The sessions are generally very well evaluated: feedback comments from recent sessions include the following: "the carer was very inspiring and it was helpful to hear first-hand experience"..."very upsetting at times but have taken a lot from the experience nonetheless"..."especially enjoyed the talk regarding spirituality"

It has always proved important to discuss the sessions with the Interprofessional Learning Co-ordinator in the School of Social Work at the University to see if there have been any changes to the core teaching programme, in order that we can ensure that the sessions are covering new ground for the students and enhancing their learning about hospice care, which we believe is a life lesson for all.

P49 WILLEN HOSPICE - CHANGING THE FACE OF MANDATORY TRAINING THROUGH BLENDED LEARNING

Marilyn David, Annette Hart. *Willen Hospice, Milton Keynes, United Kingdom*

10.1136/bmjspcare-2013-000591.71

Title Changing the face of mandatory training through blended learning.

Background New medical director observed that staff did not demonstrate an understanding of Mental Capacity Act (MCA).

MCA provides protection for both patients and staff.

Evidence of training required for CQINS.

Aims and objectives

- By linking theory to practice, enhances staff knowledge.
- By using mental capacity we were promoting patient choice as central to specialist palliative care.
- Key functional skills embedded into mandatory training.

Approach used Practice Development Lead Nurse formed a multi-professional group to review how MCA training could be facilitated. The group decided to train staff who were in daily contact with patients. This included clinical and non-clinical staff from reception, housekeeping and catering.

Training was divided into two parts:

Part 1; included key facts related to the act. Staff completed an online training session. Online quiz was used to assess staffs understanding of the theory of the MCA.

Part two; Staff attended a workshop and small groups worked through different scenarios exploring how key points of the MCA works in day-to-day practice. Workshop facilitators were from different disciplines to provide breadth of insight.

Outcomes

- Learning was measurable. An 80% pass mark was required to progress to part two of the training. Feedback was obtained from the workshops.
- A competent hospice workforce with the MCA embedded into practice.
- Staff demonstrating how to empower patients to make choices.
- Innovative approach to hospice learning.

Staff feedback "It affects everyone and all staff has a responsibility"

"Mental capacity is part of everyday care"

"We should accept people's decisions even if we don't agree"

"Eccentric or odd decisions are okay"

Application to Hospice Practice Our education reflects the broadening horizons of palliative care. Developing, equipping and preparing staff for the new challenges ahead.

P50 END OF LIFE CARE (EOLC) TRAINING FOR SOCIAL CARE PROVIDERS IN DEVON

David Rainbow, Liz Gibbons, Michelle Pryor. *Hospiscare Exeter, Exeter, Uk*

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This two year Community Pilot in end of life care training for social care providers is a collaborative venture between Devon local authority and Hospiscare.

Aims

1. To identify the EOLC training needs of domiciliary care workers.
2. To identify obstacles and inequalities in the provision of domiciliary EOLC in Devon.

Our Approach Three towns were identified as pilot sites. Twenty-four domiciliary care agencies's were approached and asked for information relating to:

1. Staff numbers/turnover
2. Hours of contracted EOL/palliative care
3. Their training needs
4. Barriers in accessing training

Hospiscare community teams, the Hospiscare education team, and primary care nurse managers were also interviewed.

Findings We received a 92% response rate from Domiciliary Care Agency's employing just over a 1000 staff.

Analysis of results indicated a need for an introductory level one day programme, In improving the carer's knowledge, skills and confidence in EOLC.

In addition managers identified gaps in their knowledge relating to their role in EOLC. A manager level one day programme was designed around, the "6 Steps" National Programme.

To date:

Between 05/03/12 and 27/03/13, 400 care workers have attended the Introductory programme 100 senior staff have attended the Managers Programme.

97% of attendees rated the programme as very good or excellent.

The programme has been extended to the whole of Devon, and those working in residential care.

A train the trainer programme is set for release in June. Enabling senior staff to deliver the introductory programme.

Challenges:

In times of substantial service redesign building good relationships and effective communication links with social care providers is key. It is important to make a non-statutory programme attractive through course timing, content and pricing. Sustainability is dependent on facilitating others to deliver the Programme (s), and by connecting with the real concerns and systems of work in grass roots social care.

P51 SIX STEPS + WIDENING THE ACCESS TO GOOD EOL CARE

Gail Wilson, Paula Hine, Judith Talbot. *St lukes Hospice, Plymouth, England*

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The Six Steps + project aimed to create a local hospice accredited EOL quality kite mark to support local health and social care providers build their knowledge, skills and confidence in delivering EOL care. The project built on previous work by the North West and includes additional assessments and workshops

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