Introduction

Ten of the community palliative care nurses working out of St Barnabas House Hospice in Worthing have previously attended a physical examination course. Some nurses have attended this very recently, but others less so. Informal feedback from these nurses suggested they lacked confidence performing examinations in their clinical practice and needed assistance in maintaining their skills. The inpatient unit often has stable patients with respiratory signs. Many of the doctors staffing the unit have an interest in teaching and have recently passed the clinical examination for membership of the Royal College of Physicians (PACES). A teaching programme was designed to share knowledge and address educational needs of the community team.

Methods

Nine of the ten nurses signed up to a programme of six one-hour sessions in this pilot. Each session is limited to three nurses and is run by a ward doctor on the inpatient unit. The sessions are tailored to the attending community nurse specialists’ needs and involve examining patients on the inpatient ward with respiratory signs. Attendees are required to fill in a short survey before attending the first session and after attending the last session to assess their subjective confidence levels in performing the respiratory examination and finding signs. The number of examinations performed during clinical practice per week before and after the course will also be measured as an assessment of behavioural change.

Results

The project is currently in progress, results to be presented at the conference.

Background

National guidelines place an emphasis on patients, carers and health professionals being able to access specialist palliative care advice at all times (National Council for Palliative Care, 2015; Department of Health, 2008). The advice line enables a timely support and guidance. However, whilst running alongside the Inpatient Unit, the specific skills and knowledge required to handle calls can be overlooked (Carr, Lhussier & Wilcockson, 2008).

Aims

To support all Registered Nurses working on the Inpatient Unit to feel more confident and competent in taking advice line calls (Purc-Stephenson & Thrasher, 2010) delivering up to date, safe and consistent advice, whilst enabling a culture of feedback and support.

Methods

• The development of advice line training following consultation with unit staff, feedback from other hospices and literature review, with sessions balancing specific telephone communication skills alongside clinical knowledge and practical elements (Yardley, Codling, Roberts, O’Donnell et al., 2009);

• The implementation of a new framework to help guide more complex calls – encouraging staff to think of completing a jigsaw puzzle without being able to see the picture on the box, and by putting together ‘pieces’ of information to guide the advice given by remembering to ‘delve’ and ‘tell me more...’;

• The commencement of regular feedback sessions enabling protected time for staff to ‘offload’, discuss difficult calls and for feedback and ongoing teaching from an Inpatient Unit Consultant or other palliative care professional;

• The development of an information pack to accompany training and an advice line resource folder for staff to reference during calls.

Conclusion

Acknowledging that for some staff the advice line can be stressful, the implementation of training and support has had a very positive impact, with staff reporting a more confident approach when taking calls. The new resources have been welcomed and already proven useful, particularly when dealing with medication related calls. This work is already enabling the delivery of more consistent, confident and quality advice and in time this will undoubtedly increase caller satisfaction (Moscat, Valanis, Gallion, Tanner et al., 2007).

References

Yardley, Codling, Roberts, O’Donnell et al., 2009; Purc-Stephenson & Thrasher, 2010; Moscat, Valanis, Gallion, Tanner et al., 2007; Department of Health, 2008; National Council for Palliative Care, 2015; Lhussier & Wilcockson, 2008; Carr, Lhussier & Wilcockson, 2008.