of minimum outcomes linked to role/job plans..but does not limit individual professional development beyond these..

“Aligning the outcomes with our career framework would enhance staff development and ensure our training meets the required levels and needs”
*Issues and professional benefits for the organisation:*

Guidance notes required including:

- Types of ‘evidence’ – Access to/availability of learning events and resources – non-accredited and accredited including e-Elca
- how to implement for those providing general and specialist palliative care services
- linking any education events to the Outcomes
- involving higher education institutions and clinical education services delivering and supporting pre-registration students and professionals providing general and specialist palliative care

“It’s not always about ‘attending something’ its about learning in/from everyday practice when caring for patients requiring palliative care”
Additional progress to date:

- Identifying specific outcomes to meet the 5 priorities of end of life care (One Chance to Get it Right 2014)
- Mapping to Skills for Health Occupational Standards
- EoLC Learning Outcomes included as case study in The Democratic Society (2015)
- Recommendations for Health Education England Training and Education in End of Life Care
ACKNOWLEDGEMENTS

A project such as this would not be possible without the willing and enthusiastic participation of professional colleagues working in palliative care, healthcare services, and healthcare education.

Thank you to all those who, in the midst of demanding professional lives, gave their time generously and deliberated thoughtfully on issues involved in developing the End of Life Care Learning Outcomes.

Special thanks to:

- The members of the expert sub-group of Yorkshire and the Humber Strategic Health Authority (YHSHA) End of Life Care Education Steering Group
- Yorkshire and the Humber Strategic Health Authority (YHSHA) End of Life Care Education Steering Group for supporting the EoLC Outcomes Project from its inception
- Health Education Yorkshire and The Humber (HEYH) End of Life Care Education Initiatives Steering Group for supporting the EoLC Outcomes Project to this current stage
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