

East Anglia's Children's Hospice

Developing & implementing a Training Needs Analysis to better understand the training & education needs of a multiprofessional children's palliative care (CPC) workforce

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Introduction

EACH provides care to babies, children and young people (BCYP) with palliative, life threatening conditions and their families; including end of life care in their preferred place (home, hospice, hospital). Services are delivered throughout Cambridgeshire & Peterborough, Norfolk, Suffolk and North East/West Essex, UK.

- EACH is committed to supporting the continuing professional development of its workforce.
- All staff are expected to take an active role in their own development.
- EACH must maintain robust processes to ensure a clinically competent workforce empowered to:
 - respond to new ways of working and achieve professional and regulated standards; - influence better outcomes and advocate for the delivery of highest quality practice for all BCYP and their families.





- The NHS Long Term Plan seeks to support modern employment culture and to promote flexibility, wellbeing and career development in the NHS.
- EACH, as a partner and collaborator with local NHS providers, must ensure that it remains competitive in its workforce strategy.
- Babies, children, young people and families should expect health and care staff to bring empathy, skills and expertise, and provide competent, confident, compassionate care.

Methodology

- Anonymous survey developed to gain views on staff knowledge, skills, and attitude across key areas in palliative & end of life (EoL) care.
- Response format consisted of statements (strongly agree, agree, disagree, strongly disagree) and two open ended questions seeking views about the main components of palliative and end of life care for BCYP and their families.

Figure 1: Training Needs Analysis Questions

l have enough knowledge	l am confident in my ability to
about principles of providing CPC	engage in challenging conversations
about principles of providing EoL care	provide non-pharmacological interventions
to provide effective respiratory management	provide care after death
to provide effective cardiology management	provide grief & bereavement support
to provide effective neurology management	
to provide effective gastroenterology management	I have enough skill to
to recognise deteriorating conditions	recognise & manage pain
to recognise deteriorating conditions (Eol)	recognise & manage pain (EoL)
about ethical & legal considerations	recognise & prepare child & family for imminent death
about ethical & legal considerations (EoL)	
I am confident in my knowledge and understanding to	I am confident in my ability to provide high quality:
discuss the following with the child with palliative care	- Family centred care
needs and their family:	- Child / young person care
- Behavioural symptoms	 Culturally appropriate care
 Psychological Distress 	 Spiritually appropriate care
- Emotional needs	 Care which is inclusive
I am confident in my knowledge and understanding to discuss the following with the child with end of life care needs and their family: - Behavioural symptoms	I am confident in my knowledge and understanding to discuss the following with the child and their family: - ReSPECT document - Advance Care Plan documentation
 Psychological Distress 	

Participants

- Distributed to 121 staff in December 2021.
- Response rate = 56%

Figure 2: Participant Details

Role Description	
Allied Health Professional	17
Care Assistant / Senior Care Assistant	15
Clinical Nurse Specialist	9
Doctor	1
Nurse	24



Results

• Least agreement of knowledge, skill, and attitude in: advance care planning

• Staff stated desire for knowledge (n=33), and specific topics (n=19): conducting

Location

Milton

Treehouse

Nook

(Blank)

20

21

23

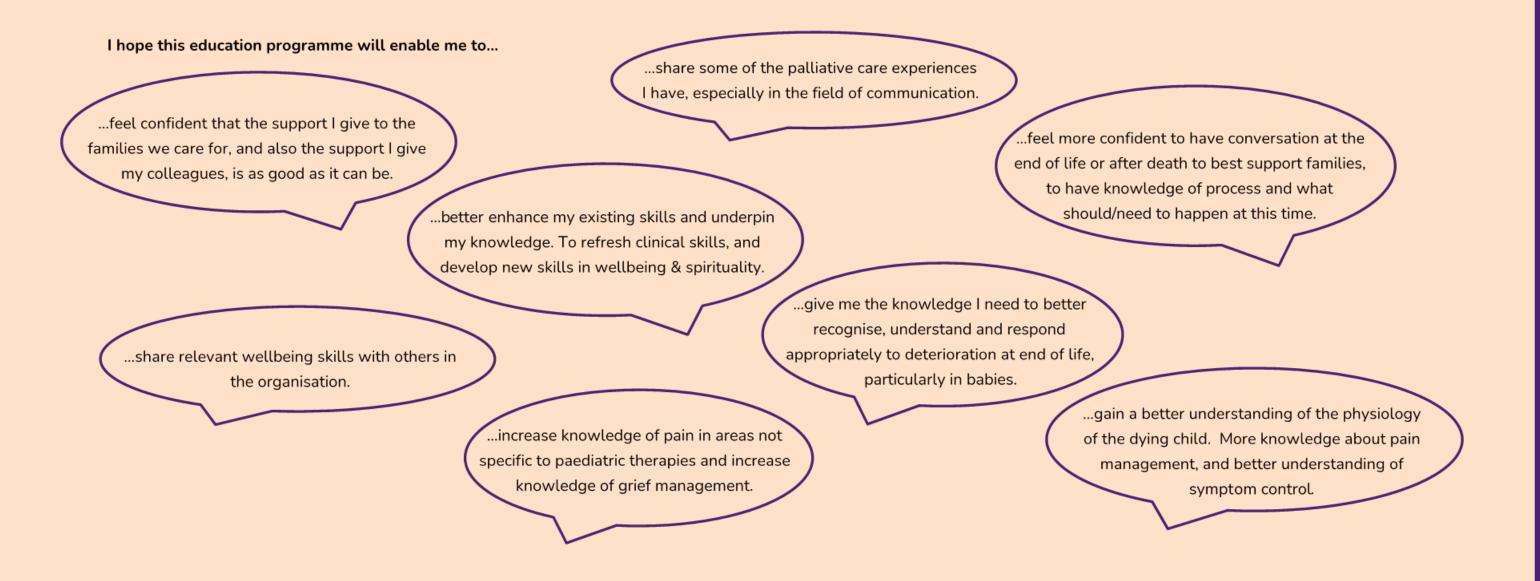
- (ACP) conversations; legal/ethical aspects; pain management, cardiac symptoms; recognizing EoL; preparing family for death; immediate care after death; supporting family in grief.
- All but one respondent had a positive attitude to their own and others wellbeing.

Figure 3: Survey Responses



difficult ACP conversations; the dying process; managing symptoms; wellbeing interventions; supporting newly bereaved.

- Respondents (n=16) voiced a need to develop practical nursing skills.
- More than one third sought more self confidence in caring (describing palliative care n=12; and managing EoL care n=23).
- More care assistants than nurses reported need for knowledge of physical symptom management.
- There was consistency among all professional groups in need for knowledge/understanding of emotional needs of family members and BYCP's psychological symptoms.



Programme for 2022

Conclusions



Figure 4: 2022 Programme Topics

ommunicating Effectively: Challenging conversations • Advance Care Planning (ACP) Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Consent & parental responsibility • Ethics / legal dentify & Manage Symptoms: Symptom control principles Pain management • Cardiac / respiratory / gastro / neuro / dystonia / seizures Common end of life symptoms • Specific to BCYP symptoms

Grief, Loss & Bereavement: Psychological symptoms

• Debriefing for staff wellbeing

• Provision of supportive interventions – memory making • Debriefing & learning from deaths

- Children's palliative care providers must ensure staff are equipped with skills, knowledge and confidence to care.
- Education and development plans should cover: person centred care, communication skills, advance care planning, holistic symptom management, grief, loss and bereavement, using a variety of methods and flexible enough to differentiate between needs of professional groups.
- Workforce knowledge and skills 'passports' should be developed and recognised and be portable between organisations.

References

The NHS Long Term Plan https://www.longtermplan.nhs.uk/

Pediatrics: EPEC: Education in Palliative and End-of-Life Care: Feinberg School of Medicine: Northwestern University

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