

SINGHEALTH DUKE-NUS EDUCATION CONFERENCE 2019

27 & 28 SEP | ACADEMIA

Blended learning method is useful for teaching community nurses End-of-Life care

Wong Yoke Ping¹, Ng Foong Ling², Karen Liaw³

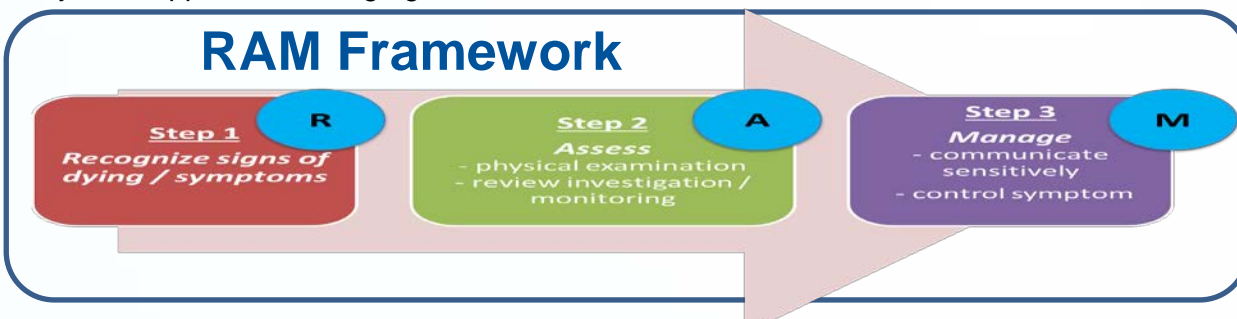
¹Department of Nursing, Changi General Hospital, ²ILTC Integration, Singhealth - Changi General Hospital, ³St. Andrew's Community Hospital

Background

The Violet Programme (ViP) is a community palliative care collaboration between Changi General Hospital and St. Andrew's Community Hospital to provide end-of-life (EOL) care for non-cancer patients in eastern Singapore. The model of care involves community nurses providing generalist palliative care. A blended learning method was used to teach principles of palliative care and management of common symptoms and EOL conversations.

Method

Blended learning method combines structured e-learning and traditional face-to-face instruction. Voice Annotated Presentations (VAPs) deliver theoretical content accessible via an online learning management system (LMS). This was followed by a face-to-face workshop using small group discussions of case studies and role play to apply content learnt. Five modules were developed: (i) Introduction to palliative care, (ii) Understanding advanced diseases, (iii) Symptom management at EOL, (iv) Communications and (v) Final days. Systematic clinical thought processing using Recognize, Assess, Manage (RAM), communication tools and scripts were incorporated across the modules, to promote critical thinking and apply theory to practice. Workshops were facilitated by experienced palliative care doctors, nurses and social workers. Three groups of learners attended 2 sessions of a 2 hours workshop between May 2018 to March 2019. The pre-course assessment and VAPs were made available for one month prior to the face-to-face workshop. Post-course assessment, reflections and evaluation sections were accessible for one month after the workshop. Learners were required to reflect on how they have applied knowledge gained.



Blended Learning Process

- Five modules in online learning management system (LMS)
- Pre / Post test MCQ tracked for completion for one month
- Voice annotated presentations (VAPs) at learners own time with access for one month

Online Self Study



- Two hour x 2 sessions per group
- Sub divided into smaller groups of 4-5 learners
- Case scenarios and role play
- Interdisciplinary facilitators (doctor, nurse, medical social worker)
- Debrief sessions

Face-to-face workshops



- Clinical case based discussion with ViP doctor
- Community nurses home visit supported by ViP doctor

Hands-on-training



- Structured feedback questionnaire
- Reflective question

Post-workshop



Results

A total of 27 learners (all registered nurses) were enrolled in this course. A 5 points Likert scale was used for the workshop's evaluation. 100% of learners indicated that they learnt new knowledge and skills (58% strongly agree, 42% agree). 100% indicated that knowledge gained is applicable to their current area of work (64% strongly agree, 36% agree). The face-to-face workshops were practical and learners could relate to the cases presented (75% strongly agree, 25% agree). The learners feedback that the LMS training materials were accessible, allowing them to learn at their own pace and convenience. Small group discussions encouraged peer learning among learners and facilitators. Results from the pre/post course assessment indicated an overall positive improvement of understanding the five modules. The learners' reflections has shown positive learning outcomes.

Learning points

1. Learners preferred to do the modules in the office rather than doing them at home. This led to challenges in access due to internet separation as a single internet-enabled laptop had to be shared.
2. Workshop was conducted over 2 separate sessions. Not all learners were able to attend both sessions.
3. Less than a handful of learners attended the workshop without completing the pre-course assessment. Unfamiliarity with blended learning concept may have contributed to poor appreciation of pre-course learning.
4. Pre-/post-courses assessment showed there was already some basic understanding of EOL care which was further enhanced by the workshop which functioned as a good platform for exchange of knowledge and experience. Facilitators benefitted by appreciating the struggles in EOL care by non-specialist nurses.

Conclusion

Blended learning is a useful method of adult learning. It is scalable as theoretical content can be used across varying levels of learners while depth and type of cases discussed is varied to suit the target audience. To improve the full experience of blended learning, learners need to be informed about the teaching method and thought is required regarding facilities available to ensure compliance.

Pre / Post Test Results		Group 1 (CN)			Group 2 (TTT)			Group 3 (CN +SACH)			
		31-May-19		30-Aug-19	22-Jan-19		Var +/-	06-Mar-19		13-Mar-19	Var +/-
		Pre	Post		Pre	Post		Pre	Post		
	Correct Answers										
Module 1	Introduction to palliative care	46%	77%	31%	75%	100%	25%	62%	68%	6%	
Module 2	Understanding advanced diseases	73%	96%	23%	88%	97%	9%	69%	85%	16%	
Module 3	Symptom management at EOL	58%	73%	15%	64%	83%	19%	50%	64%	14%	
Module 4	Communications	70%	80%	10%	90%	100%	10%	65%	72%	7%	
Module 5	Final Days	63%	92%	29%	88%	88%	0%	75%	81%	6%	
No. of learners		12	10		4	4		11	10		

Learners' Reflections

Patient is dying and the mum is at the bedside saying that "i should have brought him in earlier and this would not happen."

i replied her telling her that "no lah, you shouldn't feel this way."

i could have kept quiet and let her expressed out her feeling and thoughts first.

Then reflect and connect.

I wont say "Don't worry, everything is going to be ok"

A patient with ILD presenting with breathless and become restless despite giving full oxygen, died in front of me.

- Ive propped him up and reassure him.
- Maybe i could help more in reducing his anxiety?
- call the doctor to come down immediately to give some opioids?

I should have explain in more details to the doctor that how serious/how discomfort patient is.

symptom control is very important at the end of life - understanding the ways palliative medication works will assist community nurses in administration of medications

I used to ignore conflicts and let the dr handle it and now as experience increase and with this as a added tool, I can apply what is learnt through work and this education tool to improve my communication when facing conflicts between family at end of life.

There was a patient who is quite sick and family is quite prepared if patient passed away anytime within 3 months. Seen patient and she was having laboured breathing. Was on oxygen and spo2 was 99%. Now after this course i learnt a new tip for SOB. One of it is to blow fan to patient's face. If it was before the course, i would not have thought of that.

ORGANISER



SECRETARIAT

