

# Palliative Care Training: Beyond Hospital to Community; Beyond Specialist to Generalist

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## Background

With an ageing population and rising incidence of cancer and organ failures in Singapore, it is imperative to meet the increasing needs of patients living with these conditions in the community. Community nursing is a key pillar in population health which includes palliative care, defined as ‘care for patients with life- limiting progressive serious illness including but not limited to care at the end of life’. The SGH Community nursing team hopes to bridge the gap between hospital and community care, and complements the palliative care services provided by the hospice care teams. As the community nurses are transited from acute care with limited experience in palliative care, the Community Palliative Care Education Committee recommended a structured training to equip them with “generalist” knowledge and skills in palliative care. More complicated cases will be referred to the community palliative specialists for appropriate interventions.

## Development of Basic Community Palliative Care Training and Outcomes

It was a challenging task to adopt a training approach for a large group of community nurses with diverse clinical experiences within a short timeframe. Blended learning (mixture of online and classroom delivery) was identified as it reduces the time required for face to face lessons, allows learners to learn at their pace (online component) and uses data from the online modules to address learning gaps. The Lien Centre for Palliative Care (LCPC) collaborated with Assisi Hospice to develop a *de novo* training program in basic palliative care for community nursing in November 2018. Three runs of training were conducted for 31 community nurses over a period of 8 months. Table 1 illustrates the training details. The clinical learning in hospice settings was an effective way to allow experiential learning through interactions with patients and their families.

Table 1: Basic Palliative Care Training for Community Nursing

Components		Curriculum details
Basic Requirement: The End of Life Nursing Education Consortium (ELNEC) conducted by SingHealth Alice Lee Institute of Advanced Nursing		
Blended learning	eLearning with face to face workshop	<u>LCPC eLearning (4 Modules)</u> <u>Face to face sessions</u> <ul style="list-style-type: none"><li>• Case studies</li><li>• Nursing aspects of palliative care</li><li>• Communication workshop</li></ul>
Clinical placement	20 hours	<u>Practical session at Assisi Hospice</u> <ul style="list-style-type: none"><li>• Inpatient- 16 hours (8 hours x 2 days)</li><li>• Day care – 4 hours (0.5 day)</li><li>• Home care - 24 hours ( 8hours x 3 days)</li></ul> <u>Nursing competencies:</u> Performing role of community nurse (palliative care), Oral care, Per rectal examination, High enema administration, Subcutaneous insertion & management, Fentanyl patch application, education & disposal
Continual education	10 hours (per year)	Journal clubs / Case discussion Symptoms assessment tool training, e.g. PCOC

The e-learning post-test evaluation showed an overall improvement in knowledge, with an understanding that more emphasis on symptoms management are needed (refer to Figure 1). The face to face interactive workshops and clinical placement provided nurses with different perspectives on palliative care and deepened their knowledge through ‘on-the-job’ learning.

**Feedback - Blended learning:**

- “Better learning experience and reflection
- “Interactive & informative, engaging & easy for to understand”
- “Tutors facilitated nurses in exploring their own feelings toward talking to patients/caregivers about end-of-life issues.”
- “Role-plays, as well as feedback (e.g. strengths & weaknesses) and discussion allowed students to better apply concepts learnt.

**Feedback – Clinical Attachment:**

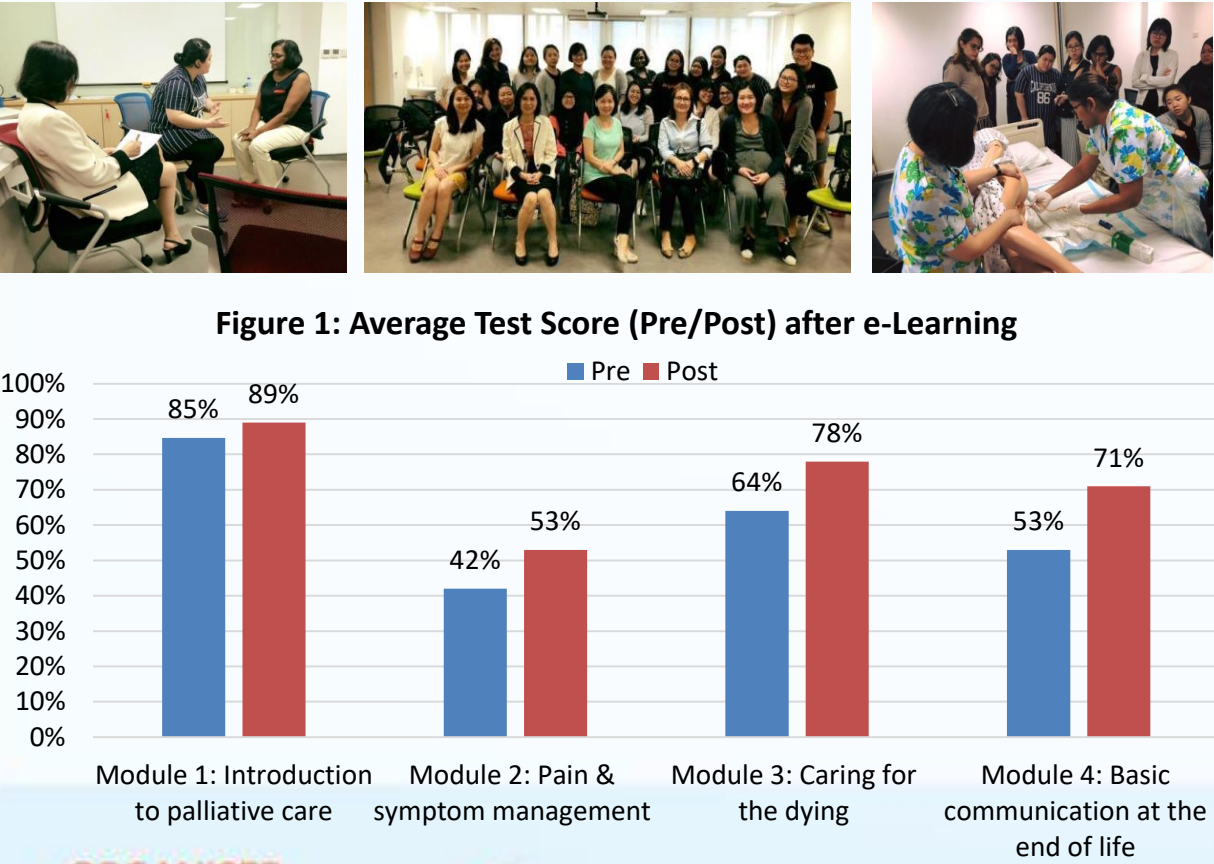
- “A good refresher on clinical skills as well as updated on the latest practices in palliative care”
- “Leant the importance of communication and the rapport build(ing) between the clinical staff & patients/family...”
- “Appreciation of the importance of multidisciplinary approach in palliative care”
- “Proper managing palliative pt at home...Providing individualistic holistic care .... fulfil patient’s wish to die at home...”

**Reflection – Influence on practice**

- “Presents a different view on acute symptoms management and communication”
- “Importance of practising active listening and empathy”
- “Care for family and caregivers should not be overlooked”
- “Not all interventions have to be done with pharmacology way in order to relieve symptoms/improve QoL (e.g. methods of assurance touch, music, distractions; looking holistically into physically, emotionally, psychologically and spiritually throughout the process.)”
- “Greater confidence to facilitate ‘difficult’ conversations with patients & family members.”
- “Greater self-awareness, personal growth, experiences and perceptions in the process”

## Moving forward

This training program is a 1<sup>st</sup> step towards capability building of community nurses in basic palliative care. Practicing as a competent generalist in community palliative nursing will need guidance from the nursing leads (nurse specialists in palliative care) and an ecosystem of collaboration with hospital teams and community hospice teams.



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