Evidence Brief: Topic

Contents

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

Date of publication: June 2024

Please acknowledge this work in any resulting paper or presentation as:
Evidence Brief: End of Life Care. Katie Nicholas. (June 2024). UK: Workforce, Training and Education Knowledge Management Team

There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- Complete Evidence Brief list – link for Workforce, Training and Education staff
- Complete Evidence Brief list – link for External staff

Key publications – the big picture

Digital health and inclusion in palliative and end of life care
Source: Hospice UK
Publication date: February 2024
This report highlights the growing role of digital services in the palliative and end of life care sector. It considers the potential risk of digital exclusion and makes recommendations about how providers can integrate digital tools and services in a way that includes and empowers people at the end of their lives.

NHS Long Term Workforce Plan
Source: NHS England
Publication date: June 2023
The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

Queensland Health Specialist Palliative Care Workforce Plan: Palliative and End-of-Life Care Strategy
Source: Queensland Government
Publication date: October 2022
The Queensland Government has committed $171 million in additional funding for palliative care services, including dedicated funding of $102.5 million to develop a workforce plan and increase our specialist palliative care workforce by 2025–26. Informed by the findings and recommendations from the Queensland Parliamentary Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying, a new Queensland Palliative and Endof-Life Care Strategy (Strategy) will set the strategic directions and guide investment decisions over the next five-year implementation period.1 The Strategy builds on previous reforms in Queensland and is the next step in the journey to strengthening the palliative care system. Under the Strategy, investment will be targeted at key activities to support a person’s palliative and end-of-life care journey and better meet the needs, preferences and goals of the individual and their family at the end of life. The Strategy aligns to the National Palliative Care Strategy 2018 and its associated implementation plan.2

Better End of Life 2022
Source: Marie Curie
Publication date: November 2022
For those living at home with advanced illness, deterioration in health can happen at any time of the day or night. Severe symptoms, sudden changes, or new problems may occur unexpectedly. Individuals and their informal carers – whether family or friends – may need to cope with all manner of crises and changes, large or small

Palliative and End of Life Care: Statutory Guidance for Integrated Care Board (ICBs)
Source: NHS England
Publication date: September 2022
There are wide reaching reforms within the Health and Care Act 2022, including the legal foundations for ICBs. An amendment has also meant that ‘palliative care services’ is included in the section which specifies that ICBs have a legal responsibility to commission health services that meet their population needs. This section describes a list of health services that ICBs must arrange as appropriate, including palliative care services.

Learning from deaths: a review of the first year of NHS trusts implementing the national guidance
Source: Care Quality Commission
Publication date: 2019

This report outlines the findings from the first year of assessing how well trusts are implementing national guidance introduced to support improved investigations and better family engagement when patients die.

End of life care: strengthening choice: an inquiry report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care
Source: Together for Short Lives
Publication date: October 2018
See point 81 for "Workforce"
The All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care has published the results of its inquiry, which examined the extent to which the government is meeting its end-of-life care choice commitment for the growing number of babies, children and young people in England with life-limiting and life-limiting conditions.

Cancer workforce in England: a census of cancer, palliative and chemotherapy specialty nurses and support workers in England 2017
Source: Macmillan Cancer Support
Publication date: April 2018
Findings of its census of specialist cancer nurses and support workers, the first in depth investigation into the cancer nursing and support workforce in England since 2014.

Thinking differently: Macmillan's vision for the future cancer workforce in England
Source: Macmillan Cancer Care
Publication date: 2017
In setting out our vision, this report examines the current challenges facing the cancer workforce. These include gaps in key roles such as Clinical Nurse Specialists (CNSs), inefficient use of specialist skills, and poor coordination and communication leading to lack of support both for recovery and at end of life.

Dying to care: a report into social care at the end of life
Source: Marie Curie
Publication date: 2016
See Chapter 5 "Who cares?" which looks at the professional social care workforce.
Good social care is fundamental to people achieving the outcomes they want as they approach the end of their life. This report looks at the barriers in Scotland to people receiving social care and how they can be overcome.

NCPC Specialist Palliative Care (SPC) Workforce Survey 2013: SPC Longitudinal Survey of English Strategic Clinical Networks
Source: Public Health England; The National Council for Palliative Care; Mouchel
Publication date: September 2014
This report identifies some of the key findings from the 2013 collection results and then highlights some of the trends over the years the survey has been running (2005-13). The report has been produced by Mouchel plc and has been supported by the National End of Life Care Intelligence Network (NEoLCIN) and Public Health England (PHE).

Case Studies

Nursing associates at Northamptonshire Healthcare NHS Foundation Trust
Source: NHS Employers
Publication date: October 2022
Elliott Fletcher, a nursing associate at Northamptonshire Healthcare NHS Foundation Trust (NHFT), talks to us about being one of the first NAs.

Supporting Bereaved Relatives Training for Porters
Source: eWIN (Workforce Information Network)
Publication date: June 2017
Improving end of life care is a priority at national and local level and this includes how relatives of those who have died are supported. A 2015 NIHR report “Better Endings”, raised concerns about the way certain bereavement services are provided including “skills and training gaps for general staff caring for the dying.” Some porters had stated that when they were collecting the deceased to take them to the mortuary they wanted to “get in and out of there as quickly as possible” and that they often felt uncomfortable and ill equipped to talk with the bereaved “in case they made things worse.”

eLearning

End of Life Care
Source: NHS England Workforce, Training and Education eLearning for Healthcare
Our work on end of life care (EoLC) has been driven by our commitment to implement the workforce related recommendations in the ‘One Chance to Get it Right’ publication, produced by the Leadership Alliance for the Care of Dying People in June 2014.

The Star for workforce redesign

More resources and tools are available by searching "end of life" in the Star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under **“Health and Care”** and use the **“End of Life Care”** filter

National Data Programme

Workforce, Training and Education staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advanced Practice

Professional Standards and the Role of the Advanced Practice Registered Nurse in Hospice and Palliative Care Abstract only*
Item Type: Journal Article
Authors: Battista, Vanessa and Sciacca, Kate
Publication Date: // ,2023
Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 25(5), pp. 249-254
Abstract: Palliative care aims to optimize quality of life and reduce physical, psychological, social, and spiritual suffering for people living with serious and life-threatening illness throughout the life span. There are different educational pathways to becoming an advanced practice registered nurse (APRN) and a range of areas in which APRNs may specialize, including hospice and palliative care. National guidelines and professional standards have been developed to guide the delivery of high-quality palliative care and to demonstrate the need for all nurses to be competent in providing primary palliative care. Advanced practice registered nurses are well poised to integrate palliative care standards into their practice in a variety of settings and in myriad ways including clinical care, program development, leadership, education, and advocacy. This article is the first in a series that will highlight the different roles of the hospice and palliative care APRN, including the doctor of nursing practice, clinical nurse specialist, pediatric APRN, adult/gerontology APRN, and community-based APRN in a variety of settings throughout the country. Copyright © 2023 by The Hospice and Palliative Nurses Association. All rights reserved.

Integration of Palliative Care in the Role of the Oncology Advanced Practice Nurse
Item Type: Journal Article
Authors: Ferrell, Betty R.;Virani, Rose;Han, Elinor and Mazanec, Polly
Publication Date: // ,2021
Journal: Journal of the Advanced Practitioner in Oncology 12(2), pp. 165-172
Abstract: Numerous organizations have cited the increasing demand for palliative care in oncology and the challenge of a limited workforce to deliver specialty palliative care. Advanced practitioners in oncology can provide generalist or primary palliative care to complement the care provided by specialists and enhance the overall provision of care. This article reports on a National Cancer Institute-funded training program to prepare advanced practice nurses to incorporate palliative care within their practice. One-year follow-up of the first three national cohorts (N = 276) included evaluation of goal achievement as these nurses integrated palliative care within their oncology practice. Goal analysis reported here demonstrates the success of the training program in impacting practice as well as the barriers to implementation efforts. The advanced practice registered nurses' implemented goals included extensive training of clinicians across disciplines and numerous systems changes to improve delivery of palliative care. Advanced practice nurses will continue to be a valuable source of extending palliative care into oncology care to support patients and families across the disease trajectory. Copyright © 2021 Harborside TM.

The Role of Advanced Practice Registered Nurses in the Completion of Physician Orders for Life-Sustaining Treatment
Author(s): Hayes et al.
Source: Journal of Palliative Medicine 20(4)
Publication date: April 2017

Background: The Physician Orders for Life-Sustaining Treatment (POLST) Paradigm records advance care planning for patients with advanced illness or frailty as actionable medical records. The National POLST Paradigm Task Force recommends that physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs) be permitted to execute POLST forms. Objective: To investigate the percentage of Oregon POLST forms signed by APRNs, and examine the obstacles faced by states attempting to allow APRNs to sign POLST forms. Design: Cross-sectional. Setting/subjects: 226,101 Oregon POLST Registry forms from 2010 to 2015.
Measurements: POLST forms in the Oregon Registry were matched with signer type (MD, DO, APRN, PA).
Results: 226,101 POLST forms have been added to the Oregon POLST Registry from 2010 to 2015: 85.3% of forms were signed by a physician, 10.9% of forms were signed by an APRN, and 3.8% of forms were signed by a PA. From 2010 to 2015, the overall percentage of POLST forms signed by an APRN has increased from 9.0% in 2010 to 11.9% in 2015. Physicians are authorized signers in all 19 states with endorsed POLST Paradigm programs; 16 of these states also authorize APRN signature, and 3 states (LA, NY, and GA) allow only physicians to sign. Conclusions: More than 10% of Oregon POLST forms are signed by APRNs. Given the need for timely POLST form completion, ideally by a member of the interdisciplinary team who knows the patient's preferences best, these data support authorizing APRNs to complete POLST forms.

Allied Health Professionals

Conference abstract: Paramedic practices and experiences of providing end of life care: an england-wide survey Abstract all available
Item Type: Journal Article
Authors: Campling, N.;Latter, S.;Turnbull, J.;Richardson, A.;Scott-Green, J.;Voss, S. and Dickerson, I.
Publication Date: // ,2024
Journal: BMJ Supportive and Palliative Care 14, pp. A17
Abstract: Introduction Paramedics are frequently and increasingly called to patients at end-of-life.1 Such unscheduled care often occurs when family are fearful or exhausted, perceiving their only option is to call 999. A recent study found 77% of end-oflife patients living at home phoned the ambulance service in the last year of life and those living in the most deprived areas accessed help most often.2 Despite the growing importance of end-of-life care provision by the paramedic workforce, little wide-scale or detailed empirical evidence is available evaluating current practices, problems and potential solutions to improve care delivery. Aim As part of the ParAid study,3 to conduct a large-scale online survey throughout England to evaluate paramedics' current practices, factors influencing their professional contribution and the potential for the paramedic workforce to improve end-of-life care. Methods An online survey via questionnaire. Survey design was informed by a scoping review including both published empirical data and unpublished service improvement/innovation reports. The questionnaire was designed according to the CHERRIES checklist for online questionnaires.4 The survey link was distributed to paramedics employed by all 11 of England's NHS ambulance services. Multiple distribution routes were used: within each Trust via staff emails, social media accounts, newsletters and webpages, as well as national promotion via Marie Curie's newsletter and the study's X account. Data will be analysed using descriptive and inferential statistics using SPSS software. Results Survey responses are currently being received from across England, until late November. Analysis of results will be available for report at the conference. We will present data on paramedics' current practices such as: preparedness for dealing with end-of-life care patients, medicines use at scene, reasons for conveyance, access to referral pathways and care outcomes.

Conclusion and Impact implications for practice, service delivery and policy will be drawn.

The Role of Physical Therapists Within Hospice and Palliative Care in the United States and Canada Abstract only*
Author(s): Wilson et al.
Source: American Journal of Hospice and Palliative Care 34(1) pp. 34-41
Publication date: 2017
Purpose: Little is known regarding the extent to which physical therapy is integrated into Hospice and Palliative Care (HPC). The purpose of this study was to describe perceptions of physical therapists (PTs) regarding their role within HPC or working with patients having life-threatening illnesses and to develop a conceptual framework depicting a PTs role within HPC and factors affecting it. Participants: Ten PTs, 5 from the United States and 5 from Canada, with at least 5 years of physical therapy experience and 5 years working experience with patients having life-threatening illnesses or in HPC.
Methods: Demographic data were collected by electronic questionnaire. A semistructured interview was conducted with each participant to investigate their perceptions about the role of PTs in HPC. Data analysis: Interview results were analyzed for trends between participants, practice settings, regions, and other sociocultural aspects. The constant comparative method of qualitative data analysis was used to identify similarities and differences and to develop themes and concepts relative to the role of PT in HPC. Results: Participants identified their 3 primary roles in HPC: providing patient/family care, serving as an interdisciplinary team member, and fulfilling professional responsibilities outside of direct patient care. They described factors within and outside direct patient care which influenced their roles. Concepts included shifting priorities, care across the continuum, and changing perceptions of PTs within HPC. Clinical relevance: This study described perceptions of the role of PTs within HPC that may be utilized when coordinating future strategies to appropriately promote and expand the role.

Workforce profile of Australian occupational therapists working with people who are terminally ill Abstract only*
Author(s): Hammill et al.
Source: Australian Occupation Therapy Journal 64(1) pp. 58-67
Publication date: September 2016
Background/aim: The role played by Australian occupational therapists with clients living with terminal illness has recently been highlighted in the Occupational Therapy Australia (2015) position paper on palliative care. To date, little evidence exists about the work profile of these therapists, the type of clients seen, their practice settings and how long therapists are planning to remain in this clinical role. This paper presents results from a national survey of Australian occupational therapists working with people who are terminally ill. Methods: The largest ever sample (n = 171) of Australian occupational therapists working with clients who are terminally ill were purposively surveyed in this national mixed-method study, which was analysed using descriptive statistics and grounded theory. Results: Results revealed a predominantly full-time, publicly employed (81%), female (93%) workforce, with an average six years of experience in this setting. Most therapists treated clients in the community (49%), with slightly fewer working in inpatient settings (40%). Many had dual caseloads, employed in palliative care clinical roles, aged care or oncology settings. Neoplasms of varying kinds represented the dominant clinical diagnostic category. The majority of respondents planned to remain in their current role on average seven more years, citing job satisfaction as the main reason for doing so. Conclusions: Results from this study reveal important data for future workforce planning in this clinical area. The information gathered about client diagnoses and practice contexts will enable more targeted preparation of students for graduation.

Opportunities and Challenges Facing the Integrated Physician Workforce of Emergency Medicine and Hospice and Palliative Medicine Abstract only*
Author(s): Lamba et al.
Source: Journal of Emergency Medicine 51(6) pp. 658-667
Publication date: December 2016
Background: The American Board of Emergency Medicine joined nine other American Board of Medical Specialties member boards to sponsor the subspecialty of Hospice and Palliative Medicine; the first subspecialty examination was administered in 2008. Since then an increasing number of emergency physicians has sought this certification and entered the workforce. There has been limited discussion regarding the experiences and challenges facing this new workforce. Discussion: We use excerpts from conversations with emergency physicians to highlight the challenges in hospice and palliative medicine training and practice that are commonly being identified by these physicians, at varying phases of their careers. The lessons learned from this initial dual-certified physician cohort in real practice fills a current literature gap. Practical guidance is offered for the increasing number of trainees and mid-career emergency physicians who may have an interest in the subspecialty pathway but are seeking answers to what a future integrated practice will look like in order to make informed career decisions. Conclusion: The Emergency and Hospice and Palliative Medicine integrated workforce is facing novel challenges, opportunities, and growth. The first few years have seen a growing interest in the field among emergency medicine resident trainees. As the dual certified workforce matures, it is expected to impact the clinical practice, research, and education related to emergency palliative care.

A Quantitative Framework Classifying the Palliative Care Workforce into Specialist and Generalist Components Abstract only*
Author(s): Pang et al.
Source: Journal of Palliative Medicine 18(12) pp. 1063-9
Publication date: 2015
Background: Early referral to palliative care (PC) services has been shown to improve quality of life in advanced cancer. However, limitations in trained PC workforce raise issues with the sustainability of delivering PC with early PC referral. Classifying PC into generalist and specialist components could be one approach to sustainable PC delivery models but a quantitative guide for this classification is presently lacking in the literature. Objective: To undertake a retrospective examination of clinical data obtained from a PC benchmarking project to develop a quantitative framework guiding classification of PC services into specialist and generalist components. Design: A descriptive retrospective study of data from 2726 hospitalized inpatients under the care of a tertiary consultative PC service over a 2-year period was conducted. Daily categorical symptom, overall psychological and social distress scores at the start and end of 3392 palliative care episodes as well as the number of visits made by the PC team to patients were extracted for analysis. Results: More than 50% of patients had symptom, overall psychological or social distress scores of nil or mild severity at episode start and end. Approximately 20% of all 2726 patients accounted for approximately half of all visits made by the team regardless of the reasons for review. This patient percentage minority had more PC episodes starting with moderate or severe pain. These findings suggest a Pareto-like distribution in the occurrence of moderate/severe PC problems and the intensity of PC input.

Career Development and Pathways

Conference abstract: A network approach to supporting the career development of Specialty and Associate Specialist (SAS doctors Cheshire and Merseyside palliative and end of life care network Abstract all available
Item Type: Journal Article
Authors: Powell, P.;Bonwick, H. and Sulaivany, E.
Publication Date: // ,2023
Journal: BMJ Leader 7, pp. A22-A23
Abstract: Context Cheshire and Merseyside Palliative and End of Life Care Network (PEOLC) I am submitting as Consultant Clinical and Workforce Lead for Cheshire and Merseyside PEOLC Network. The co-authors are Associate Specialists who both have senior clinical roles in their organisations and were co-Chairs of the APM SAS doctors committee. The work described has been supported by our Strategic Clinical Network Programme Manager and the project team. Cheshire and Merseyside have led on supporting the development of SAS doctors for the last 10 years. An action learning set in 2012 developed the first Training and Development Framework for SAS doctors in palliative medicine and this has been updated a further 3 times, most recently in 2020. This has been accepted across the NW and by the Association for Palliative medicine. Our Trainers committee fully supports SAS doctors and there is a SAS representative on the group who reports issues regularly. Issue/Challenge Medical workforce challenges are apparent in all specialties. A recent specialist palliative care workforce review for Cheshire and Merseyside showed that we have a 20 WTE gap in Consultants across all settings. We had found in a survey of SAS doctors working in palliative care that terms and conditions of service and opportunities for career development were often lacking and SAS doctors were unsure where they could seek guidance and help when they worked in the voluntary sector (often hospices) The impact of this is that many experienced SAS doctors were not getting the opportunity to fulfill senior clinical roles and contribute to service development or felt unsupported when they were. It was also the case that SAS doctors in hospices who were required to be responsible clinicians or medical directors had no framework to support them in their own development or an assurance process of their skills and competencies. Assessment of issue and analysis of its causes In 2021 a survey of 35 SAS doctors in the Network there were 14 responses. Of these 43% had worked in palliative care for more than 10 years and 30% expressed a desire to use the CESR route to gaining specialist registration. They also identified significant variation in education and training opportunities. This survey was presented to an annual SAS doctors development day in 2021 and the Trainers Committee for the NW. Impact As a result of the survey a working group was established to consider how organisations could support the development of SAS doctors and allow them to gain experience outside of their own organisation which is of benefit to the individual and organisations they work for. Previously organisations had been reluctant to allow 'swaps' of doctors because of perceived HR challenges or ensuring 'like for like' competencies. A hospice and regional cancer centre agreed to test this out and subsequently 3 doctors were rotated over a period of 6 months between the 2 sites. The individuals experience of this was presented to the local trainers committee in Dec 2021. They saw a number of benefits including working with different teams, the challenges of different approaches in a tertiary cancer centre and a hospice in patient unit and community team. All felt more confident in their clinical and leadership development. 2 are planning CESR applications in the next 12-18 months. Currently a SAS doctor is rotated with an IMT3 trainee from a hospital setting and a further hospice-hospice swaps are planned next year. Intervention In addition to supporting rotations for SAS doctors we have addressed the issue of senior SAS doctors in leadership roles in hospices who are often required to step in to Responsible

Clinical or Medical Director roles sometimes with relatively little experience or support. The authors subsequently developed a Framework to support SAS doctors acting as Responsible Clinicians or Medical Directors in Hospices. This describes the skills and attributes required and the support that should be expected of an organisation to support them. This has been acknowledged as a key document in support of SAS doctors by the National Clinical Director for Palliative and End of Life Care. We now have a SAS doctor group as a formal Network group that has an annual development day and quartely meetings. All SAS doctors are able to attend the education programme for specialist trainees across NW which was not happening before. The resources we have developed could be used by networks and organisations to support SAS doctors. Training committees could engage with SAS doctors to understand their training and education needs and seek local ways to support this. Involvement of stakeholders, such as patients, carers or family members: Patients were not directly involved in this development work Key Messages SAS doctors are a valuable and significant part of the specialist workforce, many are hugely experienced but career development can be challenging because of the focus on service delivery. Our approach includes identifying and valuing the expertise and contribution of SAS doctors and gives them opportunities to develop their careers through resources, opportunities to gain experience beyond their own organisation, education and training. Developing experienced clinicians in to senior roles benefits patients and responds to the significant workforce issues that we have nationally Lessons learnt This work is very much on going. We describe the key milestones over the past 10 years in creating our current model across Cheshire and Merseyside to support doctors in SAS roles to develop their careers. The key challenge is the requirement for service provision often placed on SAS doctors that can impact on their ability to access development opportunities in favour of doctors in specialist training. This is short sighted as we have huge gaps in consultant numbers and doctors in training will not be able to fulfill these. Measurement of improvement We are expecting 4 CESR applications in the next 12-18 months. The Responsible Clinicians and Medical Directors Framework is currently being used in 3 hospices who wish to ensure support for their SAS doctors in senior leadership roles Strategy for improvement Our next step is to gain recognition for the Responsible Clinicians and Medical Directors Framework by the Association for Palliative Medicine so this can be a resource nationally for hospices.

Coaching and Mentoring

Expanding the Interdisciplinary Palliative Medicine Workforce: A Longitudinal Education and Mentoring Program for Practicing Clinicians
Author(s): O'Mahony et al.
Source: Journal of Pain and Symptom Management 60(3) pp. 602-612
Publication date: 2020
Context: The disparity between gaps in workforce and availability of palliative care (PC) services is an increasing issue in health care. To meet the demand, team-based PC requires additional educational training for all clinicians caring for persons with serious illness. Objectives: To describe the educational methodology and evaluation of an existing regional interdisciplinary PC training program that was expanded to include chaplain and social worker trainees. Methods: From 2015 to 2017, 26 social workers, chaplains, physicians, nurses, and advanced practice providers representing 22 health systems completed a two-year training program. The curriculum comprises biannual interdisciplinary conferences, individualized mentoring and clinical shadowing, self-directed e-learning, and profession-focused seminar series for social workers and chaplains. Site-specific practice improvement projects were

developed to address gaps in PC at participating sites. Results: PC and program development skills were self-assessed before and after training. Among 12 skills common to all disciplines, trainees reported significant increases in confidence across all 12 skills and significant increases in frequency of performing 11 of 12 skills. Qualitative evaluation identified a myriad of program strengths and challenges regarding the educational format, mentoring, and networking across disciplines. Conclusion: Teaching PC and program development knowledge and skills to an interdisciplinary regional cohort of practicing clinicians yielded improvements in clinical skills, implementation of practice change projects, and a sense of belonging to a supportive professional network.

A Novel Use of Peer Coaching to Teach Primary Palliative Care Skills: Coaching Consultation
Author(s): Jacobsen et al.
Source: Journal of Pain and symptom Management 54(4) pp. 578-582
Publication date: 2017
Background: We aim to address palliative care workforce shortages by teaching clinicians how to provide primary palliative care through peer coaching. Intervention: We offered peer coaching to internal medicine residents and hospitalists (attendings, nurse practioners, and physician assistants). Measures: An audit of peer coaching encounters and coachee feedback to better understand the applicability of peer coaching in the inpatient setting to teach primary palliative care. Outcomes: Residents and hospitalist attendings participated in peer coaching for a broad range of palliative care-related questions about pain and symptom management (44%), communication (34%), and hospice (22%). Clinicians billed for 68% of encounters using a time-based billing model. Content analysis of coachee feedback identified that the most useful elements of coaching are easy access to expertise, tailored teaching, and being in partnership. Conclusion/lessons learned: Peer coaching can be provided in the inpatient setting to teach primary palliative care and potentially extend the palliative care work force.

Training the Workforce: Description of a Longitudinal Interdisciplinary Education and Mentoring Program in Palliative Care Abstract only*
Author(s): Levine et al.
Source: Journal of Pain and Symptom Management 53(4) pp. 728-737
Publication date: 2017
Context: The rapid increase in demand for palliative care (PC) services has led to concerns regarding workforce shortages and threats to the resiliency of PC teams. Objectives: To describe the development, implementation, and evaluation of a regional interdisciplinary training program in PC. Methods: Thirty nurse and physician fellows representing 22 health systems across the Chicago region participated in a two-year PC training program. The curriculum was delivered through multiple conferences, self-directed e-learning, and individualized mentoring by expert local faculty (mentors). Fellows shadowed mentors' clinical practices and received guidance on designing, implementing, and evaluating a practice improvement project to address gaps in PC at their institutions. Results: Enduring, interdisciplinary relationships were built at all levels across health care organizations. Fellows made significant increases in knowledge and self-reported confidence in adult and pediatric PC and program development skills and frequency performing these skills. Fellows and mentors reported high satisfaction with the educational program. Conclusion: This interdisciplinary PC training model addressed local workforce issues by increasing the number of clinicians capable of providing PC. Unique features include individualized longitudinal mentoring, interdisciplinary education, on-site project implementation, and

local network building. Future research will address the impact of the addition of social work and chaplain trainees to the program.

Helping palliative care healthcare professionals get the most out of mentoring in a low-income country: a qualitative study
Author(s): Whitehurst and Rowlands
Source: BMC Palliative Care
Publication date: 2016
Background: Being a mentor in any setting brings challenges in addition to recognised benefits. Working in a low income country confers specific challenges including logistical and communication issues. The need to adequately support UK-based international health volunteers prior to, during and after their trip is recognised at government level. Whilst the need to support mentors is recognised little is known about their support needs. This study aims to explore the lived experience of mentorship in a low-income country and gain insight into mentors' support and information needs and the barriers and facilitators to mentoring. Methods: Purposive sampling was used to recruit UK-employed, palliative care clinicians: four consultants, two specialty trainees, and two nurses, who were mentors with an international palliative care project. Semi-structured telephone interviews were recorded and analysed using interpretive phenomenological analysis. Results: Participants became mentors to help others. Uncertainty about their achievements constituted a significant challenge. This study highlights the need to prepare mentors before their in-country visits by exploring motivation, describing the reality of international volunteering and ensuring realistic expectations. Post-trip debriefing is important for reducing uncertainty around trip outcomes and maximising transferable impacts. Challenges to mentoring were logistical, related to the concept of mentorship and cultural. Facilitators included shared passion, mentor credibility and serendipity. Conclusion: Awareness of the support needs of mentors and the facilitators and challenges to mentoring can improve mentor preparation and support. This may minimise potential negative emotional impact of being a mentor, maximise positive personal and professional impacts and improve in-country project impact.

Conference abstract: Sustaining the Workforce Through Team Engagement: A Regional Training and Mentoring Program for Interdisciplinary Palliative Medicine Providers (TH329) Abstract all available
Author(s): Levine et al.
Source: Journal of Pain and Symptom Management 51(2)
Publication date: February 2016
Objectives: Describe components of a regional palliative care training program for interdisciplinary providers. Explain the composition and impact of a longitudinal mentoring program on development of the interdisciplinary palliative medicine team. Describe practice improvement projects, the engagement of hospital leaders, and the impact of both on creating institutional change. Like many parts of the country, the greater Chicago area has experienced rapidly changing healthcare environments with increased demand for hospice and palliative medicine services (HPM). Limited resources and personnel to meet this need have led to great concern over interdisciplinary team (IDT) sustainability and provider burnout. In response, local HPM leaders, with support from the Coleman Foundation, developed and implemented the Coleman Palliative Medicine Training Program. This 2-year program utilizes multimodal educational strategies, including biannual workshops, evening group sessions, e-learning, and experiential training. From 2013 to 2015, the program trained 29 physicians and nurses from over 20 adult and pediatric healthcare systems seeking to start or improve HPM programs. Another cohort of 28 clinicians, which included social workers and chaplains, was added in 2015. Individual and group mentoring is provided by 39 regional IDT experts from academic and community-based HPM programs.

Thirteen trainees from the first cohort also remained in the program as ‘‘junior mentors.’’ A leadership conference directed at HPM program directors and hospital leadership was convened in May 2015 aimed at aligning institutional goals and clinical initiatives to address the Institute of Medicine priorities. During this session we will describe unique features of this program including 1) IDT longitudinal mentoring support to ensure adequate clinical skill development and team resiliency; 2) individual and group practice improvement projects completed by program participants that address educational gaps, quality improvement efforts, or clinical program developments at their respective health institutions; 3) strategies used to engage hospital administrators and foster regional collaboration. Finally, we will explore the strengths, weakness, opportunities, and challenges of applicability of this program to other HPM professionals through an interdisciplinary small group discussion.

Education, training and upskilling

Right-sizing interprofessional team training for serious-illness communication: A strength-based approach Full text available with NHS OpenAthens account*
Item Type: Journal Article
Authors: Eskola, Liana;Silverman, Ethan;Rogers, Sarah and Zelenski, Amy
Publication Date: // ,2024
Journal: PEC Innovation 4, pp. 100267
Abstract: Objective: Palliative care communication skills help tailor care to patients' goals. With a palliative care physician shortage, non-physicians must gain these serious illness communication skills. Historically, trainings have targeted physician-only groups; our goal was to train interprofessional teams., Methods: Workshops were conducted to teach palliative care communication skills and interprofessional communication. Participants completed surveys which included questions from the Interpersonal Reactivity Index, the Ekman Faces tool, the Consultation and Relational Empathy measure, open-ended questions about empathy, and measures of effective interprofessional practice., Results: Participants felt the workshop improved their ability to listen ($p < 0.001$), understand patients' concerns ($p < 0.001$), and show compassion ($p = 0.008$). It increased the perceived value of peer observation ($p < 0.001$) and ability to reflect ($p = 0.02$) during complex conversations. Different types of professionals adopted different communication goals, though all affirmed the importance of active listening. Participants felt they improved their ability to work within an interprofessional team., Conclusions: The course effectively trained 71 clinicians, the majority non-physicians, in serious illness communication and interprofessional team communication skills, and could be reproduced in similar settings., Innovation: We adapted an approach common to physician-only trainings to diverse interprofessional groups, added a team-based component using Applied Improvisation, and demonstrated its effectiveness.

Simulation, Storytelling, and Pediatric End-of-Life Care: A Continuing Professional Development Approach for Nurse Residents Abstract only*
Item Type: Journal Article
Authors: McNall, A.;Breda, K. L. and Hinderer, K. A.
Publication Date: // ,2024
Journal: Journal of Pediatric Hematology/Oncology Nursing 41(3), pp. 220-228
Abstract: Background: Providing end-of-life (EOL) care to pediatric patients and their families is challenging. Newly licensed nurses, especially those working with the hematology/oncology population, have little to no experience providing the specialized care needed for the dying child. An evidence-based continuing professional development activity provided a novel approach to improve the knowledge, attitudes,

and comfort levels of nurse residents related to pediatric EOL care. Method(s): A high-fidelity simulation module of a pediatric oncology patient at the EOL was embedded into a 12-month nurse residency program. The module employed several teaching strategies including a storytelling approach. Result(s): Thirteen pediatric nurse residents participated in the program. While the evidence-based intervention increased participants' EOL care knowledge, their overall attitudes, and comfort levels remained unchanged. Discussion(s): EOL simulation with a storytelling approach is a highly valuable method of teaching new nurses how to care for a dying patient. Additional studies are needed to explore how to increase the comfort levels of new nurses in the delicate population of pediatric hematology/oncology.

The Impact of Qualification and Hospice Education on Staff Attitudes during Palliative Care in Pediatric Oncology Wards-A National Survey
Item Type: Journal Article
Authors: Salamon, Eszter;Fodor, Eva;Foldesi, Eniko;Hauser, Peter;Krivan, Gergely;Csanadi, Krisztina;Garami, Miklos;Kovacs, Gabor;Csoka, Monika;Tiszlavicz, Lilla Gyorgyi;Kiss, Csongor;Dergez, Timea and Ottoffy, Gabor
Publication Date: // ,2024
Journal: Children (Basel, Switzerland) 11(2)
Abstract: BACKGROUND: Our knowledge about the attitudes of healthcare staff to palliative care in pediatric oncology is scarce. We aimed to assess their perceptions of palliative care in Hungary and find answers to the question of how to provide good palliative care for children., METHOD: Physicians (n = 30) and nurses (n = 43) working in the field of pediatric oncology (12 of them specialized in hospice care) were interviewed. Palliative care practice (communication, integration of palliative care, professionals' feelings and attitudes, and opportunities for improvement) was assessed by semi-structured interviews evaluated in a mixed quantitative and qualitative way by narrative categorical content analysis and thematic analysis., RESULTS: All providers displayed high negative emotions, positive evaluations, and used many active verbs. Nurses showed higher levels of denial, more self-references, and were more likely to highlight loss. Physicians emphasized the importance of communication regarding adequate or inadequate palliative care. Hospice specialists showed a higher passive verb rate, a lower self-reference, a lower need for psychological support, and a greater emphasis on teamwork and professional aspects., CONCLUSION: Our results show that nurses are more emotionally stressed than doctors in palliative care in pediatric oncology. To our knowledge, a study comparing doctors and nurses in this field has yet to be carried out. Our results suggest that pediatric oncological staff can positively evaluate a child's palliative care despite the emotional strain. Regarding hospices, professional practice in palliative care may be a protective factor in reducing emotional distress and achieving professional well-being.

Conference abstract: Perinatal Palliative Care Fellowship: Development of a Novel Subspeciality Track in Palliative Medicine Abstract all available
Item Type: Journal Article
Authors: Vente, T.;Henner, N. and Fry, J.
Publication Date: // ,2024
Journal: Journal of Pain and Symptom Management 67(5), pp. e544-e545
Abstract: Outcomes: 1. In reviewing trends in pediatric palliative medicine fellowship applicant pools and discussing the landscape of perinatal medicine, participants will understand the rationale for development of a new subspecialty fellowship track in hospice and palliative medicine (HPM). 2. Utilizing a discussion-based approach, participants will be able to apply the steps needed for the approval process and program

development necessary to create a new HPM fellowship track. Key Message: A novel, ACGME approved perinatal palliative medicine fellowship track was designed as a unique training opportunity for clinical care, education, research, and program development within perinatal palliative care to meet the demand for and growing interest in perinatal palliative care training. Introduction: There has been a noticeable increase in hospice & palliative medicine (HPM) fellowship applicants who express interest in a career integrating Neonatology, Palliative care (PC), and Ethics. Currently no fellowship training programs are designed to meet this goal, despite greater need for clinicians with combined expertise as perinatal medicine sees ever-greater advances in diagnostic capabilities and possible interventions. To meet this need, a novel fellowship track was developed, inspired by combined adult subspecialty medicine and PC training programs.1,2 Objectives: The HPM Fellowship program at Northwestern University sought to create a novel ACGME approved subspecialty fellowship track for training in perinatal PC. Method(s): Institutional support was leveraged between a well-established HPM Fellowship program with a pediatric track and a perinatal PC service that collaborates with a large regional fetal health center. Stakeholders were identified to design learning objectives and clinical experiences in perinatal PC to augment already existing rotations in adult and pediatric HPM. Approval was obtained from institutional GME and the ACGME to adhere to training standards and requirements and ensure eligibility for board certification. With philanthropic and institutional financial support secured, the fellowship track participated in the NRMP Match for the 2023-2024 academic year. Select novel rotations were piloted with a fellow in the existing pediatric HPM program and methods of eliciting feedback and measuring performance were evaluated and fine-tuned prior to start of the fellowship. Result(s): Upon successful recruitment, the inaugural trainee to the perinatal HPM fellowship track has started the academic year with expected program completion in June 2024. Conclusion(s): Formal education and training will help meet the ongoing need for expert clinicians in the field of perinatal PC. Successful design, approval, and implementation of a perinatal HPM fellowship track could serve as a model for creation of additional subspecialty tracks within pediatric PC. Keywords: Models of Palliative Care Delivery / Workforce / Career DevelopmentCopyright © 2024

Conference abstract: Healthcare assistants in palliative care: a new voice for palliative care? Abstract all available
Item Type: Journal Article
Authors: Boardman, A.;Collumbine, B.;Greaves, M. and Gittins, K.
Publication Date: // ,2023
Journal: BMJ Supportive and Palliative Care 13, pp. A104-A105
Abstract: Background Healthcare assistants (HCAs) play a key role in delivering palliative care (McGuinness, Hasson. BMJ Support Palliat Care. 2022;12:A2; Pesut, McLean, Reimer-Kirkham, et al. Nurse Educ Today. 2015;35(9):e90-6; Fee, Muldrew, Slater, et al. Palliat Med. 2020;34(8):976-88). However, HCA training has limited coverage of palliative care (Department of Health and Social Care. The Cavendish Review: An independent review into healthcare assistants and support workers in the NHS and social care settings Internet]. 2013; Health Education England. Raising the bar: Shape of Caring: A review of the future education and training of registered nurses and care assistants. 2015; NHS England. Healthcare support worker programme Internet]. 2022). As part of their induction, all new HCAs employed by Blackpool Teaching Hospitals NHS Foundation Trust receive a 4-hour induction session on palliative care led by two specialist palliative care HCAs. We present the findings of feedback analysis. Methods Feedback forms collected from induction sessions between 1/2/2022 and 31/12/2022 were retrospectively analysed. We calculated median score and range for the following questions- 1) 'How

useful did you find the training today' (1 - not useful, 10 - very useful); 2) 'Do you feel the session explained the topics in sufficient detail?' (1 -disagree, 10 -agree). We conducted thematic analysis of free text responses to generate five themes of the learners 'take home messages' and five themes from the learners' experiences of the session (Maguire, Delahunt. All Ireland J Higher Educ. 2017;9(3)). Results 360 healthcare assistants attended the induction sessions between 1/2/2022 and 31/12/2022. 254 feedback forms were available for analysis. Feedback was missing from three sessions. The median score for 'How useful' was 10 (Range 5-10). Median scores for 'explained in sufficient detail' were 10 across all domains (Range 2-10). 214 respondents (84.3%) provided free text comments. Themes in the take home messages included physical care, holistic care, the importance of family, communication and local resources. Themes from the learners' experiences included the learners' feelings, personal development, quality of teaching, qualities of the tutors and opportunities for further learning. Discussion Our feedback highlights that peer-led palliative care teaching for HCAs is well received and helps meet their learning needs. Our results demonstrate some of the benefits of peer-led teaching (Ten Cate, Durning. Med Teach. 2007;29 (6):591-9; Allikmets, Vink. Adv Med Educ Pract. 2016 May;329). We encourage readers to consider the potential role of healthcare assistants within the palliative care workforce, particularly in educational roles.

Specialist Palliative Care and Dementia: Staff Challenges and Learning Needs
Item Type: Journal Article
Authors: Currie, S. J.;Curtin, C. and Timmons, S.
Publication Date: // ,2023
Journal: Journal of Palliative Care 38(3), pp. 282-294
Abstract: Objective: This study explored the perspectives of specialist palliative care (SPC) teams in Ireland, in relation to personal learning needs and education regarding dementia care. Methods: This mixed-methods study involved a survey and focus group. SPC staff were recruited through a professional palliative care society and via hospices in 4 regions. Survey items included challenges in clinical care, personal learning needs, and preferred modes of educational delivery. Quantitative data analysis was descriptive; open-answer survey questions and the focus group transcript underwent thematic analysis. Results: In total, 76 staff completed surveys and rated the following as most challenging: timely access to community agency and specialist support; and managing the needs of people with dementia (PwD). Respondents volunteered additional challenges around the timing/duration of SPC involvement, prognostication, and inadequate knowledge of local services. Staff ranked learning needs as highest in: nonpharmacological management of noncognitive and cognitive symptoms; differentiation of dementia subtypes; and pharmacological management of cognitive symptoms. The focus group (n = 4) gave deeper perspectives on these topics. Overall, 79.2% of staff preferred formal presentations by dementia-care specialists and 76.6% preferred e-learning. Conclusion: Several dementia-care challenges and learning needs are identified by SPC staff, as above. These can inform the design and delivery of tailored education programs for SPC staff. There is also a need for closer working between dementia services and SPC services to provide integrated, holistic care for PwD. One aspect of achieving this is greater awareness of local dementia-care services among SPC staff, and vice versa.

Effects of advance care planning training on advanced practice nurse students' knowledge, confidence, and perception of end-of-life care: A mixed-method study Full text available with NHS OpenAthens account*
Item Type: Journal Article
Authors: Jo, M.;Park, M. and Yun, K.

Publication Date: // ,2023
Journal: Nurse Education in Practice 67, pp. 103555
Abstract: AIMS: This study aimed to assess how an advance care planning training program affected advanced practice nursing students' knowledge, confidence and perception of end-of-life care in South Korea. BACKGROUND: Effective communication between healthcare providers, patients and their families is one of the most important components of quality end-of-life care. However, nurses in South Korea may feel uncomfortable helping patients and families with advance care planning because of the cultural taboo against talking about dying. DESIGN: A mixed-method design was used with data obtained from self-administered questionnaires at the onset and end of the advance care planning training program and qualitative data from participant feedback after the program. METHOD(S): Data collected from 65 advanced practice nursing students who participated in advance care planning training programs in June-July 2020 and 2021, conducted as part of a graduate clinical practice course, were analyzed. Data were originally collected to examine students' course outcomes. A training program was provided to advanced practice nursing students to improve their knowledge, confidence and perception in advance care planning conversations with their patients. The program comprised three sessions: online lectures, face-to-face simulations and discussions on advance care planning and ethical issues. Changes in advance care planning knowledge, confidence in supporting patients' advance directives, perceived nursing roles in end-of-life treatment decisions and perception of a good death were examined before and after the training. RESULT(S): There were statistically significant increases in participants' advance care planning knowledge, confidence in supporting patients' advance directives and perception of the active role of nurses in patients' end-of-life treatment decisions after the training. CONCLUSION(S): The results indicate the effects of training programs on advanced practice nursing students' knowledge, confidence and perception of advance care planning communication. They also provide evidence about what contents and methods can be helpful in developing end-of-life care training for advanced practice nursing students.Copyright © 2023 Elsevier Ltd. All rights reserved.

Academic-Clinical Collaborations to Build Undergraduate Nursing Education in Hospice and Palliative Care
Item Type: Journal Article
Authors: Osakwe, Zainab Toteh;Horton, Jay R.;Ottah, Jane;Eisner, Jill;Atairu, Minne and Stefancic, Ana
Publication Date: // ,2023
Journal: Journal of Gerontological Nursing 49(6), pp. 13-18
Abstract: With the current shortage of hospice/palliative care (HPC) workforce, there is an urgent need to train a generation of nurses with clinical competency in HPC to ensure equitable access and optimal care for patients living with serious illness or at the end of life. The recent demand for HPC teaching in nursing education calls for innovation in establishing clinical placements. Palliative care nursing experts in New York State were surveyed between June and August 2022 about facilitators of academic-clinical partnerships between nursing schools and clinical settings. Inductive content analysis of open-ended responses revealed six major interconnected themes: (a) Increase Awareness of HPC in the Nursing Program, (b) Build a Relationship With Administrators, (c) Look Beyond Acute Care Partnerships, (d) Offer Incentives, (e) Develop Direct Care Experiential Opportunities, and (f) Develop Non-Direct Care Experiential Opportunities. Findings provide rich insights into key considerations for successful collaboration between nursing schools and clinical sites. Journal of Gerontological Nursing, 49(6), 13-18.].

The problem of preparedness of nursing staff to provide palliative nursing care (a literature review) Abstract only*
Item Type: Journal Article
Authors: Masharipova, A.;Nurgaliyeva, N. and Derbissalina, G.
Publication Date: // ,2022
Journal: Georgian Medical News (325), pp. 27-32
Abstract: Palliative care is a comprehensive approach that includes medical, psychological, social, and spiritual support for patients to achieve the best quality of life for patients with incurable diseases and their relatives. Nurses are one of the main links that make up mobile palliative care teams they occupy an ideal position to provide quality care at the patient's bedside. However, the knowledge and skills of nurses remain at a low level and limiting high-quality palliative care. The purpose of this review is to study the problems of readiness of nursing staff to provide palliative care. A search for scientific articles in English and Russian published no later than 2015 was conducted in databases (Scopus, EBSCOhost, Wiley, PubMed). The study was conducted in February-April 2022. Fifty publications were selected as the analytical material for the review. Nurses often experience a lack of knowledge about pain relief, care for people with dementia, pain recognition, the use of special pain assessment tools, social and cultural traditions, and beliefs of patients. Many studies confirm the lack of awareness about the essence, philosophy, and principles of palliative care. The main barriers are the lack of specialized education, lack of clarity and delineation of responsibilities between specialists, heavy workload in the workplace, and limited legitimacy. Kazakhstan has carried out many reforms in the palliative care field, however, according to statistics, over 80% of medical personnel do not have basic knowledge about palliative care. The results indicate the need to develop educational programs on palliative care for all medical universities and colleges, where special attention should be paid to the cultural characteristics of patients, communication skills, and skills of step-by-step anesthesia. A clear division of functional responsibilities, the delegation of authority, and the reduction of the burden on nurses will improve the quality of palliative nursing care.

Supporting surgical residents learning clinical palliative care: Insights from multi-disciplinary focus groups Full text available with NHS OpenAthens account*
Item Type: Journal Article
Authors: Schultz, K.;Howard, S.;Siegel, T.;Zonies, D.;Brasel, K.;Cook, M. and Moreno, K.
Publication Date: // ,2022
Journal: American Journal of Surgery 224(2), pp. 676-680
Abstract: Background: A shortage of palliative care (PC) sub-specialists highlights the need for quality PC provided by treating surgeons, although no established curriculum exists to teach surgical residents PC skills. To guide curriculum development, we sought to determine what modifiable factors contribute to surgical residents successfully providing PC. Method(s): Eight focus groups with 34 participants were conducted. Semi-structured interviews were recorded, transcribed, and de-identified. Inductive thematic analysis was utilized to encode, identify, and categorize emergent themes. Result(s): Barriers to resident involvement in PC included: Limited Knowledge/Inexperience, Communication Difficulties, Time Constraints, and Burnout. Factors supporting resident involvement included: Patient Relationship/Rapport, Expertise Guiding PC Discussions, and Institutional Support. Communication skills that support successful PC delivery include establishing rapport, managing conflicts, avoiding bias, and acknowledging personal/scientific limitations. Discussion(s): This work identifies modifiable factors that support surgical residents providing PC. Faculty and institutional support, resident education on PC principles, and expanding clinical experience with PC may be the most modifiable from a programmatic perspective. Curriculum and process development focused on

these areas will help optimize surgical resident's success delivering PC.Copyright © 2022 Elsevier Inc.

Developing the skills of hospice staff to provide clinical supervision
Item Type: Journal Article
Authors: Ashley, A.;Downey, K. and Popplestone-Helm, S.
Publication Date: // ,2021
Journal: BMJ Supportive and Palliative Care 11, pp. A77-A78
Abstract: There is a strong national driver from the Care Quality Commission and the Nursing & Midwifery Council around the provision of clinical supervision. This has long been recognised as vital in supporting staff in palliative care with the emotional labour of work (Goodrich, Harrison, Cornwell, et al., 2015) and helps develop a learning culture which improves patient safety and care (Francis, 2013). During the pandemic, where high levels of staff stress (Pastrana, De Lima, Pettus, et al., 2021) have led to moral injury and burnout, clinical supervision is all the more important. With the development of a supervision policy, we recognised certain groups of hospice staff were not accessing clinical supervision regularly and it was mainly provided externally. The project, led by the education department, set out to utilise the skills and experience of existing staff to create additional supervisors and began by running lunchtime workshops to engage interest. Over half the 230 staff at the hospice were clinicians, of which 15 attended two days of training led by the head of family support and consultant clinical psychologist. It included theory, practice, managing group dynamics and how to facilitate supervision remotely using video conferencing. Staff from different disciplines attended including therapists, nurses, social workers and counsellors. Bi-monthly meetings were arranged to support the group. It has led to increasing the availability of supervision with seven of those who attended training now offering regular group supervision and drop-in sessions to our inpatient staff, living well team and non-clinical staff who have patient contact. Initial findings from surveying those who offered and received supervision suggest greater inter-disciplinary work and improved staff satisfaction. We discuss the results in terms of the resilience of our workforce in the context of pandemic, potential financial benefits and further opportunities and challenges.

Conference abstract: Working collaboratively to improve end of life domiciliary care Abstract all available
Item Type: Journal Article
Authors: Griffith, S.;Richmond, I.;Harwood, M. and Peckham, J.
Publication Date: // ,2021
Journal: BMJ Supportive and Palliative Care 11, pp. A6
Abstract: Background Audits and Care Quality Commission intelligence revealed a knowledge and skills gap for domiciliary carers giving end-of-life care. This resulted in end-of-life patients in Essex not always dying in the place of their choice, with frequent inappropriate 999 calls and transfer to hospital. Aim This project was devised to offer unified end-of-life care teaching to domiciliary care providers across Essex, to upskill carers and create supportive links with council and local hospices. This ultimately would improve the care given to those at end-of-life, reduce unnecessary hospital admissions and support the confidence and comfort of carers. Methods A three-day course was created by the three main hospices in the area working collaboratively with the local council. Funding was sourced by the council, so that participants could attend free-of-charge. The course was delivered in all three areas, covering the same end-of-life care material and addressing all six Ambitions for end of life care (National Palliative and End of Life Care Partnership, 2015; National Palliative and End of Life Care Partnership, 2021). The course also addressed the Care Quality Commission's inspection Key Lines of Enquiry and fulfilled requirements of latest national guidance (Thomas, 2021). Results The teaching has reached approximately 650 carers

over the last two years, through a cascade method of teaching. Pre- and post-learning questionnaires demonstrated increased knowledge and confidence for all participants. Furthermore, 80% of attendees reported cascading the knowledge acquired to colleagues, with 60% reporting a marked improvement in attitude of staff toward giving end-of-life care. Telephone calls to local hospice helplines increased, with a parallel reduction in 999 calls, meaning that those patients received more appropriate care at home. Links to local hospices have been strengthened, and participating care agencies have received recognition for their improved work, with one agency gaining 'Outstanding' in their inspection, and a care sector award for their end-of-life care. Conclusion This joint teaching project has improved end-of-life care given to people across a whole county, and also offers a model for others to replicate.

Staff Training Interventions to Improve End-of-Life Care of Nursing Home Residents: A Systematic Review Abstract only*
Item Type: Journal Article
Authors: Lamppu, Pauli J. and Pitkala, Kaisu H.
Publication Date: // ,2021
Journal: Journal of the American Medical Directors Association 22(2), pp. 268-278
Abstract: OBJECTIVES: The aim was to review evidence from all randomized controlled trials (RCTs) using palliative care education or staff training as an intervention to improve nursing home residents' quality of life (QOL) or quality of dying (QOD) or to reduce burdensome hospitalizations., DESIGN: A systematic review with a narrative summary., SETTING AND PARTICIPANTS: Residents in nursing homes and other long-term care facilities., METHODS: We searched MEDLINE, CINAHL, PsycINFO, the Cochrane Library, Scopus, and Google Scholar, references of known articles, previous reviews, and recent volumes of key journals. RCTs were included in the review. Methodologic quality was assessed., RESULTS: The search yielded 932 articles after removing the duplicates. Of them, 16 cluster RCTs fulfilled inclusion criteria for analysis. There was a great variety in the interventions with respect to learning methods, intensity, complexity, and length of staff training. Most interventions featured other elements besides staff training. In the 6 high-quality trials, only 1 showed a reduction in hospitalizations, whereas among 6 moderate-quality trials 2 suggested a reduction in hospitalizations. None of the high-quality trials showed effects on residents' QOL or QOD. Staff reported an improved QOD in 1 moderate-quality trial., CONCLUSIONS AND IMPLICATIONS: Irrespective of the means of staff training, there were surprisingly few effects of education on residents' QOL, QOD, or burdensome hospitalizations. Further studies are needed to explore the reasons behind these findings. Copyright © 2020 AMDA - The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

Expanding the palliative care workforce during the COVID-19 pandemic: An evaluation of core palliative care skills in health social workers
Item Type: Journal Article
Authors: Pelleg, A.;Chai, E.;Morrison, R. S.;Farquhar, D. W.;Berglund, K. and Gelfman, L. P.
Publication Date: // ,2021
Journal: Journal of Palliative Medicine 24(11), pp. 1705-1709
Abstract: Background: Meeting the needs of seriously ill SARS-CoV-2 (COVID-19) patients requires novel models of deploying health social workers (SWs) to expand the palliative care workforce. To inform such expansion, understanding the current state of health SWs' core palliative care skills is necessary. Method(s): Following minimal training, health SWs in one New York City hospital were surveyed about their frequency, competence, and confidence in using core palliative care skills. Result(s): Of the 170 health SWs surveyed, 46 (27%)

responded, of whom 21 (46%) and 24 (52%) had palliative care training before and during the COVID-19 surge, respectively. Health SWs reported a "moderate improvement"in the use of three skills: "identify a medical decision maker,""assess prognostic understanding,"and "coordinate care."There was "minimal decrease"to "no improvement"to "minimal improvement"in competence and confidence of skill use. Conclusion(s): Our findings suggest that educational initiatives can improve health SWs' use of core palliative care skills.© Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.

The impact of providing end-of-life care during a pandemic on the mental health and wellbeing of health and social care staff: Systematic review and meta-synthesis
Item Type: Journal Article
Authors: Porter, Bryony;Zile, Amy;Peryer, Guy;Farquhar, Morag and Sanderson, Kristy
Publication Date: // ,2021
Journal: Social Science & Medicine (1982) 287, pp. 114397
Abstract: BACKGROUND: Disease outbreaks and disasters can result in excess deaths and severe disruption of usual end-of-life care processes. We aimed to: i) synthesise evidence describing the experiences of health and social care staff providing end-of-life care during a disease outbreak or humanitarian disaster, ii) understand the impact on their mental health and wellbeing and, iii) identify means of support., METHODS: A systematic review with meta-synthesis was conducted including studies of health and social care staff providing end-of-life care during disease outbreaks (Ebola, COVID-19, SARs, MERs) or humanitarian disasters (2001-2020). MEDLINE (Ovid), Embase, PsycInfo, Web of Science, and grey literature databases were searched systematically, with forward and backward citation searching of included studies. Any research study designs, in any care settings, were included. Study quality was assessed using an appraisal tool relevant to each study design. Qualitative meta-synthesis was used to analyse the findings, which were then reported narratively. PROSPERO registration: CRD42020181444., RESULTS: Nineteen studies were included, including 10 Ebola studies and two COVID-19 studies. The analysis generated two superordinate themes: individual experience and organisational responsibilities. Individual experience comprised four themes: dignity in death, positive experiences, negative experience and support for staff. Organisational responsibilities comprised four themes: preparation, adaption, resources, and Personal Protective Equipment (PPE)., DISCUSSION: No studies quantitively measured the impact of providing end-of-life care on staff mental health and wellbeing, however qualitative studies described experiences in varied settings. Serious disease outbreaks and disasters can expose care staff to abnormally high levels of mortality and suffering. Health and social care systems need to proactively prepare for future events and enable peer support mechanisms that may help mitigate experiences of psychological distress in humanitarian crises. Copyright © 2021 Elsevier Ltd. All rights reserved.

Use of an Online Palliative Care Clinical Curriculum to Train U.S. Hospital Staff: 2015-2019 Abstract only*
Item Type: Journal Article
Authors: Rogers, M. M.;Chambers, B.;Esch, A.;Meier, D. E. and Bowman, B.
Publication Date: // ,2021
Journal: Journal of Palliative Medicine 24(4), pp. 488-495
Abstract: Background: Most clinicians in the United States do not receive pre-professional education in pain and symptom management, communication skills, and caregiver support. The use of these skills by clinicians improves the quality of care for persons living with serious illness and enables the specialty-trained palliative care workforce to focus on patients whose needs are most complex. Objective(s): To review current trends

in hospital use of the Center to Advance Palliative Care (CAPC) online clinical training curriculum. Description: Launched in 2015, CAPC clinical curriculum educates clinicians in the knowledge and skills necessary to improve care for patients with serious illness. CAPC currently offers 43 clinical courses and 4 Designations in recognition of successful completion of training by topic. Result(s): From January 15, 2015, to August 31, 2019, 26,535 clinicians working in hospitals completed 172,684 clinical courses. Registered nurses represented half of learners, and advanced practice providers were most likely to seek Designation. Physicians made up 22% of all learners; 85% of physician learners came from specialties beyond palliative care. Two of every five U.S. hospitals with more than 300 beds had at least one learner. In post-course evaluations, 84% reported that they will make practice changes as a result, and 70% reported that the content was new. Conclusion(s): The CAPC clinical curriculum is a widely used and valued method for education in clinical skills specific to the care of people living with serious illness. Findings suggest that an increasing number of hospital leaders recognize the importance of these skills in caring for patients with serious illness and support the necessary training. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.

Conference abstract: Engaging the palliative care clinical workforce through online learning. A success Abstract all available
Item Type: Journal Article
Authors: Spears, J.;Fitzgerald, M. and Brady, J.
Publication Date: // ,2021
Journal: BMJ Supportive and Palliative Care 11, pp. A70
Abstract: Background Achieving engagement of clinicians with regular voluntary teaching sessions is challenging. Voluntary attendance of teaching sessions at the hospice has historically been low and uncoordinated between teams, with momentum difficult to establish; timings not always suiting a workforce with different commitments, shift patterns and geographical workplaces. Yet continuous professional development is a requirement for all (General Medical Council. Continued professional development: guidance for all doctors, 2012; Nursing and Midwifery Council. The code: Professional standard of practice and behaviour for nurses, midwives and nursing associates, 2018). Aims Two nurses and a doctor were tasked with reintroducing clinical teaching for the hospice's community CNS teams. They decided delivery would be online using Zoom (due to COVID-19), recognising the opportunity this gave to expand access beyond the community clinical nurse specialist teams to all the different hospice clinical teams and sites. Methods Responsibility was shared for arranging speakers and for gaining support for the new programme from team leads. The learning and development lecturer/CNS took responsibility for managing Zoom, creating QR evaluation codes, storing recordings on the shared hospice server, keeping attendance lists and providing feedback for speakers. Results November - June 2021:*Fifteen 45-minute sessions covering a wide range of topics; delivered fortnightly, commencing November 2020.*303 recorded attendances: 203 nurses, 20 doctors, 26 allied health professionals, 13 healthcare assistants, 22 trainee nursing associates, 7 Social Work, 19 paramedics, 3 Other. Attendance was across all hospice sites and clinical teams, including six guest paramedics. Some teams had higher percentages of team attendance than others.*270 attended live and 43 watched recordings.*Recorded sessions were also shared with the local hospital palliative care team.*34% completed QR evaluations. Positive feedback, with demonstration of how new knowledge can be transferred to practice. Conclusion Teaching and learning online has facilitated increased engagement in overall numbers across all the hospice clinical teams and sites, with easier access to internal and external speakers. Moving forward, continued encouragement from management to embed regular attendance across teams may be beneficial, to encourage those

who have not yet made attendance habitual.

Facing the Inevitable Preparing Nurses to Deliver End-of-Life Care Abstract only*
Author(s): Orr et al.
Source: Journal of Hospice & Palliative Nursing 23(5) pp. 462-468
Publication date: October 2021
Health care providers have an ethical obligation to reduce suffering during a patient's end of life (EOL), but few receive formal education on EOL care principles. The objective of this project was to determine the feasibility and potential benefits of an education initiative in which the principles of EOL care were taught to senior-level nursing students and practicing nurses. To assess feasibility, data regarding recruitment rates, retention rates, and implementation issues were collected. Workshop effectiveness was evaluated through use of the End-of-Life Nursing Education Consortium–Knowledge Assessment Test survey, which evaluates knowledge levels regarding EOL care principles. A mixed-effects linear model was used to test for changes from the preworkshop to postworkshop scores. Demographic information and satisfaction data were also collected. Nineteen students and 24 nurses participated (total N = 43). There was a statistically significant time difference (P = .0001), with the postworkshop scores being higher (43.5 ± 0.93) versus the preworkshop scores (41.2 ± 0.93). However, no statistically significant workshop date difference (P = .3146) emerged. Satisfaction data were positive. Retention for the second workshop was negatively affected by COVID-19. The unique needs of patients nearing their EOL are significant. This project describes the implementation and outcomes of an education initiative, focused on EOL care principles, that was both feasible and beneficial.

Role and support needs of nurses in delivering palliative and end of life care Abstract only*
Author(s): Gardiner and Bolton
Source: Nursing Standard 36(11) pp. 61-65
Publication date: 2021
The coronavirus disease 2019 (COVID-19) pandemic has led to a significant increase in the demand for palliative and end of life care, particularly in the community. Furthermore, palliative and end of life care services face growing pressures due to the increasing number of older people and increasing prevalence of chronic illness. Palliative and end of life care cannot be provided solely by specialists but needs to be integrated into mainstream healthcare. All nurses have a role in supporting patients with life-limiting conditions, and their families, by providing what is termed 'generalist palliative care'. However, some nurses may feel unprepared, unsupported or lacking the confidence and skills for that role. This article explores the definitions of palliative and end of life care, as well as the changes and challenges in service provision brought about by the COVID-19 pandemic. It also considers how nurses who have not specialised in this area of practice can be supported to care effectively for patients with life-limiting conditions, and their families, notably through workforce development initiatives such as training programmes and clinical supervision. This could not only increase the skills of the nursing workforce but also improve patient care.

Training physicians to provide basic-level palliative care: an evaluation of a novel training programme Abstract only*
Author(s): Siow et al.
Source: Progress in Palliative Care 30(2) pp. 69-74
Publication date: 2022
Background: Governments have an obligation to provide palliative care as a part of achieving Universal Health Coverage. This obligation to provide palliative care has grown significantly due to the immense suffering caused by the COVID-19

pandemic to patients and their carers. The successful delivery of palliative care, however, requires a healthcare workforce that is trained to provide palliative care at all levels. It is especially important to be able to train healthcare workers in basic-level palliative care to expand the health system's capacity to provide palliative care. Objectives: The aim of this study is to evaluate the effectiveness of this training programme on the participants' interest and knowledge in palliative care, and their preparedness to deliver basic-level palliative care. Methods: We developed a novel training programme for basic palliative care using didactic and participatory learning methods, along with a mentoring system. The programme was delivered over 6 months. 38 physicians were trained. A survey to evaluate the participants' interest and knowledge of palliative care, as well as their preparedness to provide palliative care was conducted at 3 timepoints – pre-training, post-training, and 3 months post-training. Results: Improvements in the interest (4.05 vs 4.24, p<0.05) and knowledge of palliative care (83.05 vs 93.10, p<0.001), and the preparedness to provide various aspects of palliative care were observed post-training. These improvements were sustained after 3 months post-training. Conclusions: A training programme using didactic and participatory learning methods, along with a mentor-mentee system can be effective in training physicians to provide basic-level palliative care.

Conference abstract: Advanced Practice Palliative Immersion (APPI): An Innovative Educational Modality for Workforce Expansion (S759) Abstract all available
Author(s): Levine et al.
Source: Journal of Pain and Symptom Management 59(2)
Publication date: February 2020

This regional APPI training program utilizes a mixed methods educational format, including in-person didactics and remote learning, shadowing, SP training, and mindfulness skills. Preliminary data show positive quantitative and qualitative results. Implications for Research, Policy or Practice: Innovative methods for delivery of educational programming are necessary to increase the PC workforce.

Conference abstract: GiTalk: A Novel Palliative Care Communication Curriculum for Gastroenterology Fellows (QI619)
Author(s): Bansal et al.
Source: Journal of Pain and Symptom Management 59(2)
Publication date: February 2020
Presession surveys resulted in an average score of 3.35 out of 5 in self-reported preparedness to discuss prognosis and goals of care. At the conclusion of the course, the average score increased to 4.30, and the overall course rating was 4.86 out of 5. All learners reported that they would recommend the training to others and that the training should be a required part of fellowship training. Conclusions and Implications: A full-day communication curriculum for GI fellows could be an effective way to enhance communication skills for clinicians who provide care to a patient population with substantial unmet palliative care needs. All participating GI fellows felt the communication curriculum should be a required part of their fellowship training.

Mentored Learning Communities (MLC) in a Regional Interdisciplinary Palliative Care Training Program (S754)
Abstract all available
Author(s): Levine et al.
Source: Journal of Pain and Symptom Management 59(2)
Publication date: February 2020

Ten-month training (Jan-Oct 2019) offers multimodal education including: full-day communication skills workshop; standardized patient training; monthly webinars; monthly mentored learning communities (MLC); professional seminar series for social workers and chaplains; and mindfulness/resilience workshop. MLCs are discipline-specific and faculty-facilitated for small groups of 4-5 trainees. MLC leaders utilized teaching guides for case-based discussions delving deeper into monthly webinar subjects. Monthly evaluations rated 5 criteria: faculty expertise, relevance to practice, ability to incorporate material into practice; conducive learning environment, and overall educational value. Qualitative evaluation solicited feedback on new skills learned, knowledge gained from peers, and goal setting per topic. MLCs piloted in an interdisciplinary training program provided valuable learning from faculty and peers. Limitations included scheduling issues. Implications for Research, Policy or Practice: Expert, committed faculty educators utilizing shared teaching materials were keys to success in this reproducible educational format.

Interprofessional Master of Science in Palliative Care: On Becoming a Palliative Care Community Specialist Abstract only*
Author(s): Fink et al.
Source: Journal of Palliative Medicine 23(10) pp. 1370-1376
Publication date: 2020
Background: Palliative care (PC) is a limited resource in health care systems. Many providers develop a PC interest later in their careers when it is difficult to relocate and compete for a limited number of training positions. In communities without an academic tertiary medical center, interprofessional PC community specialists are poised to deliver high-quality accessible PC to patients/families with needs beyond what can be addressed by primary care providers. Objective: An interprofessional 36-credit Master of Science in Palliative Care (MSPC) provides evidence-based education to nurses, pharmacists, physicians, physician assistants, social workers, spiritual care providers, psychologists, counselors, and other allied health professionals. Design: The predominantly online curriculum, designed and taught by an interprofessional faculty, focuses on interdisciplinary teamwork, communication skills, and practical application of biomedical and psycho-sociocultural-spiritual-ethics content. The pedagogy is narrative based, emulating in-person clinical experiences, with patient cases progressing throughout the curriculum. We have enrolled four student cohorts. Measurements: Student self-assessments pre-mid-post program. Results: Students highly rate curriculum with demonstrated application of knowledge in case integration assignments, simulations with standardized patients, and Capstone Projects. Students' self-assessed skills on a 39-item scale increased on average to the highest level of 5 (able to perform independently and teach others). Conclusions: The inaugural student cohort reports high levels of engagement and satisfaction, including mastery and synthesis of didactic and experiential content through case integration projects. Students who worked in PC/hospice settings have advanced in their professions; others have transitioned to PC work. The MSPC has capacity to meet projected PC workforce gaps.

An instrument to assess the education needs of nursing assistants within a palliative approach in residential aged care facilities
Author(s): Karascony et al.
Source: BMC Palliative Care 18(61)
Publication date: 2019
Background: Providing quality palliative care in residential aged care facilities (RACFs) (aged care homes) is a high priority for ageing populations worldwide. Older people admitted to these facilities have palliative care needs. Nursing assistants (however termed) are the least qualified staff and provide most of the direct care. They have an important role at the frontline of care spending more time with residents than any other care provider but have been found to lack the necessary knowledge and skills to provide palliative care. The level of competence of this workforce to provide palliative care requires evaluation using a valid and reliable instrument designed for nursing assistants' level of education and the responsibilities and practices of their role. Method: The overall study purpose was to develop and test

an instrument capable of evaluating the knowledge, skills and attitudes of nursing assistants within a palliative approach in RACFs. Development consisted of a four-phase mixed-methods sequential design. In this paper, the results and key findings following psychometric testing of the instrument in Phase 4 is reported using data collected from a random sample of 17 RACFs and 348 nursing assistants in the Greater Sydney region. Study hypotheses were tested to confirm discriminative validity and establish the utility of the instrument in both research and training assessment. Results: Individual item properties were analysed for difficulty, discrimination and item-total correlations. Discriminative and structural validity, and internal consistency and test-retest reliability were demonstrated. Three separate questionnaires comprising 40 items were finalised: The Palliative Approach for Nursing Assistants (PANA)_Knowledge Questionnaire (17 items), the PANA_Skills Questionnaire (13 items) and the PANA_Attitudes Questionnaire (10 items). Conclusions: This study provides preliminary evidence for the validity and reliability of three new questionnaires that demonstrate sensitivity for nursing assistants' level of education and required knowledge, skills and attitudes for providing a palliative approach. Implications for practice include the development of palliative care competencies through structured education and training across this workforce, and ongoing professional development opportunities for nursing assistants, especially for those with the longest tenure.

Teaching nurses to teach: A qualitative study of nurses' perceptions of the impact of education and skills training to prepare them to teach end-of-life care
Author(s): Jack et al.
Source: Journal of Clinical Nursing 28 pp. 1819-1829
Publication date: 2019

Aims and objectives: To explore nurses' perceptions of the impact of a programme designed to train them to teach end-of-life care. Background: Central to national and international policies are the need for generalist healthcare staff to have education in end-of-life care. Much end-of-life care education is provided by specialist nurses who often have no specific education development to prepare them to teach. To address this gap, an Education Development Programme (EDP) was developed and delivered to specialist nurses. We report on the evaluation of the programme. Design: A qualitative programme evaluation methodology was adopted. Methods: Data were collected through focus groups, at three hospice education centres in North West England, with a total of 20 participants. Nurses who had completed the EDP were purposively sampled. Data were digitally audio-recorded and subjected to thematic analysis to organise, reduce and refine the data. Ethical approval was obtained. COREQ guidelines have been adhered to in the reporting of this study. Results: Two main themes were identified; learning to teach and building skills to change teaching practice. Participants felt more confident and better prepared to teach. Conclusions: It cannot be assumed that specialist staff, with teaching in their role, have the skills to facilitate learning. This programme offers a potential method of improving facilitation skills for nurses who have an education element to their role. Relevance to clinical practice: Quality end-of-life care is only possible with a skilled workforce, confident and able to apply the principles of compassionate end-of-life care to everyday practice. Appropriately trained, specialist staff are better able to teach others how to deliver good quality end-of-life care. Specialist staff with teaching responsibilities should be provided with, or engage in, continuous professional development to develop their skills and improve their efficacy when teaching.

Conference abstract: Drilling It Down: Designing Workshops to Practice Generalist Palliative Care Skills (TH361) Abstract all available
Author(s): Berns et al.
Source: Journal of Pain and Symptom Management 57(2)
Publication date: February 2019

Drills can be an efficient and effective alternative in which learners can obtain and practice the most fundamental skills flexibly in different settings. Given the time constraints and workforce shortage in palliative medicine, drill based teaching and practice can provide an interactive method for learners that can be done in a short amount of time and can be utilized for interprofessional learning settings. Some examples of drills that have been designed are converting opioids, recognizing and responding to emotion, and introducing palliative care to patients.

Interprofessional training: Geriatrics and palliative care principles for primary care teams in an ACO Abstract only*
Author(s): Lally et al.
Source: Gerontology & Geriatrics Education 40(1) pp. 121-131
Publication date: 2019
There is a well-described need to increase the competence of the primary care workforce in the principles of geriatrics and palliative care, and as value-based payment models proliferate, there is increased incentive for the acquisition of these skills. Through a Geriatric Workforce Enhancement Program grant, we developed an adaptable curriculum around commonly encountered topics in palliative care and geriatrics that can be delivered to multidisciplinary clinicians in primary care settings. All participants in this training were part of an Accountable Care Organization (ACO) and were motivated to improve to care for complex older adults. A needs assessment was performed on each practice or group of learners and the curriculum was adapted accordingly. With the use of patient education and screening tools with strong validity evidence, the participants were trained in the principals of geriatrics and palliative care with a focus on advance care planning and assessing for frailty and functional decline. Comparison of pre- and post-test scores demonstrated increased confidence and knowledge in goals of care and basic geriatric assessment. Participants described feeling more able to address needs, have conversations around goals of care, and more able to recognize patients who would benefit from collaboration with geriatrics and palliative care.

Improving quality in hospital end-of-life care: honest communication, compassion and empathy
Author(s): Rawlings et al.
Source: BMJ Open Quality 8(2)
Publication date: 2019
Background: With over half of expected deaths occurring in acute hospitals, and a workforce not trained to care for them, good quality end-of-life care in these settings is hard to achieve. The National Consensus Statement on Essential Elements for Safe and High-Quality End-of-Life Care has been translated into e-learning modules by the End of Life Essentials project, and this study aims to demonstrate how clinicians interpret the Consensus Statement in their day-to-day practice by answering the question at the end of each module: ‘Tomorrow, the one thing I can change to more appropriately provide end-of-life care is…’ Methods: The modules were developed by a palliative care educator with the support of a peer review group and were piloted with 35 health professionals. Pre-post module evaluation data were collected and during a 10-month period from 2016 to 2017 a total of 5181 individuals registered for the project accessing one or more of the six modules. The data from 3201 free-text responses to the post hoc practice change question have been analysed, and themes generated. Findings: Five themes are derived from the data: communication, emotional

insight, professional mindset, person-centred care and professional practice. Conclusion: Learners who have completed End of Life Essentials have shared the ways they state they can change their practice tomorrow which may well be appreciated as a clinical response to the work by the Australian Commission on Safety and Quality in Health Care in leading and coordinating national improvements in quality and safety in healthcare in Australia. While intent cannot guarantee practice change, theory on intention—behaviour relations indicate that intentions have a strong association with behaviour. This indicates that the modules have the ability to influence end-of-life care in acute hospitals.

Assessing nursing assistants' competency in palliative care: An evaluation tool Abstract only*
Author(s): Karascony et al.
Source: Nurse Education in Practice 33 pp. 70-76
Publication date: November 2018
Nursing assistants are the largest aged care workforce providing direct care to older people in residential aged care facilities (RACF) in Australia and internationally. A palliative approach is a large component of this direct care that necessitates nursing assistants possess requisite knowledge, skills and attitudes. While training needs have been identified to enhance their practices, preservice education is variable, educational interventions have been adhoc and professional development found to be inadequate to the demands of the workplace. In addition, evaluation of nursing assistants' knowledge, skills and attitudes has lacked an instrument specifically tailored to nursing assistants' level of education and role responsibilities when providing a palliative approach. This paper reports on Phase 3 of a research study to develop such an instrument capable of assessing nursing assistants' knowledge of, skills in, and attitudes within a palliative approach. This phase assesses the usability and performance capabilities of the new instrument on a purposive sample of nursing assistants in two RACFs using the survey method. Results showed that the instrument was able to discriminate between groups of nursing assistants based on experience in role. Usability results indicated that the instrument is user friendly and time efficient.

Care for Dying Children and Their Families in the PICU: Promoting Clinician Education, Support, and Resilience Abstract only*
Author(s): Dryden-Palmer et al.
Source: Paediatric Critical Care Medicine 19 (Suppl 2)
Publication date: August 2018
Objectives: To describe the consequences of workplace stressors on healthcare clinicians in PICU, and strategies for personal well-being, and professional effectiveness in providing high-quality end-of-life care. Data sources: Literature review, clinical experience, and expert opinion. Study selection: A sampling of foundational and current evidence was accessed. Data synthesis: Narrative review and experiential reflection. Conclusions: The well-being of healthcare clinicians in the PICU influences the day-to-day quality and effectiveness of patient care, team functioning, and the retention of skilled individuals in the PICU workforce. End-of-life care, including decision making, can be complicated. Both are major stressors for PICU staff that can lead to adverse personal and professional consequences. Overresponsiveness to routine stressors may be seen in those with moral distress, and underresponsiveness may be seen in those with compassion fatigue or burnout. Ideally, all healthcare professionals in PICU can rise to the day-to-day workplace challenges-responding in an adaptive, effective manner. Strategies to proactively increase resilience and well-being include self-awareness, self-care, situational awareness, and education to increase confidence and skills for providing end-of-life care. Reactive strategies include case conferences, prebriefings in ongoing preidentified situations, debriefings, and

other postevent meetings. Nurturing a culture of practice that acknowledges the emotional impacts of pediatric critical care work and celebrates the shared experiences of families and clinicians to build resilient, effective, and professionally fulfilled healthcare professionals thus enabling the provision of high-quality end-of-life care for children and their families.

Development, Implementation, and Evaluation of a Curriculum to Prepare Volunteer Navigators to Support Older Persons Living With Serious Illness Abstract only*
Author(s): Duggleby et al.
Source: American Journal of Hospice & Palliative Care 35(5) pp. 780-787
Publication date: May 2018
The purpose of this article is to report the development, implementation, and evaluation of a curriculum designed to prepare volunteer navigators to support community-dwelling older persons with serious chronic illness. The role of the volunteer navigator was to facilitate independence and quality of life through building social connections, improving access to resources, and fostering engagement. A curriculum was constructed from evidence-based competencies, piloted and revised, and then implemented in 7 subsequent workshops. Workshop participants were 51 volunteers and health-care providers recruited through local hospice societies and health regions. Curriculum was evaluated through satisfaction and self-efficacy questionnaires completed at workshop conclusion. Postworkshop evaluation indicated a high degree of satisfaction with the training. One workshop cohort of 7 participants was followed for 1 year to provide longitudinal evaluation data. Participants followed longitudinally reported improved self-efficacy over 12 months and some challenges with role transition. Future improvements will include further structured learning opportunities offered by telephone postworkshop, focusing on advocacy, communication, and conflict management. Overall, volunteers were satisfied with the curriculum and reported good self-perceived efficacy in their new role as navigators.

Palliative and end-of-life care in the masters of social work curriculum Full text available with NHS OpenAthens account*
Author(s): Berkman et al.
Source: Palliative & Supportive Care 16(2) pp. 180-188
Publication date: April 2018
Curricula are needed for preparing MSW graduates for specialty hospice and palliative care practice and non-specialty practice. While there are practice competencies for specialty practitioners, consensus on a core curriculum for all MSW students would be beneficial. Consensus on basic palliative care knowledge and skills for non-specialty social workers in health care and other settings and subsequent curriculum development are also needed. Innovative ways in which to introduce basic and more specialized content on palliative care into the already-crowded MSW curricula will be needed.

Building A High Quality Oncology Nursing Workforce Through Lifelong Learning: The De Souza Model Abstract only*
Author(s): Esplen et al.
Source: International Journal of Nursing Education Scholarship
Publication date: 2018
Cancer is one of the leading causes of death in the world. Along with increased new cases, cancer care has become increasingly complex due to advances in diagnostics and treatments, greater survival, and new models of palliative care. Nurses are a critical resource for cancer patients and their families. Their roles and responsibilities are expanding across the cancer care continuum, calling for specialized training and support. Formal education prepares nurses for entry level of practice, however, it does not provide the specialized competencies required for quality care of cancer patients. There is urgent need to align the educational

system to the demands of the health care system, ease transition from formal academic systems to care settings, and to instill a philosophy of lifelong learning. We describe a model of education developed by de Souza Institute in Canada, based on the Novice to Expert specialty training framework, and its success in offering structured oncology continuing education training to nurses, from undergraduate levels to continued career development in the clinical setting. This model may have global relevance, given the challenge in managing the demand for high quality care in all disease areas and in keeping pace with the emerging advances in technologies.

Conference abstract: Innovative training for consultant practitioners in frailty Abstract all available
Author(s): E Clift
Source: Age and Ageing 46(Supplement 1)
Publication date: May 2017
Background: Health Education Wessex (HEW) and Thames Valley (HETV) for Postgraduate Education have run a programme for Consultant Practitioner Trainees (CPTs) since 1991. Senior clinicians are competitively selected to the programme. Training was in Emergency Care, Midwifery, Mental Health, Learning Disability, and Cardiovascular/Neurology. Innovation: In 2015 the programme extended to the field of frailty, following workforce development planning. Four CPTs were appointed, three nurses and a physiotherapist. Academic study is funded in higher education centres at Masters or Doctorate level, alongside clinical placements. The four pillars of Consultant Practice form the backbone for development, namely expert clinical practice, leadership, education and training, and service development through research and evaluation. The aspiration is to develop highly skilled clinical leaders who take innovative roles within the workforce, with passion and expertise to enhance service delivery. Evaluation: The trainees have undertaken placements in Community Geriatric Medicine, Community Older Person's Mental Health, Palliative Care, General Practice and Hospital based Medicine for Older People to date. They influenced changes in practice using Quality Improvement methodology. These included medication management within Care Homes, reducing the risk of inappropriate medication administration, managing end of life care from the Emergency Department (ED), ensuring older people achieve their preferred place of care, remodelling older persons services within General Practice, delivering a plateau in ED attendances and undertaking Gold Standard Comprehensive Geriatric Assessments in Primary Care. Patients report that they appreciate the breadth of experience of the CPTs, and their flexibility in working outside traditional boundaries. Conclusion: Observations indicate the inclusion of Consultant Practitioners as part of a reshaped workforce enhances independence in older people; is well received, and cost effective. Health Education England should encourage other local education and training boards to innovate in this way. Health Trusts need to be encouraged to recognise the value of such posts.

Palliative and end-of-life care in the masters of social work curriculum Full text available with NHS OpenAthens account*
Author(s): Berman et al.
Source: Palliative & Supportive Care 16(2)
Publication date: April 2018
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Caring to learn, learning to care: Inmate Hospice Volunteers and the Delivery of Prison End-of-Life Care
Author(s): Cloyes et al.
Source: Journal of Correctional Health Care 23(1)
Publication date: 2017
The increasing numbers of aging and chronically ill prisoners incarcerated in Western nations is well documented, as is the growing need for prison-based palliative and end-of-life care. Less often discussed is specifically how end-of-life care can and should be provided, by whom, and with what resources. One strategy incorporates prisoner volunteers into end-of-life services within a peer care program. This article reports on one such program based on focused ethnographic study including in-depth interviews with inmate hospice volunteers, nursing staff, and corrections officers working in the hospice program. We describe how inmate volunteers learn hospice care through formal education and training, supervised practice, guidance from more experienced inmates, and support from correctional staff. We discuss how emergent values of mentorship and stewardship are seen by volunteers and staff as integral to prison hospice sustainability and discuss implications of this volunteer-centric model for response-ability for the end-of-life care of prisoners.

On the ground floor looking up-Managing trainees' uncertainty at the end of life Abstract only*
Author(s): Parikh and Khullar
Source: Healthcare (Amsterdam) 5(4) pp. 155-157
Publication date: December 2017
Recent US healthcare policy changes set the stage for integrating palliative and end-of-life care into routine medicine. However, these changes may not affect the daily practice of medical trainees-fellows, residents, and medical students-who as front-line care providers are not always equipped with the skills needed to treat terminally ill patients. We review evidence on trainees' discomfort with end-of-life care and highlight limitations of recent policy changes. Key barriers to proficiency include inadequate conversational training, prognostic uncertainty, and unfamiliarity with hospice and palliative care. Educator-, accreditor-, and policy-level interventions may improve trainees' experience caring for seriously ill patients.

Effectiveness of Pediatric Palliative Care Education on Pediatric Clinicians Abstract only*
Author(s): Niang-Huei Pang et al.
Source: Western Journal of Nursing Research 39(12) pp. 1624-1638
Publication date: December 2017
A lack of knowledge and skills in pediatric palliative care may create hesitation in caring for children with serious life-threatening conditions and their families. Our research examined the effectiveness of pediatric palliative care training for pediatric clinicians. A pretest-posttest study provided educational training in pediatric palliative care to pediatric clinicians and used a pretest and a posttest to assess outcomes. Fifty pediatric clinicians attended this research with 83.3% response rate. After training, participants reported significantly increased confidence in a variety of areas, including providing emotional support to clinicians, personal knowledge, skills, and communication; ethical and legal concerns; and providing emotional support to dying children and their families. Results showed a significant main effect of training on confidence levels ($p < .000$). This suggests that education can effectively boost pediatric clinicians' confidence regarding providing pediatric palliative care and therefore should regularly be provided to clinicians.

Doctors’ learning experiences in end-of-life care – a focus group study from nursing homes
Author(s): Fosse et al.
Source: BMC Medical Education
Publication date: 2017

Background: Doctors often find dialogues about death difficult. In Norway, 45% of deaths take place in nursing homes. Newly qualified medical doctors serve as house officers in nursing homes during internship. Little is known about how nrsing homes can become useful sites for learning about end-of-life care. The aim of this study was to explore newly qualified doctors' learning experiences with end-of-life care in nursing homes, especially focusing on dialogues about death. Methods: House officers in nursing homes (n = 16) participated in three focus group interviews. Interviews were audiotaped and transcribed verbatim. Data were analysed with systematic text condensation. Lave & Wenger's theory about situated learning was used to support interpretations, focusing on how the newly qualified doctors gained knowledge of end-of-life care through participation in the nursing home's community of practice. Results: Newly qualified doctors explained how nursing home staff's attitudes taught them how calmness and acceptance could be more appropriate than heroic action when death was imminent. Shifting focus from disease treatment to symptom relief was demanding, yet participants comprehended situations where death could even be welcomed. Through challenging dialogues dealing with family members' hope and trust, they learnt how to adjust words and decisions according to family and patient's life story. Interdisciplinary role models helped them balance uncertainty and competence in the intermediate position of being in charge while also needing surveillance. Conclusions: There is a considerable potential for training doctors in EOL care in nursing homes, which can be developed and integrated in medical education. This practice based learning arena offers newly qualified doctors close interaction with patients, relatives and nurses, teaching them to perform difficult dialogues, individualize medical decisions and balance their professional role in an interdisciplinary setting.

Enhancing Care of Aged and Dying Prisoners: Is e-Learning a Feasible Approach?
Author(s): Loeb et al.
Source: Journal of Forensic Nursing 13(4) pp. 178-185
Publication date: 2017
Background: Prisons and jails are facing sharply increased demands in caring for aged and dying inmates. Our Toolkit for Enhancing End-of-life Care in Prisons effectively addressed end-of-life (EOL) care; however, geriatric content was limited, and the product was not formatted for broad dissemination. Prior research adapted best practices in EOL care and aging; but, delivery methods lacked emerging technology-focused learning and interactivity. Purposes: Our purposes were to uncover current training approaches and preferences and to ascertain the technological capacity of correctional settings to deliver computer-based and other e-learning training. Methods: An environmental scan was conducted with 11 participants from U.S. prisons and jails to ensure proper fit, in terms of content and technology capacity, between an envisioned computer-based training product and correctional settings.
Results: Environmental scan findings focused on content of training, desirable qualities of training, prominence of "homegrown" products, and feasibility of commercial e-learning.
Conclusions/implications: This study identified qualities of training programs to adopt and pitfalls to avoid and revealed technology-related issues to be mindful of when designing computer-based training for correctional settings, and participants spontaneously expressed an interest in geriatrics and EOL training using this learning modality as long as training allowed for tailoring of materials.

Conference abstract: Tailored Education Required Across the Long Term Care Workforce to Ensure Quality Palliative Care
Abstract all available
Author(s): Jaasalainen et al.

Source: Journal of Pain and Symptom Management 52(6)
Publication date: December 2016
Objective: The purpose of this study was to compare the differences across discipline groups related to their comfort level with engaging in palliative care activities in long-term care (LTC) homes. Methods: A cross-sectional survey (End of Life Professional Caregiver Survey, ELPS; and Intensity of Interprofessional Collaboration Scale, IIPCS) was administered at four LTC homes in Ontario, Canada using a modified Dilman's approach. The ELPCS included three domains: patients and family-centered communication, cultural and ethical values, effective care delivery. The IIPCS included two subscales: care sharing activities, and interprofessional coordination. In total, 697 LTC staff were given surveys, including personal support workers (PSWs or care aides), support staff (housekeeping, kitchen, activities and recreation, laundry, dietician aids, office staff), and registered staff (licensed nurses, physiotherapists, social workers, pharmacists, physicians). Results: Overall, 317 participants completed the survey (126 PSWs, 109 support staff, 82 registered staff) with a total response rate of 45%. ANOVAs revealed significant differences among discipline groups across all scales and subscales. The most significant differences were between the registered staff and support staff on all subscales. Significant differences were also found, but to a lesser extent, between the nurses and PSWs on the three subscales of the ELPS but not the IIPCS. Conclusions: These study findings suggest there are differing needs of LTC staff, specific to discipline group. Both the PSW and support staff groups appeared to have higher needs for education; support staff also reported higher needs related to integration on the interdisciplinary team. Efforts to build capacity within support staff related to working with dying residents and their families are needed. Optimal palliative care may require resources to increase the availability of support for all LTC staff involved.

Education, implementation, and policy barriers to greater integration of palliative care: A literature review Abstract only*
Author(s): Aldrige et al.
Source: Palliative Medicine 30(3)
Publication date: 2015
Background: Early integration of palliative care into the management of patients with serious disease has the potential to both improve quality of life of patients and families and reduce healthcare costs. Despite these benefits, significant barriers exist in the United States to the early integration of palliative care in the disease trajectory of individuals with serious illness. Aim: To provide an overview of the barriers to more widespread palliative care integration in the United States. Design and data sources: A literature review using PubMed from 2005 to March 2015 augmented by primary data collected from 405 hospitals included in the Center to Advance Palliative Care's National Palliative Care Registry for years 2012 and 2013. We use the World Health Organization's Public Health Strategy for Palliative Care as a framework for analyzing barriers to palliative care integration. Results: We identified key barriers to palliative care integration across three World Health Organization domains: (1) education domain: lack of adequate education/training and perception of palliative care as end-of-life care; (2) implementation domain: inadequate size of palliative medicine–trained workforce, challenge of identifying patients appropriate for palliative care referral, and need for culture change across settings; (3) policy domain: fragmented healthcare system, need for greater funding for research, lack of adequate reimbursement for palliative care, and regulatory barriers. Conclusion: We describe the key policy and educational opportunities in the United States to address and potentially overcome the barriers to greater integration of palliative care into the healthcare of Americans with serious illness.

Nurse Practitioners: Knowledge, Skills, and Leadership for the End-of-Life Conversation in Intensive Care Abstract only*
Author(s): McRee et al.
Source: Nursing Science Quarterly 29(1)
Publication date: 2015
An impending policy change in Medicare will provide reimbursement for the end-of-life conversation. The rise in numbers of older adults who face serious illness coupled with advances in healthcare technology are increasing the need for providers to address end of life issues in the acute care setting. Doctoral-level nurse practitioners who specialize in acute care of older adults are poised to be leaders and facilitators of this conversation in a particularly challenging context–the intensive care unit. The focus of this article is the new end-of-life policy in relation to the particular contributions that adult gerontology acute care nurse practitioners offer in the acute care setting.

Equality, Diversity and Inclusion

Equality, diversity and inclusive leadership in palliative care Full text available with a free British Journal of Community Nursing account
Item Type: Journal Article
Authors: Nyatanga, B.
Publication Date: // ,2022
Journal: British Journal of Community Nursing 27(7), pp. 320
On 8 June 2022, the government published the long awaited landmark review into the health and social care leadership (NHS England, 2022) carried out by Sir Gordon Messenger and Dame Linda Pollard. The review was ordered as a result of poor management and leadership decisions in healthcare in general, and in the NHS in particular, that culminated in numerous negative outcomes towards patient care and staff wellbeing. This review was instigated by the Secretary of Health, perhaps as part of a rude awakening that good leadership at every level of healthcare, particularly at the heart of the government, plays a critical role in boosting morale, trust and commitment of the workforce to continue providing care. In the last 2 years, the COVID-19 pandemic has led to care being delivered under unprecedented conditions, which has further highlighted the importance of good leadership. The review, which is fully supported by the Secretary of Health, and presumably by the government, makes seven key recommendations.

Lack of Exposure to Palliative Care Training for Black Residents: A Study of Schools With Highest and Lowest Percentages of Black Enrollment Abstract only*
Author(s): Bell et al.
Source: Journal of Pain and Symptom Management 61(5)
Publication date: May 2021
Context: The palliative medicine workforce lacks racial diversity with <5% of specialty Hospice and Palliative Medicine (HPM) fellows identifying as black. Little is known about black trainees' exposure to palliative care during their medical education. Objectives: To describe palliative care training for black students during medical school, residency, and fellowship training. Methods: We conducted a cross-sectional descriptive study using Internet searches and phone communication in September 2019. We evaluated 24 medical schools in three predetermined categories: historically black colleges and universities (HBCUs; N = 4) and non-under-represented minority-serving institutions with the highest (N = 10) and lowest (N = 10) percentages of black medical students. Training opportunities were determined based on the presence of a course, clerkship, or rotation in the medical school and residency curricula, a specialty HPM fellowship program, and specialty palliative care consult service at affiliated teaching hospitals. Results: None of the four HBCUs with a medical school offered a palliative care course or clerkship, rotation during residency, or specialty HPM fellowship program. Three of four HBCUs were affiliated with a

hospital that had a palliative care consult service. Institutions with the highest black enrollment were less likely to offer palliative care rotations during internal medicine (P = 0.046) or family medicine (P = 0.019) residency training than those with the lowest black enrollment. Conclusion: Residents at schools with the highest black medical student enrollment lack access to palliative care training opportunities. Efforts to reduce health disparities and underrepresentation in palliative care must begin with providing palliative-focused training to physicians from under-represented minority backgrounds.

Minority Residents' Palliative Care Training Quality Trails Other Medical Education Full text available with NHS OpenAtthens account*
Source: Medical Ethics Advisor 37(10)
Publication date: October 2021
Medical schools with the highest Black enrollment were less likely to offer palliative care rotations in family medicine or internal medicine residency training vs. schools with the lowest Black enrollment.2 “We wanted to understand the role that the medical education system might play in the lack of workforce diversity and health disparities that exist in palliative care,” says Lindsay Bell, MPH, the study's lead author. “National palliative care organizations that are committed to addressing this issue should look for opportunities to work with these institutions to enhance exposure and training for students and to support faculty with incorporating palliative care education into the curricula,” says Bell, research project coordinator for the University of Pittsburgh's Palliative Research Center. There are ongoing concerns about a shortage of palliative care clinicians generally.3 “There is clearly not enough diversity in palliative care clinicians so that we look like the population of America,” Arnold says.4 Evidence suggests doctor-patient race concordance, particularly for minority patients, results in better care.5 “This is why having so few physicians of color in palliative care is such a problem,” Arnold explains.

Health, wellbeing and burnout

Staff well-being in UK children's hospices: a national survey Full text available with NHS OpenAthens account*
Item Type: Journal Article
Authors: Bedendo, Andre;Papworth, Andrew;Taylor, Johanna;Beresford, Bryony;Mukherjee, Suzanne;Fraser, Lorna and Ziegler, Lucy
Publication Date: // ,2024
Journal: BMJ Supportive & Palliative Care 13, pp. e1363-e1372
Abstract: OBJECTIVES: Poor psychological well-being among healthcare workers can have numerous negative impacts, but evidence about levels of burnout in children's hospice care staff is limited. This study aimed to determine the prevalence of burnout and to explore the association between staff characteristics and support mechanisms with burnout among children's hospice care staff in the UK., METHODS: Two national online surveys collecting data on hospice care staff psychological well-being and hospice organisational characteristics. All children's hospices in the UK were invited.Thirty-one hospices (out of 52) responded to the hospice survey and 583 staff responded to the staff survey. Data collection took place between May and December 2020 and measures included the Copenhagen Burnout Inventory, Work Engagement and the Health and Safety Executive Management Standards Indicator Tool., RESULTS: Burnout prevalence was 11% and mean burnout score was 32.5 (SD: 13.1). Burnout levels were independent of working arrangements (eg, working from home or at the hospice) during the COVID-19 pandemic. Hospices performed well in most management standards, but poorly on the 'Control' domain. The average Work Engagement score for staff was 7.5 (SD: 1.5)., CONCLUSIONS: Burnout

levels for staff in children's hospices in the UK were lower than in other healthcare settings, with this comparing to 17.3% among palliative care staff generally. Overall, hospices performed well in management standards and there was no indication of urgent action needed. Work Engagement in our sample was higher compared with other National Health Service workers during the COVID-19 pandemic. Copyright © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.

Stress Factors for the Paediatric and Adult Palliative Care Multidisciplinary Team and Workplace Wellbeing Solutions
Item Type: Journal Article
Authors: Popa, Maria Valentina;Mindru, Dana Elena;Hizanu Dumitrache, Mihaela;Gurzu, Irina Luciana;Anton-Paduraru, Dana;Streanga, Violeta;Gurzu, Bogdan;Gutu, Cristian;Elkan, Eva Maria and Duceac, Letitia Doina
Publication Date: // ,2024
Journal: Healthcare (Basel, Switzerland) 12(9)
Abstract: BACKGROUND: Palliative care is a challenging specialty, especially when it comes to caring for children with serious life-limiting conditions and supporting their families. Workers face significant challenges and experience major impacts on their wellbeing. We conducted a qualitative study to understand the sources of stress in the palliative care team, their work expectations, and how they can cope with the demands., METHODS: We used an online questionnaire about the causes of stress, the impact of the COVID-19 pandemic and the ways in which support is needed in the workplace., RESULTS: Of the 56 palliative care professionals who participated in the survey, 57.1% considered the main causes of stress to be high workload, difficult emotional burdens (55.4%) affecting their outlook on life (61.2%), the death of patients (46.4%), and communication with patients' families (26.8%). The COVID-19 pandemic increased stress levels for the majority of respondents (89.3%). The need for specialised training (53.6%), support groups, psychological counselling and adapted organisational policies was highlighted., CONCLUSIONS: The study demonstrates the importance of understanding the needs of both paediatric and adult palliative care staff in order to provide optimal care and support their balance in this demanding area of the healthcare system.

Mentoring the Wellbeing of Specialist Pediatric Palliative Care Medical and Nursing Trainees: The Quality of Care Collaborative Australia
Item Type: Journal Article
Authors: Slater, Penelope J. and Herbert, Anthony R.
Publication Date: // ,2023
Journal: Advances in Medical Education and Practice 14, pp. 183-194
Abstract: Background: The Quality of Care Collaborative Australia (QuoCCA), working across 6 tertiary centers throughout Australia, builds capability in the generalist and specialist pediatric palliative care (PPC) workforce, by providing education in metropolitan and regional areas. As part of the education and mentoring framework, Medical Fellows and Nurse Practitioner Candidates (trainees) were funded by QuoCCA at four tertiary hospitals throughout Australia., Objective: This study explores the perspectives and experiences of clinicians who had occupied the QuoCCA Medical Fellow and Nurse Practitioner trainee positions in the specialised area of PPC at Queensland Children's Hospital, Brisbane, to identify the ways in which they were supported and mentored to maintain their wellbeing and facilitate sustainable practice., Methods: Discovery Interview methodology was used to collect detailed experiences of 11 Medical Fellows and Nurse Practitioner candidates/trainees employed by QuoCCA from 2016 to 2022., Results: The trainees were mentored by their colleagues and team leaders to overcome challenges of learning a new service, getting to know

the families and building their competence and confidence in providing care and being on call. Trainees experienced mentorship and role modelling of self-care and team care that promoted wellbeing and sustainable practice. Group supervision provided dedicated time for reflection as a team and development of individual and team wellbeing strategies. The trainees also found it rewarding to support clinicians in other hospitals and regional teams that cared for palliative patients. The trainee roles provided the opportunity to learn a new service and broaden career horizons as well as establish wellbeing practices that could be transferred to other areas., Conclusion: Collegial interdisciplinary mentoring, with the team learning together and caring for each other along common goals, contributed immensely to the wellbeing of the trainees as they developed effective strategies to ensure their sustainability in caring for PPC patients and families. Copyright © 2023 Slater and Herbert.

Reducing Burnout and Promoting Professional Development in the Palliative Care Service Abstract only*
Item Type: Journal Article
Authors: .
Publication Date: // ,2022
Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 24(3), pp. E108
Previous research suggests that health care providers working with issues of death and dying may experience increased stress and risk of burnout. Despite previous research on the problem of burnout faced by palliative care providers, there have been few interventions studied to prevent further burnout. Research does support allowing time away from a stressful health care environment to promote wellness and to decrease burnout. This pilot study ensured that each palliative care advanced practice provider received an 8-hour day monthly to work on professional development activities remotely. The Professional Quality of Life Scale was completed before and after the addition of the professional development day to measure satisfaction, burnout, and secondary trauma impact. Qualitative feedback was also collected. Results indicated that this intervention decreased burnout, improved compassion satisfaction, and decreased secondary trauma for this team. Recommendations are to further investigate methods to further reduce burnout for this population of health care providers. Results from this pilot study demonstrate that professional development days should be expanded for those providers who are at a high risk for burnout in the hospital setting.

Healthcare Professionals' Work-Related Stress in Palliative Care: A Cross-Sectional Survey Abstract only*
Item Type: Journal Article
Authors: Dijxhoorn, A. -F Q.;Brom, L.;van der Linden, Y. M.;Leget, C. and Raijmakers, N. J.
Publication Date: // ,2021
Journal: Journal of Pain and Symptom Management 62(3), pp. e38-e45
Abstract: Context: Providing palliative care can lead to work-related stress and ultimately to burnout. The need for palliative care will further increase due to population aging and people living longer with life-threatening diseases. Therefore, a healthy palliative care workforce is vital. Objective(s): This study aims to get insight into the experienced work-related stress among healthcare professionals providing palliative care in the Netherlands and their strategies and needs in relation to maintaining a healthy work-life balance. Method(s): A cross-sectional online survey among members of the Dutch Association for Palliative Care Professionals was conducted between February and March 2020. Burnout was assessed by the validated Burnout Assessment Tool. Self-constructed questions assessed strategies and needs of healthcare

professionals providing palliative care regarding work-related stress. Result(s): In total 179 eligible respondents responded (response rate 54%). Respondents were mostly female (79%) and older than 50 years (66%). Most respondents were nurses (47%) and physicians (39%). Two-thirds of respondents (69%) experienced a median level of burnout and 2% a (very) high level. Furthermore, 7% had been on sick leave due to burnout. Although healthcare professionals engage on average in 3.7 coping activities, a quarter (23%) felt that these activities were not sufficient to maintain balanced. Respondents feel a need for activities aimed at the team and organisation level such as feeling emotionally safe within their team. Conclusion(s): Symptoms of burnout are quite prevalent among healthcare professionals providing palliative care in the Netherlands. Healthcare professionals have a need for team and organisation approaches to maintain a healthy work-life balance.Copyright © 2021 American Academy of Hospice and Palliative Medicine

Empowering the Health and Well-Being of the Palliative Care Workforce: Evaluation of a Weekly Self-Care Checklist
Item Type: Journal Article
Authors: Swan, Amy;Azhar, Ahsan;Anderson, Aimee E.;Williams, Janet L.;Liu, Diane and Bruera, Eduardo
Publication Date: // ,2021
Journal: Journal of Pain and Symptom Management 61(4), pp. 817-823
Abstract: BACKGROUND: Workplace interventions are needed to prevent burnout and support the well-being of the palliative care workforce., MEASURES: We conducted a survey of all palliative care clinical staff to evaluate the usefulness and feasibility of checklist items and the checklist itself. We collected demographics, perceptions of professional satisfaction and burnout, and qualitative feedback aimed at improving the checklist., INTERVENTION: We implemented a 13-item self-care checklist, included in a handbook on palliative care carried in the laboratory coat of all clinical personnel, to remind them to care of their own well-being., OUTCOMES: Of 39 personnel contacted, 32 (82%) responded. Most (20; 62%) found the checklist useful. Exercise was the most highly ranked item, whereas watching visual arts was the lowest ranked item., CONCLUSIONS/LESSONS LEARNED: Numerous opportunities were identified to improve the checklist and facilitate achievement of checklist items. Survey data will be used in the next checklist version. Copyright Published by Elsevier Inc.

Healthcare Professionals’ Work-Related Stress in Palliative Care: A Cross-Sectional Survey Abstract only*
Author(s): Dijxhoorn et al.
Source: Journal of Pain and Symptom Management 62(3)
Publication date: September 2021
Context: Providing palliative care can lead to work-related stress and ultimately to burnout. The need for palliative care will further increase due to population aging and people living longer with life-threatening diseases. Therefore, a healthy palliative care workforce is vital. Objectives: This study aims to get insight into the experienced work-related stress among healthcare professionals providing palliative care in the Netherlands and their strategies and needs in relation to maintaining a healthy work-life balance. Methods: A cross-sectional online survey among members of the Dutch Association for Palliative Care Professionals was conducted between February and March 2020. Burnout was assessed by the validated Burnout Assessment Tool. Self-constructed questions assessed strategies and needs of healthcare professionals providing palliative care regarding work-related stress. Results: In total 179 eligible respondents responded (response rate 54%). Respondents were mostly female (79%) and older than 50 years (66%). Most respondents were nurses (47%) and physicians (39%). Two-thirds of respondents (69%) experienced a median level of burnout and 2% a (very) high level. Furthermore, 7% had

been on sick leave due to burnout. Although healthcare professionals engage on average in 3.7 coping activities, a quarter (23%) felt that these activities were not sufficient to maintain balanced. Respondents feel a need for activities aimed at the team and organisation level such as feeling emotionally safe within their team. onclusion: Symptoms of burnout are quite prevalent among healthcare professionals providing palliative care in the Netherlands. Healthcare professionals have a need for team and organisation approaches to maintain a healthy work-life balance.

Empowering the Health and Well-Being of the Palliative Care Workforce: Evaluation of a Weekly Self-Care Checklist
Author(s): Swan et al.
Source: Journal of Pain and Symptom Management 61(4)
Publication date: April 2021
Background. Workplace interventions are needed to prevent burnout and support the well-being of the palliative care workforce. Measures. We conducted a survey of all palliative care clinical staff to evaluate the usefulness and feasibility of checklist items and the checklist itself. We collected demographics, perceptions of professional satisfaction and burnout, and qualitative feedback aimed at improving the checklist. Intervention. We implemented a 13-item self-care checklist, included in a handbook on palliative care carried in the laboratory coat of all clinical personnel, to remind them to care of their own well-being. Outcomes. Of 39 personnel contacted, 32 (82%) responded. Most (20; 62%) found the checklist useful. Exercise was the most highly ranked item, whereas watching visual arts was the lowest ranked item. Conclusions/Lessons Learned. Numerous opportunities were identified to improve the checklist and facilitate achievement of checklist items. Survey data will be used in the next checklist version.

Burnout syndrome in nurses working in palliative care units: An analysis of associated factors Abstract only*
Author(s): Rizo-Baeza et al.
Source: Journal of Nursing Management 2691) pp. 19-25
Publication date: July 2017
Aims: To analyse the association between psychological, labour and demographic factors and burnout in palliative care nursing. Background: There is a lack of published research evaluating burnout in palliative care nursing. Methods: This observational cross-sectional study involved 185 palliative care nurses in Mexico. The primary variables were burnout defined by its three dimensions (emotional exhaustion, depersonalization and personal accomplishment). As secondary variables, psychological, labour and demographic factors were considered. A binary logistic regression model was constructed to determine factors associated with burnout. Results: A total of 69 nurses experienced high emotional exhaustion (37.3%), 65 had high depersonalization (35.1%) and 70 had low personal performance (37.8%). A higher proportion of burnout was found in the participants who were single parents, working >8 hr per day, with a medium/high workload, a lack of a high professional quality of life and a self-care deficit. Conclusion: Our multivariate models were very accurate in explaining burnout in palliative care nurses. These models must be externally validated to predict burnout and prevent future complications of the syndrome accurately. Implications for Nursing Management: Nurses who present the factors found should be the focus of interventions to reduce work stress.

Examining self-care, self-compassion and compassion for others: a cross-sectional survey of palliative care nurses and doctors Abstract only*
Author(s): Mills et al.
Source: International Journal of Palliative Nursing 24(1)
Publication date: January 2018

This study examined levels of, and relationships between, self-care ability, self-compassion, and compassion among palliative care nurses and doctors. Methods: A total of 369 participants across Australia completed a cross-sectional survey comprising a demographic questionnaire and outcome measures for each variable. Descriptive and inferential statistics were analysed, controlling for potential social-desirability bias. Results: Levels of compassion, self-compassion and self-care ability varied, with some individuals scoring high or low in each. Self-compassion and self-care ability were positively correlated (r = .412, p<.001), whereas a negative correlation was observed between compassion and self-compassion (r = -.122, p<.05). Linear regression further indicated that: increased compassion was associated with a decrease in self-compassion, and increased self-care ability was associated with an increase in self-compassion. Conclusion: These results suggest important implications for self-care in the palliative care workforce. Moreover, this study contributes an empirical basis to inform future research and education to promote balanced compassion and compassion literacy in palliative care practice.

Burnout and job satisfaction of intensive care personnel and the relationship with personality and religious traits: An observational, multicenter, cross-sectional study Abstract only*
Author(s): Ntantana et al.
Source: Intensive Critical Care Nursing 41 pp. 11-17
Publication date: August 2017
Objectives: To investigate if burnout in the Intensive Care Unit (ICU) is influenced by aspects of personality, religiosity and job satisfaction. Research methodology: Cross-sectional study, designed to assess burnout in the ICU and to investigate possible determinants. Three different questionnaires were used: the Malach Burnout Inventory, the Eysenck Personality Questionnaire and the Spiritual/Religious Attitudes Questionnaire. Predicting factors for high burnout were identified by multivariate logistic regression analysis.
Setting/participants: This national study was addressed to physicians and nurses working full-time in 18 Greek ICU departments from June to December 2015. Results: The participation rate was 67.9% (n=149) and 65% (n=320) for ICU physicians and nurses, respectively). High job satisfaction was recorded in both doctors (80.8%) and nurses (63.4%). Burnout was observed in 32.8% of the study participants, higher in nurses compared to doctors (p<0.001). Multivariate analysis revealed that neuroticism was a positive and extraversion a negative predictor of exhaustion (OR 5.1, 95%CI 2.7-9.7, p<0.001 and OR 0.49, 95%CI 0.28-0.87, p=0.014, respectively). Moreover, three other factors were identified: Job satisfaction (OR 0.26, 95%CI 0.14-0.48, p<0.001), satisfaction with current End-of-Life care (OR 0.41, 95%CI 0.23-0.76, p=0.005) and isolation feelings after decisions to forego life sustaining treatments (OR 3.48, 95%CI 1.25-9.65, p=0.017).
Conclusions: Personality traits, job satisfaction and the way End-of-Life care is practiced influence burnout in the ICU.

Addressing Palliative Care Clinician Burnout in Organizations: A Workforce Necessity, an Ethical Imperative Abstract only*
Author(s): Harrison et al.
Source: Journal of Pain and Symptom Management 53(6) pp. 1091-1096
Publication date: 2017
Clinician burnout reduces the capacity for providers and health systems to deliver timely, high quality, patient-centered care and increases the risk that clinicians will leave practice. This is especially problematic in hospice and palliative care: patients are often frail, elderly, vulnerable, and complex; access to care is often outstripped by need; and demand for clinical experts will increase as palliative care further integrates into usual care. Efforts to mitigate and prevent burnout currently focus on individual clinicians. However, analysis of the problem of burnout

should be expanded to include both individual- and systems-level factors as well as solutions; comprehensive interventions must address both. As a society, we hold organizations responsible for acting ethically, especially when it relates to deployment and protection of valuable and constrained resources. We should similarly hold organizations responsible for being ethical stewards of the resource of highly trained and talented clinicians through comprehensive programs to address burnout.

Self-Care in Palliative Care Nursing and Medical Professionals: A Cross-Sectional Survey Abstract only*
Author(s): Mills et al.
Source: Journal of Palliative Medicine 20(6) pp. 625-630
Publication date: June 2017
Background: Self-care is an important consideration for palliative care professionals. To date, few details have been recorded about the nature or uptake of self-care practices in the palliative care workforce. As part of a broader mixed methods study, this article reports findings from a national survey of nurses and doctors. Objective: The objective of this study was to examine perceptions, education, and practices relating to self-care among palliative care nursing and medical professionals. Design: A cross-sectional survey using REDCap software was conducted between April and May 2015. Perceived importance of self-care, self-care education and planning, and self-care strategies most utilized were explored. Descriptive statistics were calculated and content analysis used to identify domains of self-care. Setting/subjects: Three hundred seventy-two palliative care nursing and medical professionals practicing in Australia. Results: Most respondents regarded self-care as very important (86%). Some rarely practised self-care and less than half (39%) had received training in self-care. Physical self-care strategies were most commonly reported, followed closely by social self-care and inner self-care. Self-care plans had been used by a small proportion of respondents (6%) and over two-thirds (70%) would consider using self-care plans if training could be provided. Conclusions: Self-care is practised across multiple health related domains, with physical self-care strategies used most frequently. Australian palliative care nurses and doctors recognize the importance of self-care practice, but further education and training are needed to increase their understanding of, and consistency in, using effective self-care strategies. These findings carry implications for professional practice and future research.

"It's like heart failure. It's chronic…and it will kill you": A qualitative analysis of burnout among hospice and palliative care clinicians
Author(s): Kavalieratos et al.
Source: Journal of Pain and Symptom Management 53(5)
Publication date: May 2017
Context—Although prior surveys have identified rates of self-reported burnout among palliative care clinicians as high as 62%, limited data exist to elucidate the causes, ameliorators, and effects of this phenomenon. Objectives—We explored burnout among palliative care clinicians, specifically their experiences with burnout, their perceived sources of burnout, and potential individual, interpersonal, organizational, and policy-level solutions to address burnout. Methods—During the 2014 AAHPM/HPNA Annual Assembly, we conducted 3 focus groups to examine: personal narratives of burnout; how burnout differs within hospice and palliative care; and, strategies to mitigate burnout. Two investigators independently analyzed data using template analysis, an inductive/deductive qualitative analytic technique. Results—We interviewed 20 palliative care clinicians (14 physicians, 4 advanced practice providers, 2 social workers). Common sources of burnout included: increasing workload, tensions between non-specialists and palliative care specialists, and regulatory issues. We heard grave concerns about the

stability of the palliative care workforce, and concerns of providing, highquality palliative care in light of a distressed, overburdened discipline. Participants proposed antiburnout solutions including: promoting the provision of generalist palliative care, frequent rotations on-and-off service, and organizational support for self-care. We observed variability in sources of burnout between clinician type and by practice setting, such as role monotony among full-time clinicians. Conclusion—Our results reinforce and expand upon the severity and potential ramifications of burnout on the palliative care workforce. Future research is needed to confirm our findings and to investigate interventions to address or prevent burnout.

Conference abstract: The Professional Working Group—How to Create and Use a Process Group to Build Community, Prevent Burnout, and Make Work-Life Sustainable (FR417) Abstract all available
Author(s): Chen et al.
Source: Journal of Pain and Symptom Management 53(2) pp. 356-357
Publication date: February 2017

- Recognize the domains of burnout and describe a model that predicts burnout using the gold standard Maslach Burnout Inventory scale.
- Understand how a Balint group could be adapted to the palliative care fellowship training setting to promote sustainability and prevent burnout.

Conference abstract: How to Survive as a New Palliative Care Advanced Practice Registered Nurse (FR475) Abstract all available
Author(s): Tycon et al.
Source: Journal of Pain and Symptom Management 53(2)
Publication date: February 2017

•Describe strategies used to manage expectations for the new graduate palliative care APRN.
•Summarize resources available to guide the new APRN in cultivating a sustainable professional practice.
•Give examples highlighting the importance of mentorship for the new palliative care APRN.

Interprofessional working

The needs of healthcare personnel who provide home-based pediatric palliative care: a mixed method systematic review
Item Type: Journal Article
Authors: Schroder, Judith;Riiser, Kirsti and Holmen, Heidi
Publication Date: // ,2024
Journal: BMC Health Services Research 24(1), pp. 45
Abstract: BACKGROUND: Families with children who have life-limiting or life-threatening illnesses often prefer to receive care at home to maintain a sense of normalcy. However, caring for children at home is different from caring for them in a hospital, and we do not know enough about the needs of healthcare personnel who provide home-based pediatric palliative care., AIM: The aim of this review was to systematically summarize, appraise and synthesize available quantitative, qualitative, and mixed methods research to identify the needs of healthcare personnel in home-based pediatric palliative care., METHODS: We used the Joanna Briggs Institute methodology for mixed method systematic reviews and searched systematically in Medline, Embase, PsycINFO, CINAHL, Web of Science, AMED, and the Cochrane Library. Quantitative, qualitative and mixed methods studies from 2012 to 2021 reporting on healthcare personnel's needs, experiences, perspectives, coping strategies, and/or challenges related to home-based pediatric palliative care were eligible for inclusion. The screening was conducted independently in pairs. The quantitative data were transformed into qualitative data and analyzed using thematic synthesis.,

RESULTS: Overall, 9285 citations were identified, and 21 studies were eligible for review. Most of the studies were qualitative and interview-based. Few studies included healthcare personnel other than doctors and nurses. Three analytical themes were developed: (1) being connected and engaged with the child and family, (2) being part of a dedicated team, and (3) ensuring the quality of home-based pediatric palliative care services. Healthcare personnel strived to deliver high-quality, home-based pediatric palliative care. Establishing a relationship with the child and their parents, collaborating within a committed team, and having sufficient resources were identified as important needs influencing healthcare personnel when providing home-based pediatric palliative care., CONCLUSION: The findings underscore the importance of building trusting relationships among healthcare personnel, children, and families. It also emphasizes the significance of interdisciplinary collaboration that is effective, along with the presence of enough skilled personnel to ensure high-quality home-based pediatric palliative care. Further research is necessary to include healthcare personnel beyond doctors and nurses, as palliative care requires a team of professionals from various disciplines. Addressing the needs of healthcare personnel can ensure safe and professional palliative care for children at home. Copyright © 2024. The Author(s).

Leadership

Leadership Core Competencies in Palliative Care-Recommendations from the European Association for Palliative Care: Delphi Study Abstract only*
Item Type: Journal Article
Authors: Parczyk, O.;Frerich, G.;Loucka, M.;Voltz, R. and Payne, S.
Publication Date: // ,2024
Journal: Journal of Palliative Medicine 27(3), pp. 345-357

Abstract: Background: Leadership competencies are essential for the future development of the field of palliative and hospice care. However, a consensus on the core competencies of good leadership is not yet available. Objective(s): To elicit consensus on core leadership competencies in palliative care. Design(s): Based on a literature review, a list of 119 specific leadership competencies was compiled. Subsequently, a Delphi technique used three online survey rounds and a final expert consultation (the board of the European Association for Palliative Care EAPC]) to assess the importance of these competencies. Setting/Participants: International experts in leadership in palliative care were identified from an online search and EAPC networks. Result(s): From the 194 international multiprofessional experts invited to participate, 99/78/64 took part in the 3 rounds. One hundred fifteen items from eight domains of leadership (research, advocacy and media, communication, teamwork, project management, organizational learning and sustainability, leading change, and personal traits) reached consensus and were deemed as important. Conclusion(s): The eight domains provide evidence for teaching of leadership competencies in palliative care. We recommend that exploring, identifying, and integrating leadership competencies in palliative care are given more attention in educational curricula and in training interventions. Copyright © 2024 Mary Ann Liebert Inc.. All rights reserved.

Nursing Leadership and Palliative Care in Long-Term Care for Residents with Advanced Dementia Abstract only*
Item Type: Journal Article
Authors: Lopez, Ruth Palan;Kris, Alison E. and Rossmassler, Sarah C.
Publication Date: // ,2022
Journal: The Nursing Clinics of North America 57(2), pp. 259-271

Abstract: Alzheimer disease and related dementias (ADRD) are irreversible, progressive brain disorders. Many people with ADRD experience the final stage of the disease, advanced dementia, in nursing homes (NHs). Although palliative care, including symptom management and emotional support for caregivers, is advocated for those with advanced dementia, many NH residents experience potentially burdensome interventions, such as feeding tubes, hospital transfers, and intensive rehabilitation. Nurses play a critical role in ensuring high-quality palliative care to residents with advanced dementia. The aim of this article is to raise awareness of the palliative care needs of NH residents with advanced dementia. Copyright © 2022 Elsevier Inc. All rights reserved.

Geriatrics and palliative medicine leadership is needed now more than ever: What are the training gaps? Abstract only*
Author(s): Pelleg et al.
Source: Journal of the American Geriatrics Society 69(4) pp. 1063-1070
Publication date: April 2021
Background: Geriatrics and palliative medicine specialists are uniquely trained to provide expert coordinated care for older adults and seriously ill and complex patients. Health system leadership geared towards this patient population is critically important as society ages. Currently, there is no standardized approach to teaching core leadership skills. To assess the leadership training needs of geriatrics and palliative medicine fellowship graduates, we conducted a needs assessment to identify (1) early career leadership trajectories and challenges and (2) knowledge and skills deemed essential for effective leadership. Methods: Individuals identified as leaders in geriatrics and/or palliative medicine completed an electronic survey and a semi-structured qualitative interview. These leaders were divided into two categories: Icahn School of Medicine at Mount Sinai (ISMMS) trained leaders or non-ISMMS trained leaders. The semi-structured interviews were recorded, transcribed, and reviewed using thematic analysis.
Results: Within 1 year of fellowship graduation, 50% of ISMMS trained leaders had leadership positions; within 6 years, 100% had a leadership role. Based on qualitative interviews, both ISMMS trained leaders and non-ISMMS trained leaders perceived leadership training gaps in two domains: (1) knowledge and (2) skills. Knowledge and skill gap themes included communication and management, mentorship and negotiation, program development, knowledge, and apprenticeship. Conclusion: Geriatrics and palliative medicine physicians obtained leadership roles quickly after fellowship. Both ISMMS trained leaders and non-ISMMS trained leaders often felt unprepared, learned "on the job," and sought out additional leadership training. Early leadership training is needed to prepare fellowship graduates for the pressing demands of accelerated leadership.

Leadership in specialist palliative home care teams: A qualitative study Abstract only*
Author(s): Klarare et al.
Source: Journal of Nursing Management 28(1) pp. 102-111
Publication date: January 2020
Aim: The aim of this study was to describe team leaders' experiences of facilitators and barriers of leadership in specialist palliative home care teams. Background: For effective teamwork in specialist palliative care, leadership is crucial; however, defining and agreeing on what leadership comprises may be challenging. In palliative care, teamwork is recognized as imperative for multiprofessional perspectives to meet dying patients' and families' needs. Methods: Qualitative interviews with 13 team leaders in specialist palliative home care were performed, using the Pettigrew and Whipp framework, and analysed with directed content analysis. Results: Team leaders' experiences of conditions influencing the organisation and

delivery of specialist palliative home care is multifaceted and leaders seem conflicted in their approach to the multiple levels of leadership, vision and responsibilities. Conclusion: Team leaders in specialist palliative home care described goals of care on differing levels and, for some, fiscal restraints and external pressures influenced their vision and leadership. Team leaders experienced challenges of leadership in relation to organisational issues, feeling burdened by responsibilities, budget restraints and team size. Implications for nursing management: Team leadership is demanding and complex. In specialist palliative home care, affirming values and enabling vision during times of fiscal strain and external pressures, is challenging. For successful leadership that develops both individuals and the health care team, leaders are recommended to adapt the leadership style to the present situation surrounding the team.

Does national policy in England help deliver better and more consistent care for those at the end of life?
Author(s): Barker et al.
Source: Journal of Health Services Research & Policy
Publication date: October 2020
Objectives: To explore the extent to which national policy in end of life care in England influences and guides local practice, to ensure that care for patients over the age 75 years is of a consistently good quality. Method: This paper reports on phase one of a larger study and focuses its discussion on the high level (macro) determinants emerging from the analysis. Fifteen in-depth interviews were conducted with professionals involved in the development of English policy in end of life care. Results: Factors influencing the quality of end of life care were stratified into three system levels: meso, macro and micro. English national policy was reported to be an important macro-level determinant of effective outcomes and examples were provided to demonstrate how policy was influencing practice. Yet the complexity of the area and the range of interacting contributory factors mean the value of policy alone is hard to assess. At the macro-level concern was voiced around: whether policy was effective in tackling rising inequity; lack of mandatory leverage to exert change relating to end of life outcomes; the impact of ongoing infrastructural change on statutory services; workforce pressures; overreliance on acute services; and continued abdication of responsibility for end of life care to medical professionals supported by the continued dominance of the medical model of care. Conclusions: The links between the existence of policy at the macro-level of the system, and the effective enactment of good practice remain unclear although strategies are suggested to help achieve greater national consistency in end of life care outcomes. Policymakers must pay attention to the following: controlling the rise in localism and its contribution to regional inequalities; the impact of continuous infrastructural change together with increasing workforce pressures; encouraging broader professional and public responsibility for recognition; and care of those at the end of life.

Conference abstract: Palliative Nursing Leadership Intensive (P03) Abstract all available
Author(s): Constance Dahlin et al.
Source: Journal of Pain and Symptom Management 55(2) pp. 548-549
Publication date: February 2018

- Differentiate essential nursing leadership qualities.
- Apply 5 areas of palliative nursing leadership throughout workforce venues.
- Develop an individualized leadership competency plan to maximize knowledge, transfer and application.

Learning from Covid-19

The impact of COVID-19 on the hospice and palliative care workforce Abstract only*
Item Type: Journal Article
Authors: Kates, Jeannette;Gerolamo, Angela and Pogorzelska-Maziarz, Monika
Publication Date: // ,2021
Journal: Public Health Nursing (Boston, Mass.) 38(3), pp. 459-463
Abstract: OBJECTIVE: To understand the impact of the COVID-19 pandemic on the hospice and palliative workforce and service delivery., DESIGN AND SAMPLE: This was a cross-sectional survey of 36 hospice and palliative care workforce members representing all United States geographic regions., RESULTS: Most respondents (70%) reported an increase in specific palliative care services as a result of the pandemic. Two thirds (78%) of respondents reported their agency has cared for confirmed COVID-19 patients. Only half reported the agency had access to laboratory facilities for surveillance and detection of outbreaks in both patients and staff (58%) and that the agency could test patients and providers for COVID-19 (55%). Qualitative comments described the impact of the pandemic and resulting social distancing measures on the emotional well-being of patients, families, and staff., CONCLUSIONS: Our findings suggest that the COVID-19 pandemic has strained the palliative and hospice care workforce as it provides increased services at an unprecedented rate to patients and families. The implications of these findings are important for public health nurses who are skilled in disaster management and quickly responding to emergencies. The expertise of public health nurses can be leveraged to support palliative care agencies as they strive to manage the pandemic in the communities they serve. Copyright © 2020 Wiley Periodicals LLC.

Reimagining the inpatient palliative care consult: lessons from COVID-19 Abstract only*
Author(s): Ganeshan et al.
Source: American Journal of Management Care 27(7) e215-e217
Publication date: 2021
As the number of inpatients with advanced age and chronic conditions rises, so too does the need for inpatient palliative care (PC). Despite the strong evidence base for PC, less than 50% of all inpatient PC needs are met by inpatient consults. Over the past several months in epicenters of the COVID-19 pandemic, PC providers have responded to the increased need for PC services through innovative digital programs including telepalliative care programs. In this article, we explore how PC innovations during COVID-19 could transform the PC consult to address workforce shortages and expand access to PC services during and beyond the pandemic. We propose a 3-pronged strategy of bolstering inpatient telepalliative care services, expanding electronic consults, and increasing training and educational tools for providers to help meet the increased need for PC services in the future.

Prohibit, Protect, or Adapt? The Changing Role of Volunteers in Palliative and Hospice Care Services During the COVID-19 Pandemic. A Multinational Survey (Covpall)
Author(s): Walshe et al.
Source: International Journal of Health Policy and Management
Publication date: 2021
Background: Volunteers are common within palliative care services, and provide support that enhances care quality. The support they provided, and any role changes, during the coronavirus disease 2019 (COVID-19) pandemic are unknown. The aim of this study is to understand volunteer deployment and activities within palliative care services, and to identify what may affect any changes in volunteer service provision, during the

COVID-19 pandemic.
Methods: Multi-national online survey disseminated via key stakeholders to specialist palliative care services, completed by lead clinicians. Data collected on volunteer roles, deployment, and changes in volunteer engagement. Analysis included descriptive statistics, a multivariable logistic regression, and analysis of free-text comments using a content analysis approach. Results: 458 respondents: 277 UK, 85 rest of Europe, and 95 rest of the world. 68.5% indicated volunteer use preCOVID-19 across a number of roles (from 458): direct patient facing support (58.7%), indirect support (52.0%), back office (48.5%) and fundraising (45.6%). 11% had volunteers with COVID-19. Of those responding to a question on change in volunteer deployment (328 of 458) most (256/328, 78%) indicated less or much less use of volunteers. Less use of volunteers was associated with being an in-patient hospice, (odds ratio [OR] = 0.15, 95% CI = 0.07-0.3, P < .001). This reduction in volunteers was felt to protect potentially vulnerable volunteers, with policy changes preventing volunteer support. However, adapting was also seen where new roles were created, or existing roles pivoted to provide virtual support. Conclusion: Volunteers were mostly prevented from supporting many forms of palliative care which may have quality and safety implications given their previously central roles. Volunteer re-deployment plans are needed that take a more considered approach, using volunteers more flexibly to enhance care while ensuring safe working practices. Consideration needs to be given to widening the volunteer base away from those who may be considered to be most vulnerable to COVID-19.

Palliative Care Consultation in Hospitalized Patients With COVID-19: A Retrospective Study of Characteristics, Outcomes, and Unmet Needs
Author(s): Lopez et al.
Source: Journal of Pain and Symptom Management 62(2) pp. 267-276
Publication date: August 2021
Context: Few studies have described the characteristics and palliative care needs in hospitalized patients with coronavirus disease 2019 (COVID-19). Objectives: Describing characteristics, consultation demands, patients' needs, and outcomes of hospitalized patients with COVID-19 who received a palliative care evaluation. Methods: Retrospective chart review of patients (aged 18+ years) with COVID-19 admitted to an academic quaternary center and seen by the geriatrics and palliative medicine team from March 1st to May 11th, 2020. Socio-demographics, operational metrics, severity of illness, goals of care-advanced care planning documentation, and outcomes were analyzed. Results: Three hundred seventy-six (17.6%) out of 2138 COVID-19 admissions were seen by the consultation team. Compared with prepandemic situation (September 1st, 2019, to February 29th, 2020), overall new consults (205 vs. 371, P < 0.001) significantly increased, particularly in the intensive care unit (ICU; 9.5% vs. 36.9%, P < 0.001). For the COVID-19 population, median age was 78 years (interquartile range, 70-87; range, 36-102); 56% were male. LACE score, D-dimer, and C-reactive protein suggested severe disease and increased risk of mortality. Seventy-five percent of consults were for goals of care-advanced care planning, and 9.6% for symptoms. During the index admission, 7.1% had documented advanced directives, and 69.7% became do not resuscitate. Of all deaths, 55.5% were in the ICU, and 87.2% were aged ≥65 years. Underserved minority patients had a disproportionate mortality. Overall consultation mortality (38.3% vs. 70.4%, P < 0.001) and ICU mortality (55.2%

vs. 78.1%, P < 0.001) significantly increased compared with those before COVID-19. Conclusion: During this pandemic, understanding inpatient specialized palliative care needs and the vulnerable populations driving these causes may encourage health-care agencies and local, state, and federal governments to support the dedicated palliative care workforce.

End-of-life care in a pandemic: a primary healthcare perspective
Abstract only*
Author(s): Amanda Armstrong et al.
Source: Journal of Prescribing Practice 3(4)
Publication date: April 2021
This article will explore end-of-life care in the COVID-19 pandemic in north east Essex from the perspective of general practice. This article shows the new approaches that have been adopted to support people in the community at the end of life. These new ways of working demonstrated the resilience of healthcare professionals working together with the use of video to ensure that patients received the optimum care and treatment in their home at the end of their lives. It demonstrated that community teams such as district nurses, hospice staff, GPs and the lead nurse for end of life care could implement new ways of working to ensure joined up care and treatment. It also shows new models of working in the future.

The impact of COVID-19 on palliative care workers across the world: A qualitative analysis of responses to open-ended questions
Author(s): Pastrana et al.
Source: Palliative Supportive Care 2 pp. 1-6
Publication date: March 2021
Objective: With over two million deaths and almost 100 million confirmed cases, the COVID-19 pandemic has caused a “tsunami of suffering.” Health care workers, including palliative care workers, have been severely impacted. This study explores how the COVID-19 pandemic has impacted palliative care workers around the world and describes the coping strategies they have adopted to face their specific situation. Method: We conducted a qualitative analysis of written, unstructured comments provided by respondents to a survey of IAHPC members between May and June 2020. Free text was exported to MAX QDA, and a thematic analysis was performed by reading the comments and developing a coding frame. Results: Seventy-seven palliative care workers from 41 countries submitted at least one written comment, resulting in a data corpus of 10,694 words and a total of 374 coded comments. Eight main themes are emerged from the analysis: palliative care development, workforce impact, work reorganization, palliative care reconceptualization, economic and financial impacts, increased risk, emotional impact, and coping strategies. Significance of results: The pandemic has had a huge impact on palliative care workers including their ability to work and their financial status. It has generated increased workloads and placed them in vulnerable positions that affect their emotional well-being, resulting in distress and burnout. Counseling and support networks provide important resilience-building buffers. Coping strategies such as team and family support are important factors in workers’ capacity to adapt and respond. The pandemic is changing the concept and praxis of palliative care. Government officials, academia, providers, and affected populations need to work together to develop, and implement steps to ensure palliative care integration into response preparedness plans so as not to leave anyone behind, including health workers.

The Creation of a Psychiatry-Palliative Care Liaison Team: Using Psychiatrists to Extend Palliative Care Delivery and Access During the COVID-19 Crisis
Author(s): Shalev et al.
Source: Journal of Pain and Symptom Management 60(3) e12-e16
Publication date: September 2020
Context: During the course of March and April 2020, New York City experienced a surge of a 170,000 coronavirus disease 2019 (COVID-19) cases, overwhelming hospital systems and leading to an unprecedented need for palliative care services. Objectives: To present a model for rapid palliative care workforce expansion under crisis conditions, using supervised advanced psychiatry trainees to provide primary palliative services in the acute care and emergency setting. Methods: In response to the New York City COVID-19 surge, advanced psychiatry trainees at New York-Presbyterian Columbia University Irving Medical Center were rapidly trained and redeployed to a newly formed psychiatry-palliative care liaison team. Under the supervision of consultation-liaison psychiatrists (who also served as team coordinators), these trainees provided circumscribed palliative care services to patients and/or their families, including goals-of-care discussions and psychosocial support. Palliative care attendings remained available to all team members for more advanced and specialized supervision. Results: The psychiatry-palliative care liaison team effectively provided palliative care services during the early phase and peak of New York City's COVID-19 crisis, managing up to 16 new cases per day and provided longitudinal follow-up, thereby enabling palliative care specialists to focus on providing services requiring specialist-level palliative care expertise. Conclusion: By training and supervising psychiatrists and advanced psychiatry trainees in specific palliative care roles, palliative care teams could more effectively meet markedly increased service needs of varying complexity during the COVID-19 crisis. As new geographic regions experience possible COVID-19 surges in the coming months, this may serve as a model for rapidly increasing palliative care workforce.

Expanding the Palliative Care Workforce during the COVID-19 Pandemic: An Evaluation of Core Palliative Care Skills in Health Social Workers
Author(s): Pelleg et al.
Source: Journal of Palliative Medicine 24(11)
Publication date: 2021
Background: Meeting the needs of seriously ill SARS-CoV-2 (COVID-19) patients requires novel models of deploying health social workers (SWs) to expand the palliative care workforce. To inform such expansion, understanding the current state of health SWs' core palliative care skills is necessary. Methods: Following minimal training, health SWs in one New York City hospital were surveyed about their frequency, competence, and confidence in using core palliative care skills. Results: Of the 170 health SWs surveyed, 46 (27%) responded, of whom 21 (46%) and 24 (52%) had palliative care training before and during the COVID-19 surge, respectively. Health SWs reported a ‘‘moderate improvement’’ in the use of three skills: ‘‘identify a medical decision maker,’’ ‘‘assess prognostic understanding,’’ and ‘‘coordinate care.’’ There was ‘‘minimal decrease’’ to ‘‘no improvement’’ to ‘‘minimal improvement’’ in competence and confidence of skill use. Conclusion: Our findings suggest that educational initiatives can improve health SWs' use of core palliative care skills.

The impact of COVID-19 on the hospice and palliative care workforce Abstract only*
Author(s): Kates et al.
Source: Public Health Nursing 38(3) pp. 459-463
Publication date: October 2020

Objective: To understand the impact of the COVID-19 pandemic on the hospice and palliative workforce and service delivery. Design and sample: This was a cross-sectional survey of 36 hospice and palliative care workforce members representing all United States geographic regions. Results: Most respondents (70%) reported an increase in specific palliative care services as a result of the pandemic. Two thirds (78%) of respondents reported their agency has cared for confirmed COVID-19 patients. Only half reported the agency had access to laboratory facilities for surveillance and detection of outbreaks in both patients and staff (58%) and that the agency could test patients and providers for COVID-19 (55%). Qualitative comments described the impact of the pandemic and resulting social distancing measures on the emotional well-being of patients, families, and staff. Conclusions: Our findings suggest that the COVID-19 pandemic has strained the palliative and hospice care workforce as it provides increased services at an unprecedented rate to patients and families. The implications of these findings are important for public health nurses who are skilled in disaster management and quickly responding to emergencies. The expertise of public health nurses can be leveraged to support palliative care agencies as they strive to manage the pandemic in the communities they serve.

The role and response of primary healthcare services in the delivery of palliative care in epidemics and pandemics: A rapid review to inform practice and service delivery during the COVID-19 pandemic
Author(s): Mitchell et al.
Source: Palliative Medicine 34(9) pp. 1182-1192
Publication date: 2020
Background: The increased number of deaths in the community happening as a result of COVID-19 has caused primary healthcare services to change their traditional service delivery in a short timeframe. Services are quickly adapting to new challenges in the practical delivery of end-of-life care to patients in the community including through virtual consultations and in the provision of timely symptom control. Aim: To synthesise existing evidence related to the delivery of palliative and end-of-life care by primary healthcare professionals in epidemics and pandemics. Design: Rapid systematic review using modified systematic review methods, with narrative synthesis of the evidence. Data sources: Searches were carried out in Medline, Embase, PsychINFO, CINAHL and Web of Science on 7th March 2020. Results: Only five studies met the inclusion criteria, highlighting a striking lack of evidence base for the response of primary healthcare services in palliative care during epidemics and pandemics. All were observational studies. Findings were synthesised using a pandemic response framework according to 'systems' (community providers feeling disadvantaged in terms of receiving timely information and protocols), 'space' (recognised need for more care in the community), 'staff' (training needs and resilience) and 'stuff' (other aspects of managing care in pandemics including personal protective equipment, cleaning care settings and access to investigations). Conclusions: As the COVID-19 pandemic progresses, there is an urgent need for research to provide increased understanding of the role of primary care and community nursing services in palliative care, alongside hospices and community specialist palliative care providers.

Management of COVID-19 Pandemic in the Intensive Care under Scarce of Resources with Palliative Care Approach
Abstract only*
Author(s): Mochamat et al.
Source: Systematic Reviews in Pharmacy 11(7) pp. 193-203
Publication date: 2020
Coronavirus has been shaking the world since 31 December 2019, with its world-wide pandemic impact since 11 March 2020. Although its impact on mortality rate against the total incidents is

relatively small, the fatality rate against critical care admission due to the event of ARDS remains relatively high. The 2019 Coronavirus Disease (COVID-19) has a serious consequence in the Intensive Care Unit care, which leads to a high demand for more ICU staffs, isolation rooms, equipment (mainly ventilators). These limitations along with the recently unavailable definitive treatment require an adapted ICU care system for the provided services. ICU care should therefore more aimed at improving the quality of life (patients, families, and staff). This can be done by providing symptomatic therapy, advance care planning, and end of life / dying care in an unusual circumstances (isolation). All of these services may refer to the application of palliative care principles, which have not been extensively applied in the critical care. This review is aimed to offer application of palliative care in intensive care in during pandemic with scarce of resources.

Recommendations to Leverage the Palliative Nursing Role During COVID-19 and Future Public Health Crises
Author(s): Rosa et al.
Source: Journal of Hospital Palliative Nursing 22(4) pp. 260-269
Publication date: August 2020
With the daily number of confirmed COVID-19 cases and associated deaths rising exponentially, social fabrics on a global scale are being worn by panic, uncertainty, fear, and other consequences of the health care crisis. Comprising more than half of the global health care workforce and the highest proportion of direct patient care time than any other health professional, nurses are at the forefront of this crisis. Throughout the evolving COVID-19 pandemic, palliative nurses will increasingly exercise their expertise in symptom management, ethics, communication, and end-of-life care, among other crucial skills. The literature addressing the palliative care response to COVID-19 has surged, and yet, there is a critical gap regarding the unique contributions of palliative nurses and their essential role in mitigating the sequelae of this crisis. Thus, the primary aim herein is to provide recommendations for palliative nurses and other health care stakeholders to ensure their optimal value is realized and to promote their well-being and resilience during COVID-19 and, by extension, in anticipation of future public health crises.

Characteristics, Symptom Management, and Outcomes of 101 Patients With COVID-19 Referred for Hospital Palliative Care
Author(s): Lovell et al.
Source: Journal of Pain and Symptom Management 60(1)
Publication date: July 2020
Hospital palliative care is an essential part of the COVID-19 response but data are lacking. We identified symptom burden, management, response to treatment, and outcomes for a case series of 101 inpatients with confirmed COVID-19 referred to hospital palliative care. Patients (64 men, median [interquartile range {IQR}] age 82 [72e89] years, Elixhauser Comorbidity Index 6 [2e10], Australian-modified Karnofsky Performance Status 20 [10e20]) were most frequently referred for end-of-life care or symptom control. Median [IQR] days from hospital admission to referral was 4 [1e12] days. Most prevalent symptoms (n) were breathlessness (67), agitation (43), drowsiness (36), pain (23), and delirium (24). Fifty-eight patients were prescribed a subcutaneous infusion. Frequently used medicines (median [range] dose/ 24 hours) were opioids (morphine, 10 [5e30] mg; fentanyl, 100 [100e200] mcg; alfentanil, 500 [150e1000] mcg) and midazolam (10 [5e20] mg). Infusions were assessed as at least partially effective for 40/58 patients, while 13 patients died before review. Patients spent a median [IQR] of 2 [1e4] days under the palliative care team, who made 3 [2e5] contacts across patient, family, and clinicians. At March 30, 2020, 75 patients had died; 13 been discharged back to team, home, or hospice; and 13 continued to receive inpatient palliative care. Palliative care is an essential component to the COVID-19 response, and teams must rapidly adapt with new ways of

working. Breathlessness and agitation are common but respond well to opioids and benzodiazepines. Availability of subcutaneous infusion pumps is essential. An international minimum data set for palliative care would accelerate finding answers to new questions as the COVID-19 pandemic develops.

Moral distress/ injury

Moral Distress Regarding End-of-Life Care Among Healthcare Personnel in Korean University Hospitals: Features and Differences Between Physicians and Nurses
Item Type: Journal Article
Authors: Choi, Eun Kyung;Kang, Jiyeon;Park, Hye Youn;Kim, Yu Jung;Hong, Jinui;Yoo, Shin Hye;Kim, Min Sun;Keam, Bhumsuk and Park, Hye Yoon
Publication Date: // ,2023
Journal: Journal of Korean Medical Science 38(22), pp. e169
Abstract: BACKGROUND: Healthcare professionals often experience moral distress while providing end-of-life care. This study explored how physicians and nurses experienced moral distress when they cared for critically and terminally ill patients in tertiary hospitals in South Korea., METHODS: This study used semi-structured in-depth interviews. A total of 22 people in two tertiary hospitals were interviewed, nine (40.9%) of which were physicians and 13 (59.1%) were nurses. The recorded interview files and memos were analyzed using grounded theory., RESULTS: Most physicians and nurses encountered similar feelings of anger, helplessness, and burden owing to a lack of appropriate resources for end-of-life care. However, the factors and contexts of their moral distress differed. Nurses mainly addressed poorly organized end-of-life care, intensive labor conditions without support for nurses, and providing care without participation in decision-making. Meanwhile, physicians addressed the prevailing misperceptions on end-of-life care, communication failure between physicians owing to hierarchy and fragmented disciplines, the burden of responsibility in making difficult decisions, and the burden of resource allocation., CONCLUSION: Differences in moral distress between physicians and nurses leave them isolated and can affect communication regarding healthcare. Mutual understanding between job disciplines will enhance their communication and help resolve conflicts in end-of-life care. Copyright © 2023 The Korean Academy of Medical Sciences.

New, expanded or specialist roles

Conference abstract: The development of nursing associates as part of the workforce to support palliative care patients Abstract all available
Item Type: Journal Article
Authors: Flanagan, T.;Varnam, D. and Meehan, S.
Publication Date: // ,2023
Journal: BMJ Supportive and Palliative Care 13, pp. A105
Abstract: The Nursing Associate (NA) role was introduced in response to the Shape of Caring Review (2015), and aims to support the career progression of healthcare assistants, enable nurses to focus on more complex clinical work and increase the supply of nurses (Health Education England. Nursing associates. Internet]). The NA role aims to bridge the gap between health and care assistants and registered nurse whilst providing a progression route into graduate level nursing (Nursing & Midwifery Council. We regulate nursing associates. Internet]). The hospice has recently supported two individuals to complete their trainee nursing associate apprenticeship. The staff members have recently registered with the NMC and have begun working in their new roles. The organisation and the staff have learnt a great deal throughout the apprenticeship that has informed future workforce development. The NAs themselves, whilst enjoying the trainee nurse associate programme, did find it

challenging at times, especially when balancing work, life and study. Their placements allowed them to gain a greater awareness and understanding of healthcare outside of the hospice environment which they enjoyed. The organisation has found the roles to be invaluable in diversifying the workforce within the hospice and support the 'grow your own' model. One of the challenges was organising placements outside of the organisation and developing these links. Trainee exchanges proved to be an effective route for mitigating this challenge. In conclusion, the NA posts have been a positive introduction for patients, the services and the staff members themselves. The last two years has provided us with the opportunity to develop links with other providers and exchange trainee nursing associates on placement, which has further increased our reach as a hospice. There is also now the opportunity for NAs to complete an apprenticeship route to registered nurse, which will help with the retention of experienced and valued members of the hospice team.

Conference abstract: The hospice physician associate; a new role in palliative care
Item Type: Journal Article
Authors: Giles, J.
Publication Date: // ,2022
Journal: BMJ Supportive and Palliative Care 12, pp. A50
Abstract: Background UK hospice medical teams usually consist of consultants, SAS doctors and junior doctors on rotation. Throughout medicine, rotation changes can disrupt patient and staff continuity. Physician Associates (PAs) are medical professionals working alongside doctors in multidisciplinary teams to provide continuity, and are well established within primary and secondary care. However, there are no recorded palliative PAs. In 2020 St Raphael's Hospice appointed the first UK hospice PA. This service evaluation aims to qualitatively review the impact of a PA and share information on the role in palliative care. Methods Anonymised questionnaires were completed at 3- weeks and 6-months following introduction of the hospice inpatient unit (IPU) PA to obtain clinical staff perspectives on the contributions of the role. A prospective 3-week workplace diary was completed to illustrate clinical tasks undertaken by the PA. Results 16 participants completed the 3-week survey and 9 participants completed the 6-month survey. The main themes identified were: understanding of the PA role, the impact on clinical staff workloads, and future considerations for palliative PAs. Opinion improved at 6 months, with 100% reporting benefit to clinical work and care of patients and families. Feedback showed enhanced interdisciplinary communication alongside increased support to the medical team, especially around admitting patients to the IPU and overall day to day clinical efficiency. Conclusion Incorporating the PA role in a hospice can optimise the multidisciplinary approach to continuity of care for the specialist palliative population. The role has been well received within the hospice IPU, with the PA viewed as an invaluable team member, bringing knowledge, skill and continuity of care. Inclusion of information about the PA role as part of Hospice induction may facilitate future integration into the Hospice workforce. This service evaluation supports expansion of the palliative medicine workforce through the introduction of PA posts within UK hospices.

Paramedics delivering palliative and end-of-life care in community-based settings: A systematic integrative review with thematic synthesis Abstract only*
Author(s): Juhrmann et al.
Source: Palliative Medicine 36(3) pp. 405-421
Publication date: March 2022
Background: There is a growing demand for community palliative care and home-based deaths worldwide. However, gaps remain in this service provision, particularly after-hours. Paramedicine may help to bridge that gap and avoid unwanted hospital

admissions, but a systematic overview of paramedics' potential role in palliative and end-of-life care is lacking. Aim: To review and synthesise the empirical evidence regarding paramedics delivering palliative and end-of-life care in community-based settings. Design: A systematic integrative review with a thematic synthesis was undertaken in accordance with Whittemore and Knafl's methodology. Prospero: CRD4202119851. Data sources: MEDLINE, CINAHL, PsycINFO and Scopus databases were searched in August 2020 for primary research articles published in English, with no date limits applied. Articles were screened and reviewed independently by two researchers, and quality appraisal was conducted following the Mixed-Methods Appraisal Tool (2018). Results: The search retrieved 5985 articles; 23 articles satisfied eligibility criteria, consisting of mixed-methods (n = 5), qualitative (n = 7), quantitative descriptive (n = 8) and quantitative non-randomised studies (n = 3). Through data analysis, three key themes were identified: (1) Broadening the traditional role, (2) Understanding patient wishes and (3) Supporting families. Conclusions: Paramedics are a highly skilled workforce capable of helping to deliver palliative and end-of-life care to people in their homes and reducing avoidable hospital admissions, particularly for palliative emergencies. Future research should focus on investigating the efficacy of palliative care clinical practice guideline implementation for paramedics, understanding other healthcare professionals' perspectives, and undertaking health economic evaluations of targeted interventions.

Anticipatory prescribing in community palliative and end-of-life care: a realist review
Author(s): McChesney and McClunie-Trust
Source: Kai Tiaki Nursing Research 12(1)
Publication date: November 2021
Background: Access to community palliative and end-of-life care that is patientcentred, culturally sensitive and responsive is not equitable for all people in New Zealand. There is an opportunity to transform primary palliative care through an anticipatory prescribing approach and an interdisciplinary workforce. Research is needed to inform the development of best practice and give confidence to authorised prescribers. Aim: This study aimed to identify the factors influencing anticipatory prescribing in community palliative and end-of-life care. Methodology: A literature search was undertaken of the databases CINAHL Complete, Science Direct, PubMed, Google Scholar, Grey Lit, Open Grey, Mednar and Open Core. Seven relevant primary research studies were selected. A meta-synthesis of the qualitative research was carried out using a critical realist framework. Findings: Three main themes emerged from the reviewed articles to explain the factors influencing anticipatory prescribing in community palliative and end-of-life care, including expertise, teamwork and prioritisation. Expertise had two subthemes, which were knowing when to prescribe and knowing how to prescribe. Conclusions: Developing and maintaining expertise in primary palliative care, developing better interdisciplinary teamwork, and the prioritising of this prescribing practice are the factors underpinning effective anticipatory prescribing in palliative and end-of-life care. There is an ethical responsibility to anticipate the likely deterioration and end-of-life needs of palliative patients, so timely care can be provided and symptoms managed. Anticipatory prescribing should be individualised, approached with an equity lens, and delivered through an interdisciplinary health workforce to effectively meet population needs.

Role of the clinical nurse specialist as a non-medical prescriber in managing the palliative care needs of individuals with advanced lung cancer Abstract only*
Author(s): Osborne and Kerr
Source: International Journal of Palliative Nursing 27(4)
Publication date: June 2021

Background: Rapid identification of the palliative care needs of individuals with a diagnosis of advanced lung cancer is crucial to maximise the patient's quality of life by upholding exemplary standards of patient-centred holistic care. The clinical nurse specialist is in an ideal position to contribute to the identification and management of the palliative care needs of individuals with advanced lung cancer through the assessment and timely prescribing of medications to manage distressing symptoms. Aim: This paper reviews and critiques the role of the clinical nurse specialist as an independent non-medical prescriber in the management of palliative symptoms in end-of-life care for patients with advanced lung cancer. Results: Published literature highlights the positive impact the clinical nurse specialist has as a non-medical prescriber in addressing the palliative needs of individuals with lung cancer. However, there are barriers and challenges, and to overcome these, maximising resources and the availability of support is required to ensure the delivery of timely, person-centred care.Conclusion: The clinical nurse specialist as a non-medical prescriber is an evolving role. There are a range of factors that may influence the clinical nurse specialist to confidently and competently undertake this role. These include the perception that there will be an escalation in the workload, concerns about increased accountability and inadequate mentoring for this new role. To incentivise this role, multidisciplinary support is essential in promoting the clinical nurse specialist's confidence for developing this service to individuals with advanced lung cancer.

Expanding the Concept of End-of-life Care in Long-term Care: A Scoping Review Exploring the Role of Healthcare Assistants
Abstract only*
Author(s): Just et al.
Source: International Journal of Older People Nursing 16(2)
Publication date: March 2021

Background: The context of care provided in long-term care homes is changing, as an increasing number of older adults are entering long-term care with advance stages of illness and higher care needs. Long-term care homes are quickly becoming the place of death for an increasing number of older adults, despite recent literature identifying inadequate and suboptimal levels of end-of-life care. Within long-term care, healthcare assistants represent 60%-70% of the unregulated workforce and provide 70%-90% of the direct care to residents. Research indicates that a high level of uncertainty exists surrounding the role of healthcare assistants in end-of-life care, with numerous studies reporting the role of healthcare assistants to be 'unclear' with varying levels of responsibilities and autonomy.
Objective: The purpose of this scoping review was to explore healthcare assistants' experiences and perspectives of their role in end-of-life care in long-term care. Methods: We applied Arksey and O'Malley's methodological framework, with recommendations from Levac and colleagues' guiding principles. Electronic databases and the grey literature were searched for relevant articles. Search concepts included end-of-life care and healthcare assistants. Articles were included in this review if they explored healthcare assistants' experiences or perspectives of providing end-of-life care in long-term care. The peaceful end of life theory by Ruland and Moore (1998) was used to organise data extraction and analysis. Results: A total of n = 15 articles met the inclusion criteria. The most predominant role-required behaviours reported by healthcare assistants were as follows: psychosocial support to significant others, knows the resident's care wishes and physical care with respect and dignity. The most predominant extra-role behaviours reported by healthcare assistants were as follows: becoming emotionally involved, acting as extended family and ensuring residents do not die alone. Conclusions: Findings from this review expanded the concept of end-of-life care by illustrating the role-required and extra-role behaviours healthcare assistants perform when

providing end-of-life care in long-term care. Implications for practice: Findings from this scoping review highlight the numerous behaviours healthcare assistants perform outside their role description in order to provide end-of-life care to dying residents in long-term care. These findings could inform policymakers and managers of long-term care homes.

Social work in hospice and palliative care in Europe: Findings from an EAPC survey Full text available with NHS OpenAthens account*
Author(s): Bitschnau et al.
Source: Palliative and Supportive Care 18(6)
Publication date: 2020
Objectives. Social work is considered to be a key player in Hospice and Palliative Care. To prove this claim, the Social Worker Task Force within the European Association for Palliative Care (EAPC) decided to carry out a survey. The aim of this survey was to generate basic data and thus to create a basis for further development of Palliative Care Social Work (PCSW) in Europe. Method. The online survey consisted of two parts: in Part 1, the 57 collective members of the EAPC were asked to fill in an online questionnaire containing questions about basic data. In Part 2, individual Palliative Care Social Workers (SWs) from all over Europe were asked to fill in another questionnaire with a focus on the basic conditions concerning their jobs as well, as on their tasks and roles. Results. Thirty-two collective members of the EAPC completed the online questionnaire. SWs can be found in all of the Palliative Care settings, but there are considerable differences between the countries concerning the prevalence of SWs. Only five countries (20%) reported specialized qualification training in PCSW and just around half of the responding SWs had such a specialized training. The responding SWs (n = 360) were quite content with their working conditions. Tasks concerning patient and family and tasks concerning the interprofessional team were most prominent. There is a significant role overlap with other professions. Significance of results. The study reveals a very mixed picture of PCSW in Europe. This could be due to the high adaptability of social work, which is to be as flexible as possible to the needs of its clients. However, significant patterns, similarities, and differences emerge. The present study may, therefore, serve as a basis for further in-depth studies.

The role of learning disability nurses in providing end-of-life care
Author(s): Graham YNH et al.
Source: Nursing Times
Publication date: November 2020
People with learning disabilities face health inequalities, especially at the end of life. To address this, a new role is being proposed for learning disability nurses with a specialism in end-of-life care

The Role of the Palliative Care Registered Nurse in the Nursing Facility Setting
Author(s): Hickman et al.
Source: Journal of Hospice and Palliative Nursing 22(2) pp. 152-158
Publication date: 2020
There is a growing recognition of significant, unmet palliative care needs in nursing facilities, yet limitations in the workforce limit access to palliative care services. Attention to palliation is particularly important when there are efforts to reduce hospitalizations to help ensure there are no unintended harms associated with treating residents in place. A specialized palliative care Registered Nurse (PCRN) role was developed as part of the OPTIMISTIC program, a federally funded project to reduce potentially avoidable hospitalizations. Working in collaboration with existing clinical staff and medical providers, the PCRN focuses on managing symptoms, advance care planning, achieving goal concordant care, and promoting quality

of life. The PCRN serves as a resource for families through education and support. The PCRN also provides education and mentorship to staff to increase their comfort, knowledge, and skills with end-of life care. The goal of this article is to provide an overview of the PCRN role and its implementation in nursing facilities, and describe core functions that are transferrable to other contexts.

The role of the physician assistant in hospice and palliative medicine Abstract all available
Author(s): Myers et al.
Source: Physician Assistant Clinics 5(3)
Publication date: July 2020
Within hospice and palliative medicine, physician assistants have established important roles. Physician assistants are established clinicians, educators, and leaders despite a number of barriers that have historically existed. Aiding in overcoming these barriers are physician assistants education and collaboration, which have allowed physician assistants to enter and expand into these fields. Physician assistants serve as clinicians, educators, researchers, and leaders for both primary and specialist-level palliative medicine. Physician assistants are well-positioned to help fill some of the current and anticipated gaps created by workforce shortages existing in hospice and palliative medicine.

Assistant practitioners in palliative care: doing things differently
Abstract only*
Author(s): Rudrum et al.
Source: British Journal of Healthcare Assistants 12(12)
Publication date: December 2018
The acute hospital palliative care team at London North West University Healthcare NHS Trust provides specialist palliative care advice and supports end-of-life care across the trust. We have experienced a year-on-year increase in demand for our services and have previously managed this by recruiting more clinical nurse specialists. The appointment of two assistant practitioners to support end-of-life care has allowed us to look at a different model of care and new ways of working to meet increasing demands on our service.

What role do Death Doulas play in end-of-life care? A systematic review Abstract only*
Author(s): Rawlings et al.
Source: Health & Social Care in the Community 27(3) e82-e94
Publication date: May 2019
Current health and social care systems do not always meet the needs of the dying in our communities. As a result, patients and families are choosing to place their trust in those who can advocate for them or fill the gaps in care. Birth Doulas have been working with women during pregnancy and after birth for many years, and we are now seeing a new role, that of a Death Doula emerging in the end-of-life care space. How Death Doulas work within health and social care systems is not understood and we conducted a systematic review to explore the published literature to explore the role and potential implications for models of care delivery. Following the PRISMA recommendations, we searched the literature in January 2018 via bibliographic databases and the grey literature without search date parameters to capture all published literature. We looked for articles that describe the role/work of a death doula or a death midwife in the context of end-of-life care, or death and dying. Our search retrieved 162 unique records of which five papers were included. We analysed the papers in relation to relationship to health service, funding source, number and demand for services, training, licensing and ongoing support, and tasks undertaken. Death Doulas are working with people at the end of life in varied roles that are still little understood, and can be described as similar to that of "an eldest daughter" or to a role that has similarities to specialist palliative care nurses. Death doulas may represent a new direction for personalised care directly controlled by the dying

person, an adjunct to existing services, or an unregulated form of care provision without governing oversight.

The Family Meeting in Palliative Care: Role of the Oncology Nurse Abstract only*
Author(s): Glajchen and Goehrning
Source: Seminars in Oncology Nursing 33(5) pp. 489-497
Publication date: December 2017
Objectives: To describe the family meeting in palliative and end-of-life care, highlighting the role of the oncology nurse. Specific strategies will be provided for pre-meeting preparation, communication, and follow-up activities. Data sources: A conceptual framework drawn from family and communication theory, and best practices from the clinical, research, nursing, and palliative care literature. Conclusion: Working with patients and families is complex, but the family meeting is a promising tool and a potential quality indicator in palliative care. Implications for nursing practice: The nurse is well positioned to participate fully in every aspect of the family meeting.

Independent non-medical prescribing in children's hospices in the UK: a practice snapshot Abstract only*
Author(s): Michael J Tatterton
Source: International Journal of Palliative Nursing 23(8) pp. 386-392
Publication date: August 2017
Background: Non-medical prescribing is well established within the British health service, with increasing numbers of nurses practicing within children's hospices. Aim: To identify the context of non-medical prescribing in children's hospices in the UK, focusing on the perceived benefits and challenges.
Method: Internet-based questionnaires were sent to 55 UK children's hospices, exploring the practice and context of prescribing. Results: Of the 55 invited, 20 children's hospices responded to the questionnaire, 14 of which employed a total of 39 non-medical prescribers (NMPs). Sixteen individual NMPs responded, of which half (50%) prescribed to enable the continuation of existing medicines, 37.5% prescribed independently surrounding symptom management and control and 31.3% in end-of-life care. Perceived benefits of prescribing included timely access to medicines, increased efficiency and accuracy in the admissions process and medicine reconciliation and the increased ability to offer choice in the place of palliative and hospice care. Perceived barriers to prescribing surrounded opportunities to develop confidence, defining the scope of practice and the time required to assess, diagnose and treat.
Conclusion: NMPs are making a significant contribution to the prescribing workforce within hospices; however, a number of challenges need to be addressed to enable hospices to realise the benefits.

Social workers' involvement in advance care planning: a systematic narrative review
Author(s): Wang et al.
Source: BMC Palliative Care
Publication date: 2018
Background: Advance care planning is a process of discussion that enables competent adults to express their wishes about end-of-life care through periods of decisional incapacity. Although a number of studies have documented social workers' attitudes toward, knowledge about, and involvement in advance care planning, the information is fragmented. The purpose of this review was to provide a narrative synthesis of evidence on social workers' perspectives and experiences regarding implementation of advance care planning. Methods: Six databases were searched for peer-reviewed research papers from their respective inception through December 2016. All of the resulting studies relevant to both advance care planning and social worker were examined. The findings of relevant studies were synthesized thematically. Results: Thirty-one articles met the

eligibility criteria. Six research themes were identified: social workers' attitudes toward advance care planning; social workers' knowledge, education and training regarding advance care planning; social workers' involvement in advance care planning; social workers' perceptions of their roles; ethical issues relevant to advance care planning; and the effect of social work intervention on advance care planning engagement. The findings suggest that there is a consensus among social workers that advance care planning is their duty and responsibility and that social workers play an important role in promoting and implementing advance care planning through an array of activities. Conclusions: This study provides useful knowledge for implementing advance care planning through illustrating social workers' perspectives and experiences. Further studies are warranted to understand the complexity inherent in social workers' involvement in advance care planning for different life-limiting illnesses or within different socio-cultural contexts.

Specialist palliative care nursing and the philosophy of palliative care: a critical discussion
Author(s): Robinson et al.
Source: International Journal of Palliative Nursing 23(7) pp. 353-358
Publication date: July 2017
Nursing is the largest regulated health professional workforce providing palliative care across a range of clinical settings. Historically, palliative care nursing has been informed by a strong philosophy of care which is soundly articulated in palliative care policy, research and practice. Indeed, palliative care is now considered to be an integral component of nursing practice regardless of the specialty or clinical setting. However, there has been a change in the way palliative care is provided. Upstreaming and mainstreaming of palliative care and the dominance of a biomedical model with increasing medicalisation and specialisation are key factors in the evolution of contemporary palliative care and are likely to impact on nursing practice. Using a critical reflection of the authors own experiences and supported by literature and theory from seminal texts and contemporary academic, policy and clinical literature, this discussion paper will explore the influence of philosophy on nursing knowledge and theory in the context of an evolving model of palliative care.

New ways of working

"If You Built It, They Could Come": Opportunities to Expand Access to Palliative Care Abstract only*
Author(s): Palmer et al.
Source: Journal of Palliative Medicine 25(2) pp. 200-204
Publication date: 2022
There are growing calls to broaden palliative care access to more populations, diseases, and care settings and to earlier in the disease process; yet, supply of specialty palliative care is not likely to keep pace with demand. This article discusses possible solutions by which to bridge the gap between limited palliative care supply and demand. The proposed solutions include: (1) specialist workforce development; (2) alternate models of care; (3) triaging systems; and (4) telemedicine. Education/training, research, and policy mechanisms could operationalize these solutions. With the solutions in hand, the field may be able to increase the reach, sustainability, and equity of palliative care, thereby improving access and enabling a multitude of positive patient, family, and health care system outcomes.

New paths forward for palliative nursing
Author(s): Rosa et al.
Source: International Journal of Palliative Nursing 27(8) pp. 383-384
Publication date: 2021

Every corner of the globe has been profoundly affected by COVID-19. Humanity will long be impacted by the shortcomings of healthcare systems and leadership, as well as the cumulative loss of life and mass bereavement that continue to mount. Nurses on every continent have undoubtedly struggled with moral injury in the face of severe resource constraints and health inequities. The consequences of COVID-19—coupled with an increased and urgent discourse pertaining to social and structural injustices—create opportunities for palliative nurses to pave new paths forward for the specialty and for the communities we serve.

Shifting palliative care paradigm in primary care from better death to better end-of-life: a Swiss pilot study
Author(s): Sommer et al.
Source: BMC Health Services Research 21(629)
Publication date: 2021
Background: Patients suffering from advanced cancer often loose contact with their primary care physician (PCP) during oncologic treatment and palliative care is introduced very late. The aim of this pilot study was to test the feasibility and procedures for a randomized trial of an intervention to teach PCPs a palliative care approach and communication skills to improve advanced cancer patients' quality of life. Methods: Observational pilot study in 5 steps. 1) Recruitment of PCPs. 2) Intervention: training on palliative care competencies and communication skills addressing end-of-life issues. 3) Recruitment of advanced cancer patients by PCPs. 4) Patients follow-up by PCPs, and assessment of their quality of life by a research assistant 5) Feedback from PCPs using a semi-structured focus group and three individual interviews with qualitative deductive theme analysis. Results: Eight PCPs were trained. Patient recruitment was a challenge for PCPs who feared to impose additional loads on their patients. PCPs became more conscious of their role and responsibility during oncologic treatments and felt empowered to take a more active role picking up patient's cues and addressing advance directives. They developed interprofessional collaborations for advance care planning. Overall, they discovered the role to help patients to make decisions for a better end-of-life. Conclusions: While the intervention was acceptable to PCPs, recruitment was a challenge and a follow up trial was not deemed feasible using the current design but PCPs reported a change in paradigm about palliative care. They moved from a focus on helping patients to die better, to a new role helping patients to define the conditions for a better end-of-life.

Constructing a new role for family carers and volunteers providing care towards the end of life: an action research approach exploring a new model of hospice care
Author(s): Walshe et al.
Source: Health and Social Care in the Community 29 pp. 827-845
Publication date: 2021
The objective of this study was to understand the conceptualisation and development of a novel way of providing end-of-life care in a Cottage Hospice setting, with a focus on the role of family carers and volunteers within this care model. A participatory action research design enabled a situational analysis, together with change processes. The study setting was a hospice in the South of England, and its network of wider associates in the local health economy. Participants were purposively sampled to provide relevant information. Data collection (2017–2018) included documents (e.g., meeting minutes) and interviews (individual and group) with external (e.g., GPs) and internal (e.g., staff, managers, volunteers, patients, family carers) stakeholders. These were followed by action cycles conducted by a core action group which explored issues related to family and young carers, the relationship between the main and Cottage Hospices and workforce

engagement with the change process. Iterative, inductive, thematic analysis was followed by axial coding facilitated within NVivo. Twenty-six individual and eight follow-up interviews, two group interviews and five discrete action cycles were completed. At the core was a focus on disruption of the norm of professionally provided and mediated care, with three main themes: imagining the future of Cottage Hospice (growing demand, a home-like space, innovative roles for families and volunteers); developing the role of family caregivers (making agreements, meeting needs, social inclusion and the ‘unknown’ expectations) and quality and safety issues (negative perceptions, personalised care and volunteer roles). Change was viewed as both a threat and an opportunity. Cottage Hospice represents the possibility of a truly new way of meeting the needs of dying people and their families, and could act as a template for progressive service developments elsewhere.

The Effect of a Standardized Triage Process on Efficiency and Productivity of an Inpatient Palliative Care Team Abstract only*
Author(s): Frendak et al.
Source: American Journal of Hospice & Palliative Care 37(6) pp. 413-417
Publication date: 2020
Context: Studies have shown that palliative care involvement delivers a multitude of benefits to patients and caregivers. The existing palliative care workforce is inadequate to meet growing demand. Innovative strategies to triage inpatient consults are necessary. Objectives: To describe the implementation of a new palliative care triage process and to demonstrate its impact on efficiency, teamwork, and patient care. Methods: A quasi-experimental study design, comparing clinical consult data from a 6-month period before and a 6-month period after implementation of the novel consult triage model.
Results: Across the 2 study periods, consult demand increased by 44% while the physician staffing (full time equivalent [FTE]) decreased by 38%. Penetration rate per clinical FTE increased (from 1.9%-2.4%; P = .004). Monthly physician work relative value units (RVUs) per FTE increased from 909 to 1678. Physician encounters with hospitalized patients increased from 284 to 353, and total team visits increased from 596 to 891 (P < .001). Average time to consult decreased by 2.4 hours (P = .54).
Conclusion: An efficient and streamlined consult triage process had a positive impact on our palliative care team's ability to reach patients. We were able to generate more physician visits and RVUs despite a decrease in physician clinical time, and our penetration rate per physician clinical FTE improved. Our findings highlight the importance of thoughtful and appropriate triage, not to mention teamwork, in helping to augment patient access to palliative care.

Defining 'specialist palliative care': findings from a Delphi study of clinicians Full text available with NHS OpenAthens account*
Author(s): Forbat et al.
Source: Australian Health Review 44(2)
Publication date: 2020
Objective. This study aimed to achieve consensus regarding what distinguishes specialist from non-specialist palliative care to inform service organisation and delivery to patients with life-limiting conditions. Methods. A three-phase Delphi study was undertaken, involving qualitative interviews and two questionnaire cycles. Thirty-one clinicians (nurses, doctors and social workers) working with a wide range of patients participated in interviews, of whom 27 completed two questionnaire cycles. Results. Consensus was gained on 75 items that define specialist palliative care and distinguish it from non-specialist palliative care. Consensus was gained that specialist palliative care clinicians have advanced knowledge of identifying dying, skills to assess and manage complex symptoms to improve quality of life, have advanced communication skills and perform distinct clinical practices (e.g. working with the whole family as

the unit of care and providing support in complex bereavement). Non-specialist palliative care involves discussions around futile or burdensome treatments, and care for people who are dying. Conclusions. Areas of connection were identified: clinicians from disease-specific specialties should be more involved in leading discussions on futile or burdensome treatment and providing care to people in their last months and days of life, in collaboration with specialists in palliative care when required.

Comparing Specialty and Primary Palliative Care Interventions: Analysis of a Systematic Review
Author(s): Ernecoff et al.
Source: Journal of Palliative Medicine 23(3)
Publication date: March 2020
Background: Investigators have tested interventions delivered by specialty palliative care (SPC) clinicians, or by clinicians without palliative care specialization (primary palliative care, PPC). Objective: To compare the characteristics and outcomes of randomized clinical trials (RCTs) of SPC and PPC interventions. Design: Systematic review secondary analysis. Setting/Subjects: RCTs of palliative care interventions. Measurements: Interventions were classified SPC if delivered by palliative care board-certified or subspecialty trained clinicians, or those with extensive clinical experience; all others were PPC. We abstracted data for each intervention: delivery setting, delivery clinicians, outcomes measured, trial results, and Cochrane's Risk of Bias. We conducted narrative synthesis for quality of life, symptom burden, and survival. Results: Of 43 RCTs, 27 tested SPC and 16 tested PPC interventions. SPC interventions were more comprehensive (4.2 elements of palliative care vs. 3.1 in PPC, $p = 0.02$). SPC interventions were delivered in inpatient (44%) or outpatient settings (52%) by specialty physicians (44%) and nurses (44%); PPC interventions were delivered in inpatient (38%) and home settings (38%) by nurses (75%). PPC trials were more often of high risk of bias than SPC trials. Improvements were demonstrated on quality of life by SPC and PPC trials and on physical symptoms by SPC trials. Conclusions: Compared to PPC, SPC interventions were more comprehensive, were more often delivered in clinical settings, and demonstrated stronger evidence for improving physical symptoms. In the face of SPC workforce limitations, PPC interventions should be tested in more trials with low risk of bias, and may effectively meet some palliative care needs.

Dissemination and Implementation of Palliative Care in Oncology
Author(s): Ferrell et al.
Source: Journal of Clinical Oncology 38(9) pp. 995-1001
Publication date: March 2020
Palliative care began in academic centers with specialty consultation services, and its value to patients, families, and health systems has been evident. The demand for palliative care to be integrated throughout the cancer trajectory, combined with a limited palliative care workforce, means that new models of care are needed. This review discusses evidence regarding the need for integration of palliative care into routine oncology care and describes best practices recognized for dissemination of palliative care. The available evidence suggests that palliative care be widely adopted by clinicians in all oncology settings to benefit patients with cancer and their families. Efforts are needed to adapt and integrate palliative care into community practice. Limitations of these models are discussed, as are future directions to continue implementation efforts. The benefits of palliative care can only be realized through effective dissemination of these principles of care, with more primary palliative care delivered by oncology clinicians.

A Social Worker-Led Primary Palliative Care Model for Hospitalized Patients Admitted to the Hospital Medicine Service
Author(s): Berglund et al.
Source: Palliative Medicine Reports 1.1

Publication date: 2020
Objective: To increase earlier access to palliative care, and in turn increase documented goals of care and appropriate hospice referrals for seriously ill patients admitted to hospital medicine. Background: Due to the growing number of patients with serious illness and the specialty palliative care workforce shortage, innovative primary palliative care models are essential to meet this population’s needs. Methods: Patients with serious illness admitted to hospital medicine at a quaternary urban academic medical center in New York City and received an embedded palliative care social worker consultation in 2017. We used univariate analyses of sociodemographic, clinical, and utilization data to describe the sample. Results: Overall, 232 patients received a primary palliative care consultation (mean age of 69 years, 44.8% female, 34% white, median Karnofsky Performance Status of 40%), and 159 (69%) had capacity to participate in a goals of -are conversation. Referrals were from palliative care solid tumor oncology trigger program (113 [49%]), specialty palliative care consultation team (42[18%]), and hospital medicine (34[14.6%]). Before the consultation, 10(4.3%) had documented goals of care and 207 (89%) did after the consultation. The percentage of those referred to hospice was 24.1%. Of those transferred to specialty palliative care consultation service, nearly half required symptom management. Discussion: Patients who received a primary palliative care consultation were seen earlier in their illness trajectory, based on their higher functional impairment, and the majority had capacity to participate in goals-of-care discussions, compared with those who were seen by specialty palliative care. The consultation increased goals of-care documentation and the hospice referral rate was comparable with that of the specialty palliative consultation team.

A realist evaluation of a “single point of contact” end-of-life care service Full text available with NHS OpenAthens account*
Author(s): Efstathiou et al.
Source: Journal of Health Organization and Management 34(4)
Publication date: 2020
Purpose: Following the development of a service that consisted of a “single point of contact” to coordinate end-of-life care (EoLC), including EoLC facilitators and an urgent response team, we aimed to explore whether the provision of coordinated EoLC would support patients being cared or dying in their preferred place and avoid unwanted hospital admissions. Design/methodology/approach: Using a realist evaluation approach, the authors examined “what worked for whom, how, in what circumstances and why”. Multiple data were collected, including activity/performance indicators, observations of management meetings, documents, satisfaction survey and 30 interviews with service providers and users. Findings: Advance care planning (ACP) increased through the first three years of the service (from 45% to 83%) and on average 74% of patients achieved preferred place of death. More than 70% of patients avoided an emergency or unplanned hospital admission in their last month of life. The mechanisms and context identified as driving forces of the service included: 7/7 single point of contact; coordinating services across providers; recruiting and developing the workforce; understanding and clarifying new roles; and managing expectations. Research limitations/implications: This was a service evaluation and the outcomes are related to the specific context and mechanisms. However, findings can be transferable to similar settings. Practical implications: “Single point of contact” services that offer coordinated EoLC can contribute in supporting people to be cared and die in their preferred place. Originality/value: This paper provides an evaluation of a novel approach to EoLC and creates a set of hypotheses that could be further tested in similar services in the future.

Improving palliative and end-of-life care for rural and remote Australians
Author(s): Wenham et al.
Source: Public Health Research & Practice 30(1)
Publication date: March 2020
Recent reports highlight an inconsistent provision of palliative and end-of-life (palliative) care across Australia, particularly in regional, rural and remote areas. Palliative care improves quality of life and the experience of dying, and all people should have equitable access to quality needs-based care as they approach and reach the end of their lives. A palliative approach to care is crucial in rural and remote Australia where there is a reliance for such care on generalist providers amid the challenges of a limited workforce, poorer access, and vast geography. This article describes the development and implementation of the Far West NSW Palliative and End-of-Life Model of Care, a systematic solution that could drive improvement in the provision of a quality palliative approach to care and support from any clinician in a timely manner, for patients, their families and carers anywhere.

Design and implementation of a clinical decision support tool for primary palliative Care for Emergency Medicine (PRIM-ER)
Author(s): Tan et al.
Source: BMC Medical Informatics and Decision Making 20(13)
Publication date: 2020
Background: The emergency department is a critical juncture in the trajectory of care of patients with serious, life-limiting illness. Implementation of a clinical decision support (CDS) tool automates identification of older adults who may benefit from palliative care instead of relying upon providers to identify such patients, thus improving quality of care by assisting providers with adhering to guidelines. The Primary Palliative Care for Emergency Medicine (PRIM-ER) study aims to optimize the use of the electronic health record by creating a CDS tool to identify high risk patients most likely to benefit from primary palliative care and provide point-of-care clinical recommendations. Methods: A clinical decision support tool entitled Emergency Department Supportive Care Clinical Decision Support (Support-ED) was developed as part of an institutionally-sponsored value based medicine initiative at the Ronald O. Perelman Department of Emergency Medicine at NYU Langone Health. A multidisciplinary approach was used to develop Support-ED including: a scoping review of ED palliative care screening tools; launch of a workgroup to identify patient screening criteria and appropriate referral services; initial design and usability testing via the standard System Usability Scale questionnaire, education of the ED workforce on the Support-ED background, purpose and use, and; creation of a dashboard for monitoring and feedback. Results: The scoping review identified the Palliative Care and Rapid Emergency Screening (P-CaRES) survey as a validated instrument in which to adapt and apply for the creation of the CDS tool. The multidisciplinary workshops identified two primary objectives of the CDS: to identify patients with indicators of serious life limiting illness, and to assist with referrals to services such as palliative care or social work. Additionally, the iterative design process yielded three specific patient scenarios that trigger a clinical alert to fire, including: 1) when an advance care planning document was present, 2) when a patient had a previous disposition to hospice, and 3) when historical and/or current clinical data points identify a serious life-limiting illness without an advance care planning document present. Monitoring and feedback indicated a need for several modifications to improve CDS functionality. Conclusions: CDS can be an effective tool in the implementation of primary palliative care quality improvement best practices. Health systems should thoughtfully consider tailoring their CDSs in order to adapt to their unique workflows and environments. The findings of this research can assist health systems in effectively integrating a

primary palliative care CDS system seamlessly into their processes of care.

Rural palliative care to support dying at home can be realised; experiences of family members and nurses with a new model of care Abstract only*
Author(s): Spelten et al.
Source: Australian Journal of Rural Health 27(4) pp. 336-343
Publication date: August 2019
Objective: While 60%-70% of people would prefer to die at home, only 14% do so. Families in a rural environment feel particularly unsupported in fulfilling this last wish of their loved one, which reflects the general shortage of health care workforce and resource allocation to institutions. The aim of this study was to describe the experience of families and nurses with extended rural palliative care to support dying at home.
Design: Semistructured interviews were conducted with family members and nurses. Process data were included to describe the frequency and nature of contacts. The results were analysed using descriptive analysis. Settings: A rural town in Northern Victoria, Australia (Australian Statistical Geography Standard-Remoteness Area). Participants: Ten family members and four nurses were interviewed. Main outcome measures: Experience with the extended palliative care service and with the dying at home process. Results: All patients in the project died at home. The families were very positive about the extended palliative care; it increased their familiarity with dying, and had a positive impact on bereavement. The nurses were equally positive, but also commented on the need to debrief and on the heavy emotional toll the work takes. Conclusions: Rural care support for dying at home can be realised. This study has demonstrated the positive impact of an end-of-life service, while at the same time pointing to concerns of the nursing staff on the suitability of the model of care. Health care workers and communities alike need to be educated and have conversations on end-of-life care.

Conference abstract: Alternative method to providing palliative care where there are caregiver shortages Abstract all available
Author(s): Manna et al.
Source: BMJ Supportive & Palliative Care 5(Suppl 1)
Publication date: 2019
Background Due to financial incapability and absence of manpower poor families often fail to carry their advanced cancer patients to the nodal centres. This pilot study will explore whether communication by mobile phone can lessen this burden. Aim To identify and try to solve to the extent possible the main difficulties in giving palliative care to the terminal cancer patients of the area. Method Initially a plan was generated regarding management of an advanced cancer patient in a nodal centre at District Head Quarters. Subsequently every two weeks, a trained social worker attached to the nodal centre will follow up and give necessary advice and emotional support to the patients and their families through their registered mobile phone number. Patient's family were also encouraged to communicate with the team by phone in case of fresh complaints and urgency. Results Since initiation, cancer patients were contacted by mobile phone every two weeks to enquire about their difficulties. In 76% of the situations, trained social workers could give necessary advice by phone regarding management of their physical symptoms. Moreover patient's family were really overwhelmed by the emotional support offered by the team over phone. Only 24% of cancer patients had to attend the nodal centre for expert advice from Palliative Care specialists.Conclusion: This novel approach helped

- In providing regular physical and emotional support to the patients and their families.
- In significantly reducing the financial and manpower problems of carrying patients to the nodal units.
- In improved quality of life of patients by continuous guidance. More and more team members can take help of

this new strategy for better communication and uninterrupted care.

Identifying Palliative Care Champions to Promote High-Quality Care to Those with Serious Illness
Author(s): Kamal et al.
Source: Journal of the American Geriatric Society 67
Publication date: 2019
Leading medical authorities advocate for routine integration of palliative care for all major causes of death in the United States. With rapid growth and acceptance, the field of palliative care is tasked with addressing a compelling question of its time: “Who will deliver timely, evidence-based palliative care to all who should benefit?” The current number of palliative care specialists will not suffice to meet the needs of persons with serious illness. In 2010, initial estimates quantified the shortage at 6000 to 18 000 additional palliative care physicians needed to fully staff existing programs. Unfortunately, the predicted number of specialty physicians in 2030 will likely not be larger than the workforce in existence today. These findings result in a physician-to-serious-illness-person ratio of about 1:28 000 in 2030.1 To address the workforce shortage, stronger alignment is needed between intensity of patient needs and provision of palliative care services. Such an alignment better harnesses the talents of those in a position to deliver core palliative care services (such as discussing goals of care with patients or managing their symptoms) while engaging palliative care specialists to address more complex issues. We introduce the concept of “Palliative Care Champions,” who sit at the nexus between specialty palliative care and the larger clinical workforce. Acknowledging that the needs of most patients can be met by clinicians who have received basic palliative care training, and that specialty palliative care is not always available for those with more complex needs, there exists an important opportunity for those with additional interest to scale training and quality improvement to fill this void.

Conference abstract: Palliative Connect: Triggered Palliative Care Consultation Using an EHR Prediction Model Abstract all available
Author(s): Courtright et al.
Source: Journal of Palliative Medicine
Publication date: 2019
Rationale: The frequency and timing of palliative care consultation is highly variable among patients with different life-limiting illnesses despite evidence of its benefits. Although health systems have begun to trigger consultation for certain clinical conditions, this strategy is often a poor surrogate for actual needs. Furthermore, broad triggers are incompatible with the current palliative care workforce. Thus, innovative, patientcentered and scalable strategies are needed to systematically identify the patients most likely to benefit from palliative care. Objective: To develop an electronic health record (EHR)- based mortality risk stratification model among a diverse hospital population and evaluate its clinical impact when used as a trigger for inpatient palliative care consultation. Methods: In the development phase, we performed a retrospective cohort study at three hospitals in Philadelphia, Pennsylvania among 65,045 inpatient admissions in 2016. Using a randomly split sample and a machine learning logistic regression approach, we developed and validated an EHR-based prediction model (Palliative Connect) to predict risk of death within six months of admission. In the evaluation phase, we determined a risk threshold of ‡30% based on expert chart review, and then prospectively piloted Palliative Connect in a pre-post study of triggered palliative care consultation from September 2017 to February 2018 on a general medicine service at a large academic hospital. Primary team clinicians were given an opportunity to decline the consult. We performed an intention-to-treat analysis to evaluate impact on care delivery, quality metrics, and cost. Results: The final prediction model retained 35 features significantly associated

with risk of six-month mortality and had excellent discrimination (c-statistic 0.84, 95% confidence interval 0.83-0.86). There were no differences in demographics between the pre- (n = 142) and post-intervention (n = 134) cohorts, with a mean age at admission of 72 years (standard deviation [SD] 12.9) and mean Palliative Connect score of 0.50 (SD 0.16). 1 in 3 triggered consults were declined by the primary clinician; none were declined by patients or families. In the post-intervention period, there were increased consult orders (63.4% vs 16.2%, p < 0.001) and advance care planning notes (26.9% vs 16.9%, p = 0.04) in the EHR, and the pre-consult length of stay was lower (1.6 days vs. 2.8, p = 0.04). Rates of ICU admission (14.2% vs 23.2%, p = 0.05), inpatient mortality (1.5% vs 5%, p = 0.11), and 30-day readmission (18.1% vs 22.3%, p = 0.40), and mean direct hospitalization costs ($16,633 vs $19,958, p = 0.12) were lower in the post-intervention cohort, and hospice discharges increased (17.2% vs 9.2%, p = 0.05), although none of these differences were statistically significant. Conclusions: The Palliative Connect risk stratification model accurately identifies patients with high risk of six-month mortality at admission who would not otherwise have received a palliative care consult and shows great promise as a trigger for consultation to improve important outcomes and quality metrics. An expanded evaluation of Palliative Connect across three hospitals and qualitative assessments of clinicians' attitudes towards triggered consults are ongoing.

Conference Abstract: Successes and Challenges in One Organization's Process of Implementing Multiple System-Wide Primary Palliative Care Quality Improvement Projects (TH310D)
Author(s): Kavalieratos
Source: Journal of Pain and Symptom Management 52(7)
Publication date: 2019
Objectives Describe common barriers and facilitators to implementation and management of primary palliative care quality improvement. Devise a systematic process to streamline the conduct and management of multiple concurrent primary palliative care QI proposals in a large healthcare system. Background. The palliative needs of seriously ill patients will always overwhelm the capacity of palliative care (PC) specialists. As such, a central mission of PC is to develop and disseminate primary PC interventions to relieve the reliance on our already taxed workforce. Aim Statement. Using two projects as case studies, we will delineate one academic healthcare system's stepwise approach to developing and conducting quality improvement (QI) related to primary PC across an entire healthcare system, offering challenges, lessons learned, and solutions. Methods. We solicited proposals from PC clinical faculty regarding interventions to fulfill an overarching mission to expand the provision of primary PC. Second, we translated proposals into logic models to delineate inputs, outputs, and anticipated outcomes. Third, we worked closely with data engineers to design semiautomated data reports. A steering team met monthly, adopting a ''plan, do, study, act'' framework to evaluate data, troubleshoot barriers, and brainstorm strategies to mitigate weaknesses and improve on successes. Results. In FY2018, we implemented 7 interventions, ranging from a thrice-weekly coaching intervention to improve residents' competency in GOC discussions, to the implementation of a nursing checklist to identify unmet palliative needs and trigger GOC consultations, in settings ranging from the CCU to outpatient general medicine clinics. Projects began meeting milestones within 6 months of deployment, overcoming impediments such as determining comparator and denominator populations, and extracting data. In the coaching intervention (n¼35), rates of documented GOC among high-risk patients increased from 17% to 54% pre/post-hospitalization. In the CCU intervention, a PC physician provided on-going education sessions about family meetings to residents resulting in an increase in documented GOC for CCU patients from a monthly average of 35.6% to 53.5%. Conclusions and

Implications. While challenging, simultaneously rolling out multiple primary palliative care QI initiatives was made possible through standardization tools such logic model templates as well as the use of common data elements whenever possible.

Primary care and community

Roles of Community Pharmacists in Cancer Management
Author(s): Edbewande et al.
Source: Innovations in Pharmacy 13(3)
Publication date: 2022
Community pharmacists are among the most easily accessible healthcare practitioners and are usually the first point of contact with the public or community. This is often due to their accessibility, credibility, and widespread within the public sector making them essential members of the healthcare team with significant contributions to the delivery of public health care. Community pharmacists, in addition to their known educational and awareness-raising roles, may play an essential role in risk assessment and screening of patients, detection of symptoms of probable malignancy, and cancer treatments. The pharmacy profession has been evolving from dispensing roles into more patient-oriented outcomes and pharmacists are now participating in more clinical interventions. This places community pharmacists in the best position to provide the necessary knowledge and healthcare to benefit populations at risk of cancer. Active involvement of community pharmacists in the care and management of cancer will significantly contribute to screening and risk assessment, early detection, treatment and eradication of breast, cervical, lung, ovarian and other forms of cancer. As a result, the community pharmacy setting must the developed to maximize its full potential in cancer care.

Building capacity for palliative care delivery in primary care settings: Mixed-methods evaluation of the INTEGRATE Project
Item Type: Journal Article
Authors: Evans, Jenna M.;Mackinnon, Marnie;Pereira, Jose;Earle, Craig C.;Gagnon, Bruno;Arthurs, Erin;Gradin, Sharon;Walton, Tara;Wright, Frances and Buchman, Sandy
Publication Date: // ,2021
Journal: Canadian Family Physician Medecin De Famille Canadien 67(4), pp. 270-278
Abstract: OBJECTIVE: To evaluate an intervention aimed at building capacity to deliver palliative care in primary care settings., DESIGN: The INTEGRATE Project was a 3-year pilot project involving interprofessional palliative care education and an integrated care model to promote early identification and support of patients with palliative care needs. A concurrent mixed-methods evaluation was conducted using descriptive data, provider surveys before and after implementation, and interviews with providers and managers., SETTING: Four primary care practices in Ontario., PARTICIPANTS: All providers in each practice were invited to participate. Providers used the "surprise question" as a prompt to determine patient eligibility for inclusion., MAIN OUTCOME MEASURES: Provider attitudes toward and confidence in providing palliative care, use of palliative care tools, delivery of palliative care, and perceived barriers to delivering palliative care., RESULTS: A total of 294 patients were identified for early initiation of palliative care, most of whom had multiple comorbid conditions. Results demonstrated improvement in provider confidence to deliver palliative care (30% mean increase, $P < .05$) and self-reported use of palliative care tools and services (25% mean increase, $P < .05$). There was substantial variation across practices regarding the percentage of patients identified using the surprise question (0.2% to 1.5%), the number of advance care planning conversations initiated (50% to 90%), and mean time to conversation (13 to 76 days). This variation is attributable, in

part, to contextual differences across practices., CONCLUSION: A standardized model for the early introduction of palliative care to patients can be integrated into the routine practice of primary care practitioners with appropriate training and support. Additional research is needed to understand the practice factors that contribute to the success of palliative care interventions in primary care and to examine patient outcomes. Copyright© 2021 the College of Family Physicians of Canada.

Primary care staff's willingness to participate in compassionate community network and palliative care and the barriers they face: a mixed methods study
Author(s): Chang et al.
Source: BMJ Open 11(9)
Publication date: September 2021
Objectives Compassionate community models, successfully applied in several Western countries, have not been extensively promoted in Asian countries. This study explored primary care staff’s willingness to participate and factors associated with their participations in compassionate community education and network, palliative care education, providing palliative care and the barriers they faced. Methods Adopting a mixed quantitative–qualitative design, primary care staffs in Beitou and Shilin districts in Taiwan, including physicians, nurses, pharmacists and administrative staff aged ≥20 years who had worked in a clinic for more than 2 months, were recruited. A questionnaire survey was conducted to explore their willingness to participate in compassionate community education and networks and palliative care education and care provision. Logistic regression was used to evaluate factors associated with their willingness, and qualitative perceptions were evaluated by open questions. Results About half of the respondents were willing to participate in compassionate community education and network and palliative care education, but only 19.5% were willing to provide palliative care. Compared with other staff, primary care nurses showed significantly more willingness to participate in compassionate community education and network and palliative care education and to provide palliative care. However, physicians were significantly not willing to participate in any of the three services apart from providing care. Capability, administrative and manpower concerns, time, age and motivation were the main barriers. Conclusions To encourage primary care staff to participate more in compassionate community education and network and palliative care education and to provide palliative care, policymakers should pay more attention towards removing the barriers to their engagement.

Availability of home palliative care services and dying at home in conditions needing palliative care: A population-based death certificate study
Author(s): Nakanishi et al.
Source: Palliative Medicine 34(4) pp. 504-512
Publication date: 2020
Background: Avoiding inappropriate care transition and enabling people with chronic diseases to die at home have become important health policy issues. Availability of palliative home care services may be related to dying at home. Aim: After controlling for the presence of hospital beds and primary care physicians, we examined the association between availability of home palliative care services and dying at home in conditions requiring such services. Design: Death certificate data in Japan in 2016 were linked with regional healthcare statistics.
Setting/participants: All adults (18 years or older) who died from conditions needing palliative care in 2016 in Japan were included. Results: There were 922,756 persons included for analysis. Malignant neoplasm (37.4%) accounted for most decedents, followed by heart disease including cerebrovascular disease (31.4%), respiratory disease (14.7%) and dementia/Alzheimer’s disease/senility (11.5%). Of decedents, 20.8% died at home or in a nursing home and 79.2% died

outside home (hospital/geriatric intermediate care facility). Death at home was more likely in health regions with fewer hospital beds and more primary care physicians, in total and per condition needing palliative care. Number of home palliative care services was negatively associated with death at home. The adjustment for home palliative care services disappeared in heart disease including cerebrovascular disease and reversed in respiratory disease. Conclusion: Specialised home palliative care services may be suboptimal, and primary care services may serve as a key access point in providing baseline palliative care to people with conditions needing palliative care. Therefore, primary care services should aim to enhance their palliative care workforce.

Approaches to community-based palliative care provision by children's hospices in the UK
Author(s): Michael J Tatteron
Source: Nursing Children & young People
Publication date: 2019
Background: In the UK, the number of children living with life limiting conditions, and the demand for home-based palliative care is increasing. Children's hospices remain a dominant provider of children's palliative care. Aims: To ascertain the approaches taken by children's hospices to meet the needs of children and families who receive palliative care at home. Method: An inte rnet-based survey was sent to all children's hospices in the UK, comprising ten questions exploring the size of the team, geographical areas covered, workforce composition, services offered and approaches taken to managing unplanned, out of hours care needs. Findings: 14 hospices responded to the questionnaire (26% of hospices). A total of 1,618 families were cared for by the hospices who took part in this study, of which, 825 families received care at home. Registered nurses constituted the greatest proportion of staff and were employed by all teams. Care provided at home can be broadly split into two categories: planned short breaks, and responsive palliative nursing, comprising advance care planning, anticipatory prescribing and dynamic symptom control. Out of hours support was usually offered in the form of telephone support. Conclusion: Models of community-based care are evolving to include nurses practicing at specialist and advanced levels, allowing more children with increasingly complex conditions to be cared for at home.

Systematic review of general practice end-of-life symptom control
Author(s): Mitchell et al.
Source: BMJ Supportive & Palliative Care 8(4)
Publication date: 2018
Background End of life care (EoLC) is a fundamental role of general practice, which will become more important as the population ages. It is essential that general practice's role and performance of at the end of life is understood in order to maximise the skills of the entire workforce. Objective To provide a comprehensive description of the role and performance of general practitioners (GPs) and general practice nurses (GPNs) in EoLC symptom control. Method Systematic literature review of papers from 2000 to 2017 were sought from Medline, PsycINFO, Embase, Joanna Briggs Institute and Cochrane databases. Results From 6209 journal articles, 46 papers reported GP performance in symptom management. There was no reference to the performance of GPNs in any paper identified. Most GPs expressed confidence in identifying EoLC symptoms. However, they reported lack of confidence in providing EoLC at the beginning of their careers, and improvements with time in practice. They perceived emotional support as being the most important aspect of EoLC that they provide, but there were barriers to its provision. GPs felt most comfortable treating pain, and least confident with dyspnoea and depression. Observed pain management was sometimes not optimal. More formal

training, particularly in the use of opioids was considered important to improve management of both pain and dyspnoea. Conclusions It is essential that GPs receive regular education and training, and exposure to EoLC from an early stage in their careers to ensure skill and confidence. Research into the role of GPNs in symptom control needs to occur.

Can specially trained community care workers effectively support patients and their families in the homes settings at the end of life? Abstract only*
Author(s): Poulos et al.
Source: Health & Social Care in the Community 2692) e270-e279
Publication date: March 2018
Surveys indicate that many Australians would prefer to die at home, but relatively few do. Recognising that patients and their families may not have the support they need to enable end-of-life care at home, a consortium of care providers developed, and received funding to trial, the Palliative Care Home Support Program (PCHSP) across seven health districts in New South Wales, Australia. The programme aimed to supplement end-of-life care in the home provided by existing multidisciplinary community palliative care teams, with specialist supportive community care workers (CCWs). An evaluation of the service was undertaken, focussing on the self-reported impact of the service on family carers (FCs), with triangulation of findings from community palliative care teams and CCWs. Service evaluation data were obtained through postal surveys and/or qualitative interviews with FCs, community palliative care teams and CCWs. FCs also reported the experience of their loved one based on 10 items drawn from the Quality of Death and Dying Questionnaire (QODD). Thematic analysis of surveys and interviews found that the support provided by CCWs was valued by FCs for: enabling choice (i.e. to realise end-of-life care in the home); providing practical assistance ("hands-on"); and for emotional support and reassurance. This was corroborated by community palliative care teams and CCWs. Responses by FCs on the QODD items indicated that in the last week of life, effective control of symptoms was occurring and quality of life was being maintained. This study suggests that satisfactory outcomes for patients and their families who wish to have end-of-life care in the home can be enabled with the additional support of specially trained CCWs. A notable benefit of the PCHSP model, which provided specific palliative care vocational training to an existing community care workforce, was a relatively rapid increase in the palliative care workforce across the state.

Conference abstract: Turning Water into Wine: A New Community Pharmacy Workforce Delivering Paediatric Palliative Care Services Across Scotland Abstract all available
Author(s): Kate McCusker
Source: Journal of Pain and Symptom Management 56(6)
Publication date: December 2018
Background: A ground breaking paediatric palliative care study in Scotland in 2015 identified that 15,400 babies, children and young people (BCYP) with life-limiting conditions required input from palliative care services, significantly higher than previously thought. Innovative and transformational approaches to palliative care need to be investigated if services are to meet demand. To this end, a Paediatric Palliative Care Community Pharmacy Network was conceptualised to deliver medicines optimisation to BCYP and improve access to specialist palliative care medication thereby improving patient outcomes. This pioneering new model of care unlocks the clinical capacity of community pharmacists and capitalises on their unique reach across Scotland to deliver palliative care services deep into the heart of all communities. Furthermore, this shift from the traditional medical and nursing models of palliative care will provide sustainable and affordable services and reduce the burden on the already stretched hospital and hospice services. Method:

Through stakeholder engagement, a service delivery framework was designed. The framework is set out under 3 key domains: (1) Core Services from Community Pharmacies (2) Required Training and Resources for Community Pharmacies, (3) Service Evaluation and Patient Outcomes. The core services from community pharmacies will be delivered free of charge at the point of care. Results: The framework was presented to national commissioning bodies, and full funding to test the model has been successfully secured. The model is currently being tested in a pilot site in Scotland before full service evaluation and national roll-out. Conclusion: A pioneering new model of care, maximising community pharmacy capacity and reach, to deliver palliative care services deep into communities and improve patient outcomes has been conceptualised. Funding has been successfully secured and testing of the model is currently underway, with the first results due to be formally analysed in the summer of 2018.

Provision of Palliative Care Services by Family Physicians Is Common
Author(s): Ankuda et al.
Source: Palliative Care Services by Family Physicians 30(2)
Publication date: March-April 2017
Objective: Provision of palliative care services by primary care physicians is increasingly important with an aging population, but it is unknown whether US primary care physicians see themselves as palliative practitioners. Methods: This study used cross-sectional analysis of data from the 2013 American Board of Family Medicine Maintenance of Certification Demographic Survey. Results: Of 10,894 family physicians, 33.1% (n 3609) report providing palliative care. Those providing palliative care are significantly more likely to provide non– clinic-based services such as care in nursing homes, home visits, and hospice. Controlling for other characteristics, physicians reporting palliative care provision are significantly (P < .05) more likely to be older, white, male, rural, and practicing in a patient-centered medical home. Conclusion: One third of family physicians recertifying in 2013 reported providing palliative care, with physician and practice characteristics driving reporting palliative care provision.(J Am Board Fam Med 2017;30:255–257.)

Recruitment, retention, and supply

Factors influencing nurse retention within children's palliative care
Item Type: Journal Article
Authors: Whiting, L.;O'Grady, M.;Whiting, M. and Petty, J.
Publication Date: // ,2021
Journal: Journal of Child Health Care 25(4), pp. 587-602
Abstract: Retention of staff presents major challenges within children's palliative care; this has substantial implications for children, families and the nursing workforce. To address this, a programme was undertaken that provided pathways of professional development for senior nurses working in this field. This study reports the views of nurses completing this programme, the overall project manager (PM) and the day-to-day programme lead (PL) as well as factors that influence nurse retention within children's palliative care nursing. The study drew on an Appreciative Inquiry approach that comprised of interviews with the PM and PL as well as focus groups and questionnaires with senior nurses from the children's palliative care sector, who participated in the training programme. Thematic analysis of data from interviews and focus groups revealed factors influencing nurse retention: speciality, positivity and making a difference, support, provision of adequate resources, tailored education/professional development and resilience. These themes were supported by the questionnaire findings. The programme was perceived as having a positive influence on nurse retention within the children's palliative care workforce. In addition, it was felt to be very beneficial in terms of shared

learning and development. Participants highlighted the need for similar opportunities in the future. Copyright © The Author(s) 2020.

Increasing the visibility of palliative care nursing Abstract all available
Author(s): McIlfatrick and Muldrew
Source: International Journal of Palliative Nursing 27(1)
Publication date: February 2021
The author reflects on issues and developments in palliative care nursing worldwide as of February 2021. Topics include the challenges posed by the COVID-19 pandemic in the nursing profession during the International Year of the Nurse and Midwife in 2020, the key role of nurses in achieving universal health coverage, as well as the anxiety, insomnia, and physical exhaustion experienced by nurses at personal level.

Conference abstract: Meeting the Hospice and Palliative Care Registered Nurse Workforce Challenge: Hospice Nurse Residencies as a Case Study (TH362)
Author(s): Hurley et al.
Source: Journal of Pain and Symptom Management, 59(2)
Publication date: February 2020
In this presentation, we will examine workforce challenges that face hospice and palliative registered nurses, administrators, and educators and discuss potential opportunities for growth both locally and nationally to increase the palliative nurse workforce. In response to these challenges, two hospice agencies have recently begun Hospice Nurse Residencies to provide opportunities for new graduate nurses to enter directly into community based hospice care. In this presentation, both agencies will offer perspectives on residency development details and lessons learned in implementation. Addressing and prioritizing the hospice and palliative registered nurse workforce is paramount to the success of all initiatives aimed at providing optimal, evidence-based care for those with serious illness.

The Growing Demand for Hospice and Palliative Medicine Physicians: Will the Supply Keep Up?
Author(s): Lupu et al.
Source: Journal of Pain and Symptom Management 55(4)
Publication date: April 2018
Context: The need for hospice and palliative care is growing rapidly as the population increases and ages and as both hospice and palliative care become more accepted. Hospice and palliative medicine (HPM) is a relatively new physician specialty, currently training 325 new fellows annually. Given the time needed to increase the supply of specialty-trained physicians, it is important to assess future needs to guide planning for future training capacity. Objectives: We modeled the need for and supply of specialist HPM physicians through the year 2040 to determine whether training capacity should continue growing. Methods: To create a benchmark for need, we used a population-based approach to look at the current geographic distribution of the HPM physician supply. To model future supply, we calculated the annual change in current supply by adding newly trained physicians and subtracting physicians leaving the labor force. Results: The current U.S. supply of HPM specialists is 13.35 per 100,000 adults 65 and older. This ratio varies greatly across the country. Using alternate assumptions for future supply and demand, we project that need in 2040 will range from 10,640 to almost 24,000 HPM specialist physicians. Supply will range from 8100 to 19,000. Conclusion: Current training capacity is insufficient to keep up with population growth and demand for services. HPM fellowships would need to grow from the current 325 graduates annually to between 500 and 600 per year by 2030 to assure sufficient physician workforce for hospice and palliative care services given current service provision patterns.

Sidewalk Chalk Art: A Creative Way To Engage Millennials in Palliative Care Abstract only*
Author(s): Montross-Thomas et al.
Source: Journal of Palliative Medicine 20(4)
Publication date: April 2017
The article focuses on employing ways for engage millennial in palliative care focusing on sidewalk chalk art. It mentions that psychology students were formally trained as hospice volunteers and spent a semester personally caring for patients and families, wherein at the end of the course, the students took part in a reflection celebration, where they identified at least one quote from their patients that evoked fond memories of their volunteer experience.

Canada needs twice as many palliative specialists
Author(s): Lauren Vogel
Source: CMAJ 189(1)
Publication date: January 2017
Canada doesn’t have enough palliative care doctors to give suffering patients an alternative to assisted death, the Canadian Society of Palliative Care Physicians (CSPCP) warns in a new report. The group anticipates about 62 400 Canadians will request medical assistance to die in 2017. Meeting their palliative care needs will require the equivalent of 170 specialists working 40 hours a week for a year — double the number currently practising in Canada.

Using agency nurses to fill RN vacancies within specialized hospice and palliative care
Author(s): Cozad et al.
Source: Policy Polit Nurs Pract 17(3) pp. 147-155
Publication date: August 2016
The use of agency nurses offers flexibility in filling registered nurse openings during times of shortage, yet little is known about their use in specialized palliative care. In an effort to fill this knowledge gap, this study determined whether significant relationships existed between full-time and part-time RN vacancies and the use of agency RNs within specialized hospices that deliver perinatal end of life care to women and their families in the event of miscarriage, ectopic pregnancy, or other neonatal complications resulting in death. This study used data from the 2007 National Home and Hospice Care Survey and multivariate regression methods to estimate the association between RN vacancies and agency RNs use. Approximately 13% of perinatal hospices in 2007 used agency nurses. Increases in full-time RN vacancies are associated with a significant increase in the use of agency RNs, while part-time RN vacancies are associated with a significant decrease in agency RNs. These results suggest that full-time agency RNs were used as a supplemental workforce to fill vacancies until the full-time position is recruited. However, for parttime vacancies, the responsibilities of those positions shifted onto existing staff and the position was not filled.

Conference abstract: Collecting evidence of nursing vacancies in voluntary children’s palliative care organisations Abstract all available
Author(s): Gillian Dickson
Source: BMJ Supportive & Palliative Care 5 (Issue Suppl 3)
Publication date: 2015
Introduction: Health systems around the world report a global shortage of nurses.
In the United Kingdom 55% of registered nurses are not practicing in the NHS. How many nurses delivering complex care to children with life-limiting conditions are employed in voluntary organisations? Is this number enough to provide safe, sustainable care whenever and wherever they need it, now and into the future? Aims: To explore this we gathered direct feedback from voluntary children’s hospice and palliative care organisations. Methods: We carried out data collection via online

survey for an agreed date and in-depth analysis. Results: Two thirds of the children's hospice and community services completed the survey allowing us to extrapolate and predict there are over 1500 nurses employed in the sector. The average vacancy rate we found was 10% which reflects the national rate for NHS Services across the country. Over 60% of vacancies came under the definition of 'hard to fill' (post vacant for over three months). Almost half of services had to reduce the service offered to families due to vacancies; reducing the short break offered or reducing the out of hours part of the service. Conclusion: Despite the vacancy rate in the sector matching the NHS, the responses suggest differences in terms and conditions compared to NHS which may be a barrier to attracting and retaining nurses in children's hospice organisations. Responses also suggested a barrier when attracting nurses to a sector sometimes perceived as 'sad'. We asked sector leaders to relate these findings to the global picture and suggest local solutions to recruitment practice. The survey highlighted the urgent need to increase the profile of working in this sector, ensure roles are made attractive to prospective nurses and find creative solutions to skill mix in future workforce planning.

Simulation

Using Virtual Learning to Develop Palliative Care Skills Among Humanitarian Health Workers in the Rohingya Refugee Response in Bangladesh
Item Type: Journal Article
Authors: Doherty, Megan;Lynch-Godrei, Anisha;Azad, Tasnim;Ladha, Fatima;Ferdous, Lailatul;Ara, Rowsan;Richardson, Kathryn and Groninger, Hunter
Publication Date: // ,2022
Journal: Journal of Medical Education and Curricular Development 9, pp. 23821205221096099

Abstract: Background: Palliative care is an essential component of health responses in humanitarian settings, yet it remains largely unavailable in these settings, due to limited availability of palliative care training for healthcare professionals. Online training programs which connect experts to clinicians in the field have been proposed as an innovative strategy to build palliative care capacity humanitarian settings., Objective: To describe the implementation and evaluate the impact of delivering palliative care education using an established virtual learning model (Project ECHO) for healthcare clinicians working in the Rohingya refugee response in Bangladesh. Program acceptability and the impacts on learners' self-reported knowledge, comfort, and practice changes were evaluated., Methods: Using the Project ECHO model, an education program consisting of 7 core sessions and monthly mentoring sessions was developed. Each session included a didactic lecture, case presentation and interactive discussion. Surveys of participants were conducted before and after the program to assess knowledge, confidence, and attitudes about palliative care as well as learning experiences from the program., Results: This virtual palliative care training program engaged 250 clinicians, including nurses (35%), medical assistants (28%) and physicians (20%). Most participants rated the program as a valuable learning experience (96%) that they would recommend to their colleagues (98%). Participants reported improvements in their knowledge and comfort related to palliative care after participation in the program, and had improved attitudes towards palliative care with demonstrated statistical significance ($p < 0.05$)., Conclusions: Virtual training is a feasible model to support healthcare providers in a humanitarian health response. Project ECHO can help to address the urgent need for palliative care in humanitarian responses by supporting healthcare workers to provide essential palliative care to the growing number of individuals with serious health-related suffering in humanitarian settings. Copyright © The Author(s) 2022.

Evaluation of IMproving Palliative care Education and Training Using Simulation in Dementia (IMPETUS-D) a staff simulation training intervention to improve palliative care of people with advanced dementia living in nursing homes: a cluster randomised controlled trial
Item Type: Journal Article
Authors: Tropea, J.;Nestel, D.;Johnson, C.;Hayes, B. J.;Hutchinson, A. F.;Brand, C.;Le, B. H.;Blackberry, I.;Caplan, G. A.;Bicknell, R.;Hepworth, G. and Lim, W. K.
Publication Date: // ,2022
Journal: BMC Geriatrics 22(1), pp. 127
Abstract: BACKGROUND: People with dementia have unique palliative and end-of-life needs. However, access to quality palliative and end-of-life care for people with dementia living in nursing homes is often suboptimal. There is a recognised need for nursing home staff training in dementia-specific palliative care to equip them with knowledge and skills to deliver high quality care. OBJECTIVE(S): The primary aim was to evaluate the effectiveness of a simulation training intervention (IMPETUS-D) aimed at nursing home staff on reducing unplanned transfers to hospital and/or deaths in hospital among residents living with dementia. DESIGN: Cluster randomised controlled trial of nursing homes with process evaluation conducted alongside. SUBJECTS & SETTING: One thousand three hundred four people with dementia living in 24 nursing homes (12 intervention/12 control) in three Australian cities, their families and direct care staff. METHOD(S): Randomisation was conducted at the level of the nursing home (cluster). The allocation sequence was generated by an independent statistician using a computer-generated allocation sequence. Staff from intervention nursing homes had access to the IMPETUS-D training intervention, and staff from control nursing homes had access to usual training opportunities. The predicted primary outcome measure was a 20% reduction in the proportion of people with dementia who had an unplanned transfer to hospital and/or death in hospital at 6-months follow-up in the intervention nursing homes compared to the control nursing homes. RESULT(S): At 6-months follow-up, 128 (21.1%) people with dementia from the intervention group had an unplanned transfer or death in hospital compared to 132 (19.0%) residents from the control group; odds ratio 1.14 (95% CI, 0.82-1.59). There were suboptimal levels of staff participation in the training intervention and several barriers to participation identified. CONCLUSION(S): This study of a dementia-specific palliative care staff training intervention found no difference in the proportion of residents with dementia who had an unplanned hospital transfer. Implementation of the intervention was challenging and likely did not achieve adequate staff coverage to improve staff practice or resident outcomes. TRIAL REGISTRATION: Australian New Zealand Clinical Trials Registry (ANZCTR): ACTRN12618002012257 . Registered 14 December 2018.Copyright © 2022. The Author(s).

Conference abstract: Using Simulation to Teach Interprofessional Communication in Palliative Care (FR482A)
Abstract all available
Author(s): Jones et al.
Source: Journal of Pain and Symptom Management
Publication date: February 2019
Over 500 learners have participated and report increased comfort with palliative care communication and interprofessional teamwork. Impact: Introduction to palliative care is an important opportunity for interprofessional learners. Many students have little previous knowledge of palliative care and end-of-life issues. This course allows students to explore these concepts in a safe environment while being positively exposed to the field. Critique/Next Steps: We plan to evaluate whether interprofessional communication training influences learner comfort with difficult conversations in future clinical practice.

High-fidelity simulation: Teaching end-of-life care Abstract only*
Author(s): Shaw and Abbott
Source: Nurse Education Today 49 pp. 8-11
Publication date: 2017
The American Nurses Association, American Association of Colleges of Nursing, and the Institute of Medicine of the National Academies are unified in the position that nursing education must prepare students to coordinate and perform end-of-life (EOL) care. Yet, according to literature, undergraduate nursing education in EOL care remains inadequate. Following a review of literature indicating a need for more EOL instruction, a high-fidelity simulation activity is introduced and described. Included are guidelines for preparation, role assignment, integration of other professionals and family, and student reflection after the activity. Student evaluations indicate that the simulation is valuable and improves self-efficacy in caring for the dying. By providing students with the opportunity to experience EOL in a low-risk, learning environment, a high-fidelity EOL simulation activity can help educators bridge the knowledge gap in nursing education.

Staff perceptions and experiences

Understanding experiences of the radiography workforce delivering medical imaging as part of patients' end of life care: An exploratory qualitative interview study
Item Type: Journal Article
Authors: Spacey, A.;Heaslip, V. and Szczepura, K.
Publication Date: // ,2024
Journal: Radiography 30(1), pp. 132-140
Abstract: Introduction: People nearing the end of life often require medical imaging in hospitals to manage symptoms and care, despite this little is known about the experiences of those delivering it. The aim of this study is therefore to explore the experiences of the radiography workforce delivering medical imaging as part of patients' end-of-life care. Method(s): Qualitative design using semi-structured interviews and thematic analysis. A total of 8 participants participated in the study including registered diagnostic radiographers (n = 5), imaging assistants (n = 2) and assistant practitioners (n = 1). All have been involved in the medical imaging of patients receiving end of life care in UK hospitals. Result(s): Findings identified an absence of end of life care policy guidance and education accessible to radiography staff, limiting their ability to provide evidenced based care for those nearing the end of life during medical imaging examinations. Findings also suggest difficulty in identifying patients receiving end of life care further hindered staffs' ability to adapt their care to provide a more person-centred approach. Lastly, the workforce felt an accumulative emotional burden following their interactions with patients nearing the end of life. Conclusion(s): There is a clear need to develop policy and education to support the radiography workforce to ensure care is appropriately identified and adapted to those nearing the end of life. Furthermore, staff support and wellbeing needs to be considered. Implications for practice: Future research is required exploring the patient perspective to understand their experiences so that the education and practice provision is driven by patient need. International exploration of end of life care in medical imaging is recommended to explore whether similar challenges related to clinical practice exist in other countries. Copyright © 2023 The Authors

Healthcare professionals' perspectives of the management of people with palliative care needs in the emergency department of a UK hospital
Item Type: Journal Article
Authors: Sausman, Jane;Arif, Azra;Young, Annie;MacArtney, John;Bailey, Cara;Rajani, Jaimini and Burt, Rebecca
Publication Date: // ,2023

Journal: BMC Palliative Care 22(1), pp. 129
Abstract: BACKGROUND: The Emergency Department (ED) is not always the optimal place for people with palliative care needs but is the most common route for treatment when urgent care is sought. The aim of this study,''REasons for PalLIative Care Admissions (REPLICA)' was to explore the perspectives of ED healthcare professionals of hospital admission or discharge via ED for palliative care patients., METHODS: This is a sequential mixed methods study comprising (i) quantitative descriptive analysis of Hospital Episode Statistics (HES) of palliative care patients (code Z51.5) who were admitted through ED in a West Midlands Hospital and for the rest of England; (ii) in-depth semi-structured interviews with 17 ED staff which were analysed using thematic content analysis., RESULTS: Over the four years (2013-2017), 430,116 people admitted through ED were identified with a Z51.5 diagnosis code, 0.6% (n = 2736) of whom were from the West Midlands Hospital. The most common reasons for palliative care patients' admission to hospitals across England were for care of chronic kidney disease, cancers and urinary tract infections. Five themes were elicited from the qualitative analysis: (1) Providing palliative care in ED is challenging, due to factors including lack of training in palliative care and the unsuitable environment. (2) Patients go to ED due to challenges in community management such as inappropriate referrals and no care plan in place. (3) Health system influences admission and discharge decisions, including bed availability and being unable to set up community services out-of-hours. (4) Discussion with patient about treatment and end of life care needs to be outside of ED whilst the patient is still well enough to express their wishes. (5) Improving services for patients with palliative care needs. Recommendations include short training sessions for ED staff and accessing palliative care professionals 24/7., CONCLUSIONS: A large number of palliative care patients visit ED and are admitted to hospital for care; there is an urgent need to prevent patients attending the hospital through the establishment of a coordinated and dedicated service to support palliative care patients in the community. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.

Exploring the Impact and Lived Experiences of Hospice Staff Working in End-of-Life Care: An Interpretative Phenomenological Analysis (IPA)
Item Type: Journal Article
Authors: Moody, Chloe D.
Publication Date: // ,2022
Journal: Omega , pp. 302228221085467
Abstract: Current research surrounding the experiences of hospice staff is significantly underdeveloped. Additionally, the stigmatisation of death in Western society has formed delusions of hospice care amongst the general public. These findings gained an insight of the lived experiences of six hospice staff across England and Wales, through an interpretative phenomenological analysis. Eight superordinate themes were identified; 'COVID-19 as a barrier to care delivery', 'Discomfort is key for personal growth', 'Self-preservation is paramount', 'Psychological impact of hospice environment', 'Internal conflict surrounding life and death', 'Complexities of a firm belief system', 'Utopian view of hospices' and 'Colleagues are a pillar of support'. All narratives shared overarching themes on growth, acceptance, and morality. These findings have future implications at the organisational level, identifying areas for adjustment for employee wellbeing. Furthermore, this may also educate aspiring end-of-life care staff in preparation for the reality of hospice environments.

Front-Line Hospice Staff Perceptions of Barriers and Opportunities to Discussing Advance Care Planning With Hospice Patients and Their Families Abstract only*
Author(s): Oh et al.
Source: Journal of the American Medical Directors Association

Publication date: July 2022
Objectives: To understand the facilitators and barriers to hospice staff engagement of patients and surrogates in advance care planning (ACP) conversations. Design: Qualitative study conducted with purposive sampling and semistructured interviews using ATLAS.ti software to assist with template analysis. Settings and participants: Participants included 51 hospice professionals (31 clinicians, 13 leaders, and 7 quality improvement administrators) from 4 geographically distinct nonprofit US hospices serving more than 2700 people. Measures: Interview domains were derived from the implementation science framework of Capability, Opportunity, Motivation, and Behavior (COM-B), with additional questions soliciting recommendations for behavior change. Differences in themes were reconciled by consensus. The facilitator, barrier, and recommendation themes were organized within the COM-B framework. Results: Capability was facilitated by interdisciplinary teamwork and specified clinical staff roles and inhibited by lack of self-perceived skill in engaging in ACP conversations. Opportunities for ACP occurred during admission to hospice, acute changes, or deterioration in patient condition. Opportunity-related environmental barriers included time constraints such as short patient stay in hospice and workload expectations that prevented clinicians from spending more time with patients and families. Motivation to discuss ACP was facilitated by the employee's goal of providing personalized, patient-centered care. Implicit assumptions about patients' and families' preferences reduced staff's motivation to engage in ACP. Hospice staff made recommendations to improve ACP discussions, including training and modeling practice sessions, earlier introduction of ACP concepts by clinicians in prehospice settings, and increasing workforce diversity to reflect the patient populations the organizations want to reach and cultural competency. Conclusions and implications: Even hospice staff can be uncomfortable discussing death and dying. Yet staff were able to identify what worked well. Solutions to increase behavior of ACP engagement included staff training and modeling practice sessions, introducing ACP prior to hospice, and increasing workforce diversity to improve cultural competency.

Rural community-based nurses' self-reported knowledge and skills in the provision of psychosocial care to palliative and end-of-life clients and carers Abstract only*
Author(s): Ristevski et al.
Source: Palliative Support Care 20(6) pp. 823-831
Publication date: December 2022
Objective: This study examined rural community-based nurses' self-reported knowledge and skills in the provision of psychosocial care to rural residing palliative and end-of-life clients and carers. We further sought to determine correlates of knowledge gaps to inform workforce education and planning. Method: Nurses from a rural area of Victoria, Australia, were invited to complete an electronic questionnaire rating their knowledge against 6 national palliative care standards and 10 screening and assessment tools. A 5-point scale of (1) No experience to (5) Can teach others was used to rate knowledge. Results were classified into three categories: practice gaps, areas of consolidation, and strengths. Descriptive and logistical regression was used to analyze data. Results: A total of 122 of 165 nurses (response rate = 74%) completed the survey. Of these nurses, 87% were Registered Nurses, 43% had ≥10 years' experience in palliative care, and 40% had palliative care training. The majority of practices across the standards and screening and assessment tools were rated as knowledge strengths (N = 55/67, 82%). Gaps and areas of consolidation were in the use of client and carer assessment tools, the care of specific populations such as children, supporting carers with appropriate referrals, resources, and grief, and facilitating the processes of reporting a death to the coroner. Lack of formal training and lower years of experience were found to be

associated with practice gaps. Significance of results: Our study found rural nurses were confident in their knowledge and skills in the majority of psychosocial care. As generalist nurses make up the majority of the rural nursing workforce, further research should be undertaken on what educational strategies are needed to support and upskill rural community-based nurses to undertake formal training in palliative care.

Mixed-methods systematic review: Cultural attitudes, beliefs and practices of internationally educated nurses towards end-of-life care in the context of cancer Abstract only*
Author(s): Balante et al.
Source: Journal of Advanced Nursing 77(9) pp. 3618-3629
Publication date: February 2021
Aim: To identify and analyse the cultural attitudes, beliefs and practices of internationally educated nurses towards end-of-life care in the context of cancer. Background: Cultural heritage shape beliefs and practices about cancer and end of life, which complicates nursing care delivery. While previous studies centred on diverse patients' perspectives and cultural competence of healthcare professionals, little analysis available focusing on the cultural attitudes and beliefs of care providers from diverse backgrounds. Design: Mixed methods systematic review. Data sources: CINAHL, MEDLINE, Embase, PsychINFO and Scopus were searched between January and March 2020. No date limit was applied. Review methods: Quality appraisal was conducted using the mixed-method appraisal tool. Convergent segregated synthesis was undertaken. Findings were thematically synthesised with the final synthesis presented narratively. Results: Seven studies were included: three qualitative, two quantitative and two mixed methods. None of the studies focused on the end-of-life care experiences of IENs in the context of cancer. One study reported views on cancer, with all studies analysing the cultural attitudes, beliefs and practices of internationally educated nurses towards end-of-life care. Three main themes were identified: the philosophy of care, approaches to care and perceptions of death and dying. Conclusion: The distinct gap in research on understanding the cultural attitudes and beliefs of internationally educated nurses in end-of-life care in the context of cancer demands further research. Several aspects of end-of-life care were in conflict with internationally educated nurses' cultural attitudes, beliefs and practices. As these nurses are integral in achieving culturally competent care, further understanding of this phenomenon is required to advance the delivery of culturally sensitive care to patients. Impact: Stakeholders, including the nursing workforce, need to play an active role in providing a culturally inclusive workplace. Support measures are necessary to reduce the impact of cultural conflicts experienced by internationally educated nurses.

'As soon as you've been there, it makes it personal': The experience of health-care staff shadowing patients at the end of life
Author(s): Goodrich et al.
Source: Health Expectations 23(5) pp. 1259-1268
Publication date: July 2020
Background: Patient shadowing is an experiential technique intended to enable those who shadow to understand care experience from the patient's point of view. It is used in quality improvement to bring about change that focuses on what is important for patients. Aim: To explore the acceptability of patient shadowing for health-care staff, the impact of the experience and subsequent motivations to make improvements. Method: A qualitative study with a diverse sample of 20 clinical and non-clinical health-care staff in different end-of-life settings. Data were analysed thematically. Results: Anticipated anxieties about shadowing did not materialize in participant accounts, although for some it was a deeply emotional experience, intensified by being with patients who were at the end of life. Shadowing not

only impacted on participants personally, but also promoted better insights into the experience of patients, thus focusing their improvement efforts. Participants reported that patients and families who were shadowed welcomed additional caring attention. Conclusion: With the right preparation and support, patient shadowing is a technique that engages and motivates health-care staff to improve patient-centred care.

The voices of death doulas about their role in end-of-life care
Abstract only*
Author(s): Rawlings et al.
Source: Health & Social Care in the Community 28(1) pp. 12-21
Publication date: August 2019
‘Death Doulas’ have emerged as a relatively new role supporting dying people and their family members; however there is a lack of clarity around how the role is enacted, and around the death doula role within health and social care systems. This study aimed to explore the ambiguity of the role of death doulas in end-of-life care including the skills, training and experience of death doulas; how the role is communicated to the community; and the relationships to palliative care providers and other health professionals. People identifying as death doulas were invited to participate in an online survey between April and June 2018. Ethical approval was obtained. A descriptive cross-sectional study was conducted, and purposive sampling was used to survey death doulas registered with death doula training organisations, newsletters and email distribution lists. Questions were based on the researchers’ previous findings about the role. One hundred and ninety completed or partially completed surveys were received. Results showed diversity within, and some commonalities across the sample in terms of: training, experience and skills; Death doulas have emerged not only as a response to the overwhelming demands on families and carers, but also demands placed on health care professionals (including palliative care) at the end-of-life. They have identified gaps in health and social care provision, perhaps taking on tasks that health professionals don't have responsibility for. However, the roles and scope of practice of death doulas is not clear-cut even within their cohort, which can then make it hard for patients and families when choosing a death doula, especially as a lack of regulation and standardised training means that doulas are working without oversight, and often in isolation.

Allied Health Clinicians' Understanding of Palliative Care as It Relates to Patients, Caregivers, and Health Clinicians: A Cross-Sectional Survey Full text available with NHS OpenAthens account*
Author(s): Morgan et al.
Source: Journal of Allied Health 48(2) pp. 127-133
Publication date: 2019
This is recognised in the WHA's 2014 statement which urges member states: "to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and homebased care, and universal coverage scheme." Discipline-specific support is also provided to patients and families and includes: * spiritual care, emotional and social support (e.g., finalising financial issues/wills within cultural contexts) * provision of education and resources, counselling and guidance * coordination of support services, linking patients into other services, referring on to other relevant health care professionals * provision of rehabilitation to increase, optimise, or maintain a patient's function and participation on meaningful activities * education to patients and families about safety in everyday activities. Improving and strengthening multidisciplinary shared decision-making and education about ways to manage symptoms of advanced disease have been found to support multidisciplinary team members in both generalist and specialist

palliative care settings. AH clinicians have an integral role in the non-pharmacological management of symptoms such as pain caused by positioning and/or compromised skin integrity/33,34) breathlessness,)28,35) lymphoedema,)36,37) anxiety,)38) and difficulties with communication and oral intake.)39,40) There is an emerging body of literature to support and guide AH symptom management interventions both with patients and with caregivers and families.)28,35,41) Increasing numbers of AH clinicians are undertaking clinical research to develop an evidence base to inform clinical practice.

Meeting patients' spiritual needs during end of life care: A qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training Abstract only*
Author(s): O'Brien et al.
Source: Journal of Clinical Nursing 28(102) pp. 182-189
Publication date: August 2018
Aims and objectives: To explore nurses' and healthcare professionals' perceptions of spiritual care and the impact of spiritual care training on their clinical roles. Background: Many nurses and healthcare professionals feel unprepared and lack confidence, competence and skills, to recognise, assess and address patients' spiritual issues. Patients with unmet spiritual needs are at increased risk of poorer psychological outcomes, diminished quality of life and reduced sense of spiritual peace. There are implications for patient care if nurses and healthcare professionals cannot attend to patients' spiritual needs. Design: A qualitative methodology was adopted. Methods: Recruitment was purposive. A total of 21 generalist and specialist nursing and healthcare professionals from North West and South West England, who undertook spiritual care training between 2015–2017, were recruited. Participants were required to be a minimum of 3 months posttraining. Digitally audio-recorded semistructured interviews lasting 11–40 min were undertaken in 2016–2017. Data were subjected to thematic analysis. Ethical committee approval was obtained. COREQ reporting guidelines were utilised. Results: Two main themes were identified, recognising spirituality, with subthemes of what spirituality means and what matters, and supporting spiritual needs, with subthemes of recognition of spiritual distress, communication skills, not having the answers and going beyond the physical. Conclusions: Supporting patients as they approach the end of life needs a skilled workforce; acknowledging the importance of spiritual care and having skills to address it are central to delivery of best holistic care. Relevance to clinical practice: Spiritual care is as important as physical care and supporting patients spiritually as they approach the end of life is vital. Appropriately trained, nurses and healthcare professionals are better able to assess, explore and meet patients' spiritual needs.

Nurses' perspectives on the personal and professional impact of providing nurse-led primary palliative care in outpatient oncology settings Abstract only*
Author(s): Feldenzer et al.
Source: International Journal of Palliative Nursing 25(1) pp. 30-37
Publication date: 2019
Background:: Palliative care (PC) workforce shortages have led to a need for primary PC provided by non-specialists. The Care Management by Oncology Nurses (CONNECT) intervention provides infusion room oncology nurses with training and support to provide primary PC. Aims:: To describe nurses' perspectives on the personal and professional impact of training and provision of primary PC as part of CONNECT. Methods:: This qualitative study consisted of in-depth telephone interviews with 11 nurses at oncology practices in Pennsylvania. Data was analysed using qualitative content analysis. Findings:: Nurses reported a sense of personal and professional fulfillment from providing primary PC, while noting the risk of increased emotional attachment to

patients. Participation improved nursing communication skills. A supportive workplace helped to minimise stress related to incorporating primary PC into busy treatment schedules. Conclusion:: Providing primary PC challenges the task-oriented paradigm of nursing practice and will potentially alter the professional roles and workloads of infusion room nurses.

Constituents of effective support for homecare workers providing care to people with dementia at end of life Abstract only*
Author(s): I-Ling Yeh et al.
Source: International Journal of Geriatric Psychiatry 34(2) pp. 352-359
Publication date: 2019
Objective: The aim of this study was to enhance understanding about homecare workers providing care to people with dementia at end of life by exploring homecare workers' perceptions of challenges and the support they needed and sometimes received. Methods: Qualitative semi-structured interviews were conducted with 29 homecare workers and 13 homecare managers in England. Framework analysis was used to analyse the data. Findings: Four overarching challenges were identified: working with clients with dementia, including clients' sometimes unpredictable responses, communication difficulties, and mood changes; caring for the dying; conflict with family members; and working alone, which often left homecare workers at risk of exhaustion, fatigue, and a sense of isolation. When their work entailed high levels of emotion, such as a client's death or getting embroiled in a client's family conflict, they felt emotionally drained, under-prepared, and overwhelmed. Supportive elements include receiving encouragement and learning from experienced peers and their feelings being acknowledged by managers at their employing homecare agency. Some workers were offered time off or encouraged to attend the client's funeral as a means of supporting the process of bereavement. Conclusions: Peer and manager support are essential and effective in coping with work pressures. There is a need to develop models of effective support to alleviate staff's practical, emotional, and interpersonal pressures. However, due to the isolating nature of homecare work, managers may not recognise early signs of their staff finding stress unmanageable and miss the opportunity to mitigate these negative effects.

Conference abstract: Am I Really Any Good At This? Exploring and Managing the Imposter Phenomenon in Palliative Care (FR438) Abstract all available
Author(s): Lawton et al.
Source: Journal of Pain and Symptom Management 55(2)
Publication date: February 2018

- Define the imposter phenomenon and describe how it manifests in medical practice.
- Describe how early career palliative care providers may be vulnerable to the imposter phenomenon.
- Identify concrete strategies to manage feelings of imposterism.

Conference abstract: Palliative Care Knowledge and Attitudes of Multidisciplinary Health Profession Trainees (TH340B) Abstract all available Abstract all available
Author(s): Boucher et al.
Source: Journal of Pain and Symptom Management 53(2) pp. 334-335
Publication date: February 2017
•Describe the reported KNOWLEDGE of palliative care and end-of-life care of a multidisciplinary health professions sample.
•Describe the reported ATTITUDES towards palliative care and end-of-life care of a multidisciplinary health professions sample.

Technology

Mobile technology and delegated work in specialist community services: the EnComPaSS Integration project
Author(s): Ariss et al.
Source: BMJ Supportive & Palliative Care 14(e1)
Publication date: 2024
Objectives: The current UK healthcare workforce crisis is particularly severe in community services. A key limitation with traditional service-delivery models is the reliance on practitioners with levels of training and experience to enable them to operate independently. This paper describes a real-world evaluation of the implementation of digital health technology designed to provide remote, real-time support and task delegation in community palliative care services. It explores the ability of technology to support sustainable community workforce models and reports on key indicators of quality and efficiency. Methods: The study was a mixed-methods, theory-driven evaluation, incorporating interviews, observations and analysis of routine data. The focus of this paper is the reporting of findings from pre–post implementation comparison and interrupted time series analysis. Data include community hospice service visits, hospital use by hospice patients and patient reported experiences. Results: The digital health intervention allowed the service to include a more junior workforce ($p<0.001$, Cramer's $V=0.241$), requiring fewer joint visits ($p<0.001$, Cramer's $V=0.087$). No negative changes in hospitalisation were observed and patient reported experiences improved ($p=0.023$). Changes in hospital non-emergency bed days were inconclusive. However, emergency department admissions reduced significantly (−76.9 /month at 17 months, $p=0.001$). The cost per hour for visits reduced from £16.71 to £16.23 and annual savings of £135 153 are estimated for reduced emergency admissions. Conclusions: The evaluation demonstrates the value of digital innovation to support programmes of service redesign and begin to address the healthcare workforce crisis, while having a positive economic effect and indicating an improvement to patient experiences.

Advantages and Challenges of Using Telehealth for Home-Based Palliative Care: Systematic Mixed Studies Review
Author(s): Steindal et al.
Source: Journal of Medical Internet Research 25
Publication date: 2023
Background: Owing to the increasing number of people with palliative care needs and the current shortage of health care professionals (HCPs), providing quality palliative care has become challenging. Telehealth could enable patients to spend as much time as possible at home. However, no previous systematic mixed studies reviews have synthesized evidence on patients' experiences of the advantages and challenges of telehealth in home-based palliative care. Objective: In this systematic mixed studies review, we aimed to critically appraise and synthesize the findings from studies that investigated patients' use of telehealth in home-based palliative care, focusing on the advantages and challenges experienced by patients. Methods: This is a systematic mixed studies review with a convergent design. The review is reported according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement. A systematic search was performed in the following databases: Allied and Complementary Medicine Database, CINAHL, Cochrane Central Regiser of Controlled Trials, Embase, Latin American and Caribbean Health Sciences Literature, MEDLINE, PsycInfo, and Web of Science. The inclusion criteria were as follows: studies using quantitative, qualitative, or mixed methods; studies that investigated the experience of using telehealth with follow-up from HCPs of home-based patients aged ≥18; studies published between January 2010 and June 2022; and studies published in Norwegian, Danish, Swedish, English, Portuguese, or Spanish in

peer-reviewed journals. Five pairs of authors independently assessed eligibility of the studies, appraised methodological quality, and extracted data. The data were synthesized using thematic synthesis. Results: This systematic mixed studies review included 41 reports from 40 studies. The following 4 analytical themes were synthesized: potential for a support system and self-governance at home; visibility supports interpersonal relationships and a joint understanding of care needs; optimized information flow facilitates tailoring of remote caring practices; and technology, relationships, and complexity as perpetual obstacles in telehealth. Conclusions: The advantages of telehealth were that patients experience a potential support system that could enable them to remain at home, and the visual features of telehealth enable them to build interpersonal relationships with HCPs over time. Self-reporting provides HCPs with information about symptoms and circumstances that facilitates tailoring care to specific patients. Challenges with the use of telehealth were related to barriers to technology use and inflexible reporting of complex and fluctuating symptoms and circumstances using electronic questionnaires. Few studies have included the self-reporting of existential or spiritual concerns, emotions, and well-being. Some patients perceived telehealth as intrusive and a threat to their privacy at home. To optimize the advantages and minimize the challenges with the use of telehealth in home-based palliative care, future research should include users in the design and development process.

Conference abstract: Improving palliative care access through technology (ImPAcTT) in nursing homes: Preliminary pilot study findings See p. 13 Abstract all available
Author(s): Stephens et al.
Source: Journal of the American Geriatrics Society
Publication date: April 2020

BACKGROUND: Nursing homes (NHs) are increasingly the site of death for older adults with serious illnesses, many of whom have unmet palliative care (PC) needs. Given PC workforce limitations, leveraging alternative approaches such as technology-based tools is critical to addressing these gaps. Use of telehealth to provide NH PC has been extremely limited, only focusing on end-of-life care. No studies to date have examined how it can be used to proactively deliver PC expertise/support to NH residents, families, and staff. METHODS: Using a quasi-experimental single arm design, we are piloting the Improving Palliative Care Access Through Technology (ImPAcTT) intervention in 3 NHs to assess the feasibility and acceptability of study design and procedures, and to estimate the impact on symptom distress, quality of life, advanced care planning, and acute care utilization. RESULTS: At baseline, PC-eligible NH residents (n=48) were average age 83.21(62-101), 67% female, 52% Black, 15% married, with an average # of dx 13.79(4-26), average # of medications 16.79(6-33), average BIMS of 11.65(3-15), average PHQ-9 of 5.67 (3-11), and average length of NH stay 25 months(0-104). Directors of Nursing stated they would be surprised if 88% of enrolled residents were alive at one year. From baseline to 3 months, the proportion of residents with depression (PHQ-9 score 5+), pain (score 5+/10), anxiety (8+/10) and tiredness (5+/10) decreased (83% vs 45%; 48% vs 42%; 16% vs 7%; 48% vs 35%, respectively) and self-reported quality of life improved (very poor/poor 16% vs 10%; fair 33% vs 10%; good 33% vs 60%; excellent 17% vs 20%). Conclusions: Preliminary findings suggest this upstream PC telehealth intervention that provides early identification, outreach, education and support to NH residents, families, and staff is acceptable, feasible and may reduce symptom burden, improve quality of life and facilitate goals of care discussion.

Conference abstract: Use of video visits in home-based palliative care, qualitative perceptions from clinicians See p. 250 Abstract all available
Author(s): Macias et al.
Source: Journal of the American Geriatrics Society 68
Publication date: 2020

Overall, participants suggested that video visits are most appropriate for follow-up visits in HBPC. Thematic analysis yielded six themes. (1) Clinicians find video visits useful in the right situations, but the overall reception to video visits was neutral. (2) Clinicians' perceptions of video visits can change over time with greater use in both positive and negative directions. (3) Physicians may experience enhanced productivity and efficiency with video visits. (4) Nurses may experience challenges to productivity and efficiency with video visits, primarily due to the increased time that nurses spend to facilitate the video visit connection between the patients/family and physician. (5) Clinicians reported that patients and caregivers appreciate video visits; however, they may still prefer in-person visits. (6) Scheduling and coordination of the video visits between the nurse and physician presents persistent challenges. Conclusion Further study and improvements in video visit technology and implementation within HBPC may enhance the benefits and experience of frontline clinicians.

Conference abstract: Breaking Access and Distance Barriers: Using Innovative Modalities of TelePalliative Care (TH364)
Abstract all available
Author(s): Sanchez-Reilly et al.
Source: Journal of Pain and Symptom Management 59(2)
Publication date: February 2020
Objectives: Discuss innovative approaches to the delivery of tele-palliative care. Summarize the steps needed to establish a telepalliative care program. Patients suffering from incurable and debilitating conditions are in crucial need of interprofessional palliative care services. Palliative care teams monitor, manage, and maintain such patients' performance status while improving symptoms and facilitating goals-of-care discussions. A growing workforce shortage in palliative care professionals as well as access issues in remote areas are significant barriers to patient-centered, serious illness care. Efforts to bring palliative care interprofessional expertise to patients in the community have proven successful in increasing early goals-of-care discussions, improving complex symptoms, and even delivering specialty palliative care to patients living with chronic conditions in rural areas. An innovative way of providing palliative care access and expertise is tele-palliative care. Tele-palliative care provides substantial benefits to patients who live in remote areas with limited access to care, patients with high appointment burden, homebound patients, or patients who would prefer to receive care and continuous monitoring at home. The insertion of technology into palliative care requires awareness and intentional inclusion of four areas of evaluation that would otherwise be automatic in an in-person visit. This session will discuss several established clinical models of tele-palliative care, including tele-hospice, provision of complex symptom management, and tele-palliative care geared to specialty care patients receiving maintenance hemodialysis. Through case-based studies, presenters will emphasize a stepwise approach on how to operationalize tele-palliative services. Small group sessions will focus on the different modalities of tele-palliative care and a discussion panel will address barriers, payment systems, equipment and technology needs, stakeholders' roles, and interprofessional team approaches.

Using Technology to Create a More Humanistic Approach to Integrating Palliative Care into the Intensive Care Unit Full text available with NHS OpenAthens account*
Author(s): Cox et al.
Source: American Journal of Respiratory and Critical Care Medicine 193(3)
Publication date: February 2016
A decade ago, the major obstacles to integration of palliative care into the intensive care unit (ICU) were the limited number of providers trained in palliative care, an immature evidence base, and a lack of appreciation for the importance of palliative care in the ICU. In 2016, the palliative care workforce has expanded markedly and there is growing appreciation of the benefits of palliative care, whether provided by a generalist (intensivist, nurse, social worker) or palliative care specialist. However, there is evidence that the quality of ICU-based palliative care is often suboptimal. A major barrier to more broadly addressing this quality problem is the lack of scalable ICU-based palliative care models that use technology to deliver efficient, collaborative palliative care in the ICU setting to the right patient at the right time. To address these challenges, we first review strengths and limitations of current care models as the basis for our novel conceptual framework that uses the electronic health record as a platform on which external innovations can be built, including: (1) screening for patients at risk for poor outcomes, (2) integrating patient- and family-reported needs, (3) personalizing care, and (4) directing generalist versus specialist triage algorithms. In the approaches considered, we describe current challenges and propose specific solutions that use technology to improve the quality of the human interaction in a stressful, complex environment.

Volunteering

What are the Emotional Experiences of Being a Volunteer in Palliative and End-of-Life Care Settings? A Systematic Review and Thematic Synthesis
Item Type: Journal Article
Authors: Coleman, H. and Walshe, C.
Publication Date: // ,2021
Journal: Journal of Pain and Symptom Management 62(3), pp. e232-e247
Abstract: Context: Previous research has focused on the risks of stress, burnout and the impact on general emotional well-being in paid palliative care staff, however volunteers in patient-facing roles are exposed to similar stressors. Volunteers increasingly provide emotional support to patients and families but receive little formal support for themselves. It is important to understand volunteers' emotional experiences of their role to identify strategies that could be implemented to support them effectively. Objective(s): To synthesize qualitative data on the emotional experiences of being a volunteer in palliative and end-of-life care settings, including how people cope with this role and how they can be best supported. Method(s): A systematic review with thematic synthesis design, with an iterative three-stage synthesis, including line-by-line coding, organizing this into descriptive themes and then developing analytical themes. Four databases (PsycInfo, CINAHL, MEDLINE, and EMBASE) were searched in November 2019. The Critical Appraisal Skills Programme was used to evaluate included papers. Result(s): From the 22 included studies, four themes were developed: 1) intrinsic challenges (e.g., conflicting feelings); 2) extrinsic challenges (e.g., resources and expectations); 3) personal gain (e.g., learning and self-growth); and 4) developing relationships (e.g., appropriate boundaries). Challenges included personal feelings related to their role for example uncertainty, not being 'good enough' and feeling drained as well as frustrations within

the palliative care system. Conclusion(s): Volunteers face unique challenges but also positive impacts that can affect their emotional well-being. It is important to monitor how volunteers are coping and provide appropriate support.Copyright © 2021 American Academy of Hospice and Palliative Medicine

Volunteer navigation partnerships: Piloting a compassionate community approach to early palliative care
Author(s): Pesut et al.
Source: BMC Palliative Care 17(2)
Publication date: 2018
Background: A compassionate community approach to palliative care provides important rationale for building community-based hospice volunteer capacity. In this project, we piloted one such capacity-building model in which volunteers and a nurse partnered to provide navigation support beginning in the early palliative phase for adults living in community. The goal was to improve quality of life by developing independence, engagement, and community connections. Methods: Volunteers received navigation training through a three-day workshop and then conducted in-home visits with clients living with advanced chronic illness over one year. A nurse navigator provided education and mentorship. Mixed method evaluation data was collected from clients, volunteer navigators, the nurse navigator, and other stakeholders. Results: Seven volunteers were partnered with 18 clients. Over the one-year pilot, the volunteer navigators conducted visits in home or by phone every two to three weeks. Volunteers were skilled and resourceful in building connections and facilitating engagement. Although it took time to learn the navigator role, volunteers felt well-prepared and found the role satisfying and meaningful. Clients and family rated the service as highly important to their care because of how the volunteer helped to make the difficult experiences of aging and advanced chronic illness more livable. Significant benefits cited by clients were making good decisions for both now and in the future; having a surrogate social safety net; supporting engagement with life; and ultimately, transforming the experience of living with illness. Overall the program was perceived to be well-designed by stakeholders and meeting an important need in the community. Sustainability, however, was a concern expressed by both clients and volunteers. Conclusions: Volunteers providing supportive navigation services during the early phase of palliative care is a feasible way to foster a compassionate community approach to care for an aging population. The program is now being implemented by hospice societies in diverse communities across Canada.

To be a trained and supported volunteer in palliative care – a phenomenological study
Author(s): Söderhamn et al.
Source: BMC Palliative Care 16(18)
Publication date: 2017
Background: It has been found that including volunteers in palliative care is a positive contribution to seriously ill patients. It is, however, recommended that the volunteers are trained and supported. The aim of this study was to describe a group of trained and supported volunteers' lived experiences as volunteers in palliative care within the community health care services. Methods: This study adopted a descriptive phenomenological approach featuring individual interviews with nine volunteers. The interviews were analysed using the descriptive phenomenological research method according to Giorgi. Results: Being a volunteer in palliative care was both a positive and meaningful experience. It was a privilege being able to help those in need, which yielded positive returns. As a volunteer, it was important to be present for the ill persons and to follow them in their various physical and psychical states, which also implied that the volunteer had to face and deal with challenging situations. However, volunteers stated it was crucial to possess knowledge and life experience, as well as a clarified

role, and they stressed the importance of being followed up by a mentor. Conclusions: The findings showed that trained and supported volunteers among seriously ill or dying people within the realm of community health care services play an independent and important role in the palliative care team. A coordinator in palliative care is especially suitable for training and supporting the volunteers.

How effective are volunteers at supporting people in their last year of life? A pragmatic randomised wait-list trial in palliative care (ELSA)
Author(s): Walshe et al.
Source: BMC Medicine 14(203)
Publication date: 2016
Background: Clinical care alone at the end of life is unlikely to meet all needs. Volunteers are a key resource, acceptable to patients, but there is no evidence on care outcomes. This study aimed to determine whether support from a social action volunteer service is better than usual care at improving quality of life for adults in the last year of life. Methods: A pragmatic, multi-centre wait-list controlled trial, with participants randomly allocated to receive the volunteer support intervention either immediately or after a 4 week wait. Trained volunteers provided tailored face-to-face support including befriending, practical support and signposting to services, primarily provided within the home, typically for 2–3 hours per week. The primary outcome was rate of change of quality of life at 4 weeks (WHO QOL BREF, a general, culturally sensitive measure). Secondary outcomes included rate of change of quality of life at 8 weeks and Loneliness (De Jong Gierveld Loneliness Scale), social support (mMOS-SS), and reported use of health and social care services at 4 and 8 weeks. Results: In total, 196 adults (61% (n = 109) female; mean age 72 years) were included in the study. No significant difference was found in main or secondary outcomes at 4 weeks. Rate of change of quality of life showed trends in favour of the intervention (physical quality of life domain: b = 3.98, CI, –0.38 to 8.34; psychological domain: b = 2.59, CI, –2.24 to 7.43; environmental domain: b = 3, CI, –4.13 to 4.91). Adjusted analyses to control for hours of volunteer input found significantly less decrease in physical quality of life in the intervention group (slope (b) 4.43, CI, 0.10 to 8.76). While the intervention also favoured the rate of change of emotional (b = –0.08; CI, –0.52 to 0.35) and social loneliness (b = –0.20; CI, –0.58 to 0.18), social support (b = 0.13; CI, –0.13 to 0.39), and reported use of health and social care professionals (b = 0.16; CI, –0.22 to 0.55), these were not statistically significant. No adverse events were reported. Conclusions: Clinicians can confidently refer to volunteer services at the end of life. Future research should focus on ‘dose’ to maximise likely impact.

Factors affecting rural volunteering in palliative care - an integrated review Abstract only*
Author(s): Whittall et al.
Source: Australian Journal of Rural Health 24(6) pp. 350-356
Publication date: 2016
To review factors shaping volunteering in palliative care in Australian rural communities using Australian and International literature. Identify gaps in the palliative care literature and make recommendations for future research. A comprehensive literature search was conducted using Proquest, Scopus, Sage Premier, Wiley online, Ovid, Cochran, Google Scholar, CINAHL and Informit Health Collection. The literature was synthesised and presented in an integrated thematic narrative. Australian Rural communities. While Australia, Canada, the United States (US) and the United Kingdom (UK) are leaders in palliative care volunteer research, limited research specifically focuses on volunteers in rural communities with the least occurring in Australia. Several interrelated factors influence rural palliative care provision, in particular an increasingly ageing population

which includes an ageing volunteer and health professional workforce. Also current and models of palliative care practice fail to recognise the innumerable variables between and within rural communities such as distance, isolation, lack of privacy, limited health care services and infrastructure, and workforce shortages. These issues impact palliative care provision and are significant for health professionals, volunteers, patients and caregivers. The three key themes of this integrated review include: (i) Geography, ageing rural populations in palliative care practice, (ii) Psychosocial impact of end-end-of life care in rural communities and (iii) Palliative care models of practice and volunteering in rural communities. The invisibility of volunteers in rural palliative care research is a concern in understanding the issues affecting the sustainability of quality palliative care provision in rural communities. Recommendations for future Australian research includes examination of the suitability of current models of palliative care practice in addressing the needs of rural communities; the recruitment, training, ongoing education and support of volunteers in rural palliative care provision to ensure equitable care for all communities in Australia regardless of location.

Workforce

Workforce Plan: A Missed opportunity for palliative care?
Author(s): Brian Nyatanga
Source: British Journal of Community Nursing 28(8)
Publication date: August 2023
The recently published NHS Long Term Workforce Plan (NHS England, 2023) coincides with the 75th anniversary of the creation of the NHS, and heralds a seminal plan to increase staffing levels to match the changing demographics of patients and health needs. The plan is viewed by the Government as ambitious, bold and an opportunity to redress the shortcomings of the current NHS service provision to improve patient care at the point of need. This plan not only sets the biggest recruitment drive ever seen across the NHS (NHS England, 2023), but heralds ongoing future strategic workforce planning to avoid the NHS being in its current predicament. The workforce plan has three main pillars:Train, Retain and Reform, which form the basis for a pragmatic drive locally and nationally for the short and medium term to address current workforce challenges.

Conference abstract: Mapping the specialist palliative care workforce in London's acute hospitals - a postcode lottery?
Abstract all available
Item Type: Journal Article
Authors: Gray, A.;Bisi-Adewole, F.;Buxton, K.;Nolan, C.;Sleeman, K. and Stirling, L. C.
Publication Date: // ,2023
Journal: BMJ Supportive and Palliative Care 13, pp. A42
Abstract: Introduction An estimated 75% of people who die each year could benefit from receiving palliative care. Little data exists on the specialist palliative care workforce and service provision and whether this meets defined standards. Aims To map the specialist palliative care workforce across London and identify any differences in staffing levels and outof- hours cover, to inform workforce planning discussions across the London Palliative and End-of-Life Care Strategic Clinical Network. Method Service evaluation of 27 specialist palliative care teams within 19 London NHS Hospital Trusts (August-December 2022). The following data were collected: numbers of wholetime-equivalent establishment and staff-in-post for clinical and non-clinical roles; hospital bed numbers, annual service referral numbers, and annual deaths (surrogate markers of service demand). Descriptive statistical analysis compared staff establishment levels per 1000 beds, referrals, and deaths. Also, data on vacancy rates and out-of-hours cover for each team were analysed. Results All 27 teams provided data. The median ratio of medical staff to 1000 beds/referrals/deaths was 5.5, 2.5

and 3.2 respectively; the median ratio of nursing staff to 1000 beds/ referrals/deaths was 14.9, 6.1 and 7.5 respectively, with wide variation across services. 48% of teams had an underfilled staffing establishment; the median vacancy rate was 10.2% (range 0.5%-42%). 44% of teams provided a 7-day face-toface service with 24/7 telephone support. The proportion of teams with specialist social workers and psychologists in their establishment was 37% and 26% respectively. Results are subject to final verification. Conclusion Our results demonstrate wide variation in hospital specialist palliative care workforce levels across London, and levels of out-of-hours cover. Whilst the heterogeneous nature of hospitals make comparisons challenging, our findings indicate inequity in provision. Replication of this mapping exercise across wider Strategic Clinical Networks in England is important to understand variation in workforce and service provision at a national level.

Regional perspectives on the coordination and delivery of paediatric end-of-life care in the UK: a qualitative study
Item Type: Journal Article
Authors: Papworth, Andrew;Hackett, Julia;Beresford, Bryony;Murtagh, Fliss;Weatherly, Helen;Hinde, Sebastian;Bedendo, Andre;Walker, Gabriella;Noyes, Jane;Oddie, Sam;Vasudevan, Chakrapani;Feltbower, Richard G.;Phillips, Bob;Hain, Richard;Subramanian, Gayathri;Haynes, Andrew and Fraser, Lorna K.
Publication Date: // ,2023
Journal: BMC Palliative Care 22(1), pp. 117
Abstract: BACKGROUND: Provision of and access to paediatric end-of-life care is inequitable, but previous research on this area has focused on perspectives of health professionals in specific settings or children with specific conditions. This qualitative study aimed to explore regional perspectives of the successes, and challenges to the equitable coordination and delivery of end-of-life care for children in the UK. The study provides an overarching perspective on the challenges of delivering and coordinating end-of-life care for children in the UK, and the impact of these on health professionals and organisations. Previous research has not highlighted the successes in the sector, such as the formal and informal coordination of care between different services and sectors., METHODS: Semi-structured interviews with Chairs of the regional Palliative Care Networks across the UK. Chairs or co-Chairs (n = 19) of 15/16 Networks were interviewed between October-December 2021. Data were analysed using thematic analysis., RESULTS: Three main themes were identified: one standalone theme ("Communication during end-of-life care"); and two overarching themes ("Getting end-of-life services and staff in the right place", with two themes: "Access to, and staffing of end-of-life care" and "Inconsistent and insufficient funding for end-of-life care services"; and "Linking up healthcare provision", with three sub-themes: "Coordination successes", "Role of the networks", and "Coordination challenges"). Good end-of-life care was facilitated through collaborative and network approaches to service provision, and effective communication with families. The implementation of 24/7 advice lines and the formalisation of joint-working arrangements were highlighted as a way to address the current challenges in the specialism., CONCLUSIONS: Findings demonstrate how informal and formal relationships between organisations and individuals, enabled early communication with families, and collaborative working with specialist services. Formalising these could increase knowledge and awareness of end of life care, improve staff confidence, and overall improve professionals' experiences of delivering care, and families' experiences of receiving it. There are considerable positives that come from collaborative working between different organisations and sectors, and care could be improved if these approaches are funded and formalised. There needs to be consistent funding for paediatric palliative care and there is a clear need for education

and training to improve staff knowledge and confidence. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.

Characterizing the Palliative Care Physician Workforce: A Retrospective Cross-Sectional Study With Population-Based Data in Ontario, Canada Abstract only*
Item Type: Journal Article
Authors: Rice, E.;Scott, M. M.;Webber, C.;Seow, H.;Sivapathasundaram, B. and Tanuseputro, P.
Publication Date: // ,2023
Journal: Journal of the American Medical Directors Association 24(12), pp. 1849-1854.e1
Abstract: Objectives: Because of an increasing need to build capacity for end-of-life care, improving access to palliative care is a priority. Where a physician practices (eg, hospital, outpatient clinic, home) directly relates to the type of service and the stage of illness at which care is provided. In this study, we describe the physician palliative care specialist workforce and the settings of care within which they practice. Design(s): A retrospective cohort. Setting and Participants: All physicians with palliative care billing codes who were practicing between April 1, 2018, and March 31, 2019, in Ontario, Canada. Method(s): Descriptive statistics of physician billing location and frequency using linked population-based health administrative data. Result(s): We identified 8883 physicians who provided palliative care during the study period. Of those, 723 (8.1%) were classified as palliative care specialists (>10% of their billings encounters were palliative care). The majority (57.4%) of palliative care specialists worked in 1 setting more than 90% of their time, across home visits (27.1%), indirect care (22.4%), and office (7.9%). There were 61 palliative care specialists practicing in mixed locations who provided home visits, meaning 310 (42.9%) of the palliative care specialists delivered some home-based care. Conclusions and Implications: This research provides a comprehensive description of the current palliative care specialist physician workforce that can support efforts to build capacity for high-quality end-of-life care.Copyright © 2023

A National Survey of Palliative Care Team Compositions
Abstract only*
Item Type: Journal Article
Authors: Chen, Joseph;de la Rosa, Allison;Lai, Dejian;De La Cruz, Maxine;Zhukovsky, Donna;Revere, Lee;Lairson, David;Wermuth, Paige and Hui, David
Publication Date: // ,2022
Journal: Journal of Palliative Care 37(2), pp. 142-151
Abstract: Objective: It is unclear how well palliative care teams are staffed at US cancer centers. Our primary objective was to compare the composition of palliative care teams between National Cancer Institute (NCI)-designated cancer centers and non-NCI-designated cancer centers in 2018. We also assessed changes in team composition between 2009 and 2018. Methods: This national survey examined the team composition in palliative care programs at all 61 NCI-designated cancer centers and in a random sample of 60 of 1252 non-NCI-designated cancer centers in 2018. Responses were compared to those from our 2009 survey. The primary outcome was the presence of an interprofessional team defined as a palliative care physician, nurse, and psychosocial member. Secondary outcomes were the size and number of individual disciplines. Results: In 2018, 52/61 (85%) of NCI-designated and 27/38 (71%) non-NCI-designated cancer centers in the primary outcome comparison responded to the survey. NCI-designated cancer centers were more likely to have interprofessional teams than non-NCI-designated cancer centers (92% vs 67%; P = .009). Non-NCI-designated cancer centers were more likely to have nurse-led teams (14.8% vs 0.0%; P = .01). The median number of disciplines did not differ between groups (NCI, 6.0; non-NCI, 5.0; P = .08). Between 2009 and 2018, NCI-designated and non-NCI-designated cancer centers saw increased proportions of centers with

interprofessional teams (NCI, 64.9% vs 92.0%, P < .001; non-NCI, 40.0% vs 66.7%; P = .047). Conclusion: NCI-designated cancer centers were more likely to report having an interprofessional palliative care team than non-NCI-designated cancer centers. Growth has been limited over the past decade, particularly at non-NCI-designated cancer centers.

Optimizing the Global Nursing Workforce to Ensure Universal Palliative Care Access and Alleviate Serious Health-Related Suffering Worldwide Abstract only*
Author(s): Rosa et al.
Source: Journal of Pain and Symptom Management 63(2)
Publication date: July 2021
Context: Palliative care access is fundamental to the highest attainable standard of health and a core component of universal health coverage. Forging universal palliative care access is insurmountable without strategically optimizing the nursing workforce and integrating palliative nursing into health systems at all levels. The COVID-19 pandemic has underscored both the critical need for accessible palliative care to alleviate serious health-related suffering and the key role of nurses to achieve this goal. Objectives: 1) Summarize palliative nursing contributions to the expansion of palliative care access; 2) identify emerging nursing roles in alignment with global palliative care recommendations and policy agendas; 3) promote nursing leadership development to enhance universal access to palliative care services. Methods: Empirical and policy literature review; best practice models; recommendations to optimize the palliative nursing workforce. Results: Nurses working across settings provide a considerable untapped resource that can be leveraged to advance palliative care access and palliative care program development. Best practice models demonstrate promising approaches and outcomes related to education and training, policy and advocacy, and academic-practice partnerships. Conclusion: An estimated 28 million nurses account for 59% of the international healthcare workforce and deliver up to 90% of primary health services. It has been well-documented that nurses are often the first or only healthcare provider available in many parts of the world. Strategic investments in international and interdisciplinary collaboration, as well as policy changes and the safe expansion of high-quality nursing care, can optimize the efforts of the global nursing workforce to mitigate serious health-related suffering.

Conference abstract: Workforce development in Hospice and Palliative Nursing Abstract all available
Author(s): Jolley et al.
Source: Journal of Pain and Symptom Management
Publication date: 2020
Objectives

- Self-report increased knowledge of innovative palliative care models addressing workforce challenges.
- Participants to leverage the efforts of HPNA's nursing continuing professional development offerings to promote health equity and improve access, safety, and quality of palliative care.

Advance care planning: the who, what, when, where and why Abstract only*
Author(s): Steel and Owen
Source: British Journal of Hospital Medicine 81(2)
Publication date: February 2020
Advance care planning is an opportunity for patients to express their priorities for future care. NHS England has outlined a commitment to end-of-life care, advocating a shift towards more patient-centred care. The NHS is encouraging the workforce to engage patients in conversations about what is important to them, shifting the focus from 'what is wrong with you' to 'what matters to you'. Traditionally, this was seen as the doctor's role but this conversation can and should happen with the wider

skilled medical workforce. The key to advance care planning is to have these conversations early on when patients have the capacity to discuss their preferences for care. Advance care planning can occur in any setting where the patient is comfortable to have the conversation, be that at home, in the GP surgery, in hospital or another setting. Patients with advance care plans are more likely to have their wishes respected, have fewer unwanted interventions, experience reduced transitions between care settings and are more likely to die in their preferred place of death. Healthcare professionals have a duty to offer advance care planning to patients nearing the last phase of life so that care can be delivered to honour individual needs at the end of life.

Palliative Care in Nephrology: The Work and the Workforce
Abstract only*
Author(s): Gelfand et al.
Source: Advances in Chronic Kidney Disease 27(4) pp. 350-355
Publication date: July 2020
Kidney palliative care is a growing subspecialty of clinical practice, education, and research in nephrology. It is an essential aspect of care for patients across the continuum of advanced kidney disease who have high symptom burden, multidimensional communication needs, and limited life expectancy. Training in kidney palliative care can occur in a variety of ways, from didactic curricula and clinical experiences embedded in nephrology fellowship training to the pursuit of additional dedicated fellowship training in palliative care. At this time, a minority of nephrologists pursue formal fellowship training in specialty palliative care. This article will discuss opportunities and challenges in building a skilled workforce that will address the palliative needs of patients living with advanced kidney disease.

Transforming the Workforce for Primary Palliative Care Through a System-Wide Educational Initiative Abstract only*
Author(s): Duty and Loftus
Source: Journal of Nursing Administration 49(10) pp. 466-472
Publication date: October 2019
Palliative care (PC) is a national and global priority, yet there is insufficient knowledge regarding PC among generalist clinicians. An interdisciplinary educational initiative was implemented to enhance a hospital workforce's PC knowledge and skills. More than 1000 clinicians attended at least 1 of 27 educational offerings. Measurable gains were evident in key outcome measures including PC referrals and advanced directive documentation. Changes reflected a transformation of workforce culture and resulted in 2 national awards for improving PC.

Mind the gap: is the Canadian long-term care workforce ready for a palliative care mandate?
Author(s): Hunter et al.
Source: Ageing & Society 40(6)
Publication date: January 2019
The average expected lifespan in Canadian long-term care (LTC) homes is now less than two years post-admission, making LTC a palliative care setting. As little is known about the readiness of LTC staff in Canada to embrace a palliative care mandate, the main objective of this study was to assess qualities relevant to palliative care, including personal emotional wellbeing, palliative care self-efficacy and person-centred practices (e.g. knowing the person, comfort care). A convenience sample of 228 professional and non-professional staff (e.g. nurses and nursing assistants) across four Canadian LTC homes participated in a survey. Burnout, secondary traumatic stress and poor job satisfaction were well below accepted thresholds, e.g. burnout: mean = 20.49 (standard deviation (SD) = 5.39) for professionals; mean = 22.09 (SD = 4.98) for non-professionals; cut score = 42. Furthermore, only 0–1 per cent of

each group showed a score above cut-off for any of these variables. Reported self-efficacy was moderate, e.g. efficacy in delivery: mean = 18.63 (SD = 6.29) for professionals; mean = 15.33 (SD = 7.52) for non-professionals; maximum = 32. The same was true of self-reported person-centred care, e.g. knowing the person; mean = 22.05 (SD = 6.55) for professionals; mean = 22.91 (SD = 6.16) for non-professionals; maximum = 35. t-Tests showed that non-professional staff reported relatively higher levels of burnout, while professional staff reported greater job satisfaction and self-efficacy ($p < 0.05$). There was no difference in secondary traumatic stress or person-centred care ($p > 0.05$). Overall, these results suggest that the emotional wellbeing of the Canadian LTC workforce is unlikely to impede effective palliative care. However, palliative care self-efficacy and person-centred care can be further cultivated in this context.

The Hospice and Palliative Care Advanced Practice Registered Nurse Workforce: Results of a National Survey Abstract only*
Author(s): Pawlow et al.
Source: Journal of Hospice and Palliative Nursing 20(4) pp. 349-357
Publication date: August 2018
One barrier to continued growth of palliative care is the shortage of qualified hospice and palliative care clinicians. Advanced practice registered nurses are an important part of the interdisciplinary palliative care team, and strengthening this workforce can help alleviate the shortage of clinicians and improve access to quality palliative care. However, there is a dearth of information about this workforce. The purpose of this study was to describe the current hospice and palliative care advanced practice registered nurse workforce, their educational needs, and barriers to practice. The investigators distributed an online survey between October 2016 and January 2017 and received 556 responses. Sixty-three percent had more than 20 years of experience as a registered nurse yet were newer to practice as a hospice and palliative care advanced practice nurse, with 53.8% having 0 to 5 years of experience in this role. Forty-one percent indicated that their traditional graduate educational preparation was insufficient in preparing them for their specialty role. Most indicated that they did not experience barriers to practice in their current position, but 7.3% identified significant issues. These results can inform future professional, educational, and regulatory efforts to support and develop the palliative care advanced practice registered nurse workforce.

Workforce characteristics and interventions associated with high-quality care and support to older people with cancer: a systematic review
Author(s): Bridges et al.
Source: BMJ Open 7(7)
Publication date: 2017
Objectives: To provide an overview of the evidence base on the effectiveness of workforce interventions for improving the outcomes for older people with cancer, as well as analysing key features of the workforce associated with those improvements. Design: Systematic review. Methods: Relevant databases were searched for primary research, published in English, reporting on older people and cancer and the outcomes of interventions to improve workforce knowledge, attitudes or skills; involving a change in workforce composition and/or skill mix; and/or requiring significant workforce reconfiguration or new roles. Studies were also sought on associations between the composition and characteristics of the cancer care workforce and older people's outcomes. A narrative synthesis was conducted and supported by tabulation of key study data. Results: Studies (n=24) included 4555 patients aged 60+ from targeted cancer screening to end of life care. Interventions were diverse and two-thirds of the studies were assessed as low quality. Only two studies directly targeted workforce knowledge and skills and only

two studies addressed the nature of workforce features related to improved outcomes. Interventions focused on discrete groups of older people with specific needs offering guidance or psychological support were more effective than those broadly targeting survival outcomes. Advanced Practice Nursing roles, voluntary support roles and the involvement of geriatric teams provided some evidence of effectiveness. Conclusions: An array of workforce interventions focus on improving outcomes for older people with cancer but these are diverse and thinly spread across the cancer journey. Higher quality and larger scale research that focuses on workforce features is now needed to guide developments in this field, and review findings indicate that interventions targeted at specific subgroups of older people with complex needs, and that involve input from advanced practice nurses, geriatric teams and trained volunteers appear most promising.

Productivity in Pediatric Palliative Care: Measuring and Monitoring an Elusive Metric
Author(s): Kaye et al.
Source: Journal of Pain and Symptom Management 53(5) pp. 952-961
Publication date: May 2017
Context: Workforce productivity is poorly defined in health care. Particularly in the field of pediatric palliative care (PPC), the absence of consensus metrics impedes aggregation and analysis of data to track workforce efficiency and effectiveness. Lack of uniformly measured data also compromises the development of innovative strategies to improve productivity and hinders investigation of the link between productivity and quality of care, which are interrelated but not interchangeable. Objectives: To review the literature regarding the definition and measurement of productivity in PPC; to identify barriers to productivity within traditional PPC models; and to recommend novel metrics to study productivity as a component of quality care in PPC. Methods: PubMed® and Cochrane Database of Systematic Reviews searches for scholarly literature were performed using key words (pediatric palliative care, palliative care, team, workforce, workflow, productivity, algorithm, quality care, quality improvement, quality metric, inpatient, hospital, consultation, model) for articles published between 2000 and 2016. Organizational searches of Center to Advance Palliative Care, National Hospice and Palliative Care Organization, National Association for Home Care & Hospice, American Academy of Hospice and Palliative Medicine, Hospice and Palliative Nurses Association, National Quality Forum, and National Consensus Project for Quality Palliative Care were also performed. Additional semistructured interviews were conducted with directors from seven prominent PPC programs across the U.S. to review standard operating procedures for PPC team workflow and productivity. Results: Little consensus exists in the PPC field regarding optimal ways to define, measure, and analyze provider and program productivity. Barriers to accurate monitoring of productivity include difficulties with identification, measurement, and interpretation of metrics applicable to an interdisciplinary care paradigm. In the context of inefficiencies inherent to traditional consultation models, novel productivity metrics are proposed. Conclusions: Further research is needed to determine optimal metrics for monitoring productivity within PPC teams. Innovative approaches should be studied with the goal of improving efficiency of care without compromising value.

Workforce planning and demographics

An experience with the use of WISN tool to calculate staffing in a palliative care hospital in Brazil
Item Type: Journal Article
Authors: Silva, A. P. D. and Dal Poz, M. R.
Publication Date: // ,2022
Journal: Human Resources for Health 19, pp. 135
Abstract: BACKGROUND: The article describes a healthcare staffing exercise that took place in a Cancer Hospital IV, Brazil's first public palliative care unit. There are numerous gaps in the literature on specialized cancer staffing. Palliative care is a therapy modality that should begin with the diagnosis of a chronic disease, at which point the personnel must be technically and numerically adequate, as well as well-distributed, to provide coverage of the population that requires this type of care. METHOD(S): The WISN tool was chosen after a systematic review of the use of workload studies in palliative care, because it fulfills this objective. The WISN method is based on a health worker's workload, was developed in the late 1990s in the health sector and has been field-tested and implemented in several countries. Direct observation was used as the fieldwork approach, which was carried out by 18 research assistants with the assistance of two supervisors. They monitored 60 professionals in seven categories for 2 weeks on weekdays in the morning and afternoon periods: nursing, pharmacy, physical therapy, medical, nutrition, psychology, and social services. RESULT(S): Except for the medical staff, which at the time included additional physicians on loan from a partner institution to address a shortage in this professional group, all categories exhibited overload with WISN ratios ranging from 0.53 to 0.97. The analysis of time spent on individual activities indicated flaws with the services' informal organizations. The authors also noticed a strong emphasis on support activities and a lack of a clear schedule for training and research. The study's findings included a definition of standard activities for each professional group, an analysis and comparison of activities by categories, departments, and work shifts, a standard workload for training and research, and recommendations to include human resources planning as a fundamental part of a national policy for palliative care. CONCLUSION(S): The WISN tool can be used to plan human resources in cancer centers that provide palliative care, and it provides for a variety of analyses that can be combined with other approaches in the literature.Copyright © 2021. The Author(s).

"Building palliative care capacity in cancer treatment centres: a participatory action research"
Item Type: Journal Article
Authors: Rao, S. R.;Salins, N.;Goh, C. R. and Bhatnagar, S.
Publication Date: // ,2022
Journal: BMC Palliative Care 21(1), pp. 101
Abstract: Introduction: There is a significant lack of palliative care access and service delivery in the Indian cancer institutes. In this paper, we describe the development, implementation, and evaluation of a palliative care capacity-building program in Indian cancer institutes. Method(s): Participatory action research method was used to develop, implement and evaluate the outcomes of the palliative care capacity-building program. Participants were healthcare practitioners from various cancer institutes in India. Training and education in palliative care, infrastructure for palliative care provision, and opioid availability were identified as key requisites for capacity-building. Researchers developed interventions towards capacity building, which were modified and further developed after each cycle of the capacity-building program. Qualitative content analysis was used to develop an action plan to build capacity. Descriptive statistics were used to measure the outcomes of the action plan. Result(s): Seventy-three healthcare practitioners from 31 cancer treatment centres in India were purposively recruited between

2016 and 2020. The outcome indicators of the project were defined a priori, and were audited by an independent auditor. The three cycles of the program resulted in the development of palliative care services in 23 of the 31 institutes enrolled in the program. Stand-alone palliative care outpatient services were established in all the 23 centres, with the required infrastructure and manpower being provided by the organization. Morphine availability improved and use increased in these centres, which was an indication of improved pain management skills among the participants. The initiation and continuation of education, training, and advocacy activities in 20 centres suggested that healthcare providers continued to remain engaged with the program even after the cessation of their training cycle. Conclusion(s): This program illustrates how a transformational change at the organizational and individual level can lead to the development of sustained provision of palliative care services in cancer institutes.Copyright © 2022, The Author(s).

Developing the Future End-of-Life Health Care Workforce: Lessons Learned From a Survey of Advanced Health Professions Students Abstract only*
Author(s): Boucher et al.
Source: American Journal of Hospice & Palliative Care 39(6) pp. 613-618
Publication date: June 2022
Objective: To examine health professions trainees' end-of-life (EOL) care knowledge, attitudes, and intentions. Methods: IRB-approved online survey of 346 students/5 universities in final training years-public health, pharmacy, physician, physician assistant, occupational therapy, and physical therapy (April-May 2016). Queried knowledge, attitudes, and intentions toward EOL care. Results: Sufficient knowledge of palliative care was reported by 25% while sufficient knowledge of advance care planning (ACP) was 17%. Ninety-six percent thought it important to discuss EOL issues in training; 92% believed their professions played important roles in EOL care. Managing pain was chosen as the best example of palliative care by 93.6% and designating healthcare proxies was reported as the best example of ACP (5.8%). Pharmacy, public health, and rehabilitation therapy students were less likely than physician and physician assistant trainees to report intent to work in EOL care. Among those who want to work in EOL care, 65% reported having clinical experience with seriously ill or dying patients/clients. We discuss other findings related to perceptions of didactic preparation in palliative care, palliative care knowledge access/function, death/dying attitudes, and intentions toward seriously illness care. Discussion: There is interest in and knowledge of palliative care, including EOL care, among multiple health professions. Provides guidance for how we train health professionals to improve population health by optimizing EOL care.

Workforce Planning for Community-Based Palliative Care Specialist Teams Using Operations Research
Item Type: Journal Article
Authors: Taghavi, Majid;Johnston, Grace;Urquhart, Robin;Henderson, David;Tschupruk, Cheryl and Tupala, Beth
Publication Date: // ,2021
Journal: Journal of Pain and Symptom Management 61(5), pp. 1012-1022.e4
Abstract: CONTEXT: Many countries have aging populations. Thus, the need for palliative care will increase. However, the methods to estimate optimal staffing for specialist palliative care teams are rudimentary as yet., OBJECTIVES: To develop a population-need workforce planning model for community-based palliative care specialist teams and to apply the model to forecast the staff needed to care for all patients with terminal illness, organ failure, and frailty during the next 20 years, with and without the expansion of primary palliative care., METHODS: We used operations research (linear programming) to model the problem. We used the framework of the Canadian

Society of Palliative Care Physicians and the Nova Scotia palliative care strategy to apply the model., RESULTS: To meet the palliative care needs for persons dying across Nova Scotia in 2019, the model generated an estimate of 70.8 nurses, 23.6 physicians, and 11.9 social workers, a total of 106.3 staff. Thereby, the model indicated that a 64% increase in specialist palliative care staff was needed immediately, and a further 13.1% increase would be needed during the next 20 years. Trained primary palliative care providers currently meet 3.7% of need, and with their expansion are expected to meet 20.3% by 2038., CONCLUSION: Historical, current, and projected data can be used with operations research to forecast staffing levels for specialist palliative care teams under various scenarios. The forecast can be updated as new data emerge, applied to other populations, and used to test alternative delivery models. Crown Copyright © 2020. Published by Elsevier Inc. All rights reserved.

A critical realist evaluation of advance care planning in care homes
Author(s): Spacey et al.
Source: Journal of Advance Nursing 77
Publication date: 2021
Aims: To evaluate care planning in advance of end-of-life care in care homes. Design: A qualitative study. Methods: Qualitative data were collected from January 2018–July 2019 (using focus groups and semi-structured interviews) from three care homes in the South West of England. The data were analysed using thematic analysis followed by Critical Realist Evaluation. Results: Participants comprised of registered nurses (N = 4), care assistants (N = 8), bereaved relatives (N = 7), and domiciliary staff (N = 3). Although the importance of advance care planning was well recognized, the emotional labour of frequently engaging in discussions about death and dying was highlighted as a problem by some care home staff. It was evident that in some cases care home staff's unmet emotional needs led them to rushing and avoiding discussions about death and dying with residents and relatives. A sparsity of mechanisms to support care home staff's emotional needs was noted across all three care homes. Furthermore, a lack of training and knowledge appeared to inhibit care home staff's ability to engage in meaningful care planning conversations with specific groups of residents such as those living with dementia. The lack of training was principally evident amongst non-registered care home staff and those with non-formal caring roles such as housekeeping. Conclusion: There is a need for more focused education to support registered and non-registered care home staff to effectively engage in sensitive discussions about death and dying with residents. Furthermore, greater emotional support is necessary to help build workforce resilience and sustain change. Impact: Knowledge generated from this study can be used to inform the design and development of future advance care planning interventions capable of supporting the delivery of high-quality end-of-life care in care homes.

Workforce Planning for Community-Based Palliative Care Specialist Teams Using Operations Research
Author(s): Taghavi et al.
Source: Journal of Pain and Symptom Management 61(5)
Publication date: May 2021
Context. Many countries have aging populations. Thus, the need for palliative care will increase. However, the methods to estimate optimal staffing for specialist palliative care teams are rudimentary as yet. Objectives. To develop a population-need workforce planning model for community-based palliative care specialist teams and to apply the model to forecast the staff needed to care for all patients with terminal illness, organ failure, and frailty during the next 20 years, with and without the expansion of primary palliative care. Methods. We used operations research (linear programming) to model the problem. We used the framework of the Canadian Society of Palliative

Care Physicians and the Nova Scotia palliative care strategy to apply the model. Results. To meet the palliative care needs for persons dying across Nova Scotia in 2019, the model generated an estimate of 70.8 nurses, 23.6 physicians, and 11.9 social workers, a total of 106.3 staff. Thereby, the model indicated that a 64% increase in specialist palliative care staff was needed immediately, and a further 13.1% increase would be needed during the next 20 years. Trained primary palliative care providers currently meet 3.7% of need, and with their expansion are expected to meet 20.3% by 2038. Conclusion. Historical, current, and projected data can be used with operations research to forecast staffing levels for specialist palliative care teams under various scenarios. The forecast can be updated as new data emerge, applied to other populations, and used to test alternative delivery models.

Transitions in Labour Force Participation over the Palliative Care Trajectory

Author(s): Guerriere et al.
Source: Healthcare Policy 16(2) pp. 25-40
Publication date: November 2020
Background: Home-based palliative programs rely on family caregivers, who often miss time from employment. This article identified changes in caregivers' labour force participation over the palliative trajectory. Methods: Family caregivers (n = 262) were interviewed biweekly to measure transitions across four employment categories. Results: More than half of the caregivers had one employment transition and 29% had three or more. The highest proportion of transitions occurred for caregivers who were employed part-time. Interpretation: Understanding these transitions is critical to the development of strategies tailored to caregivers to contain labour force losses and to support caregivers during a time of high caregiving demands.

Equity and the financial costs of informal caregiving in palliative care: a critical debate

Author(s): Gardiner et al.
Source: BMC Palliative Care 19(71)
Publication date: May 2020
Background: Informal caregivers represent the foundation of the palliative care workforce and are the main providers of end of life care. Financial pressures are among the most serious concerns for many carers and the financial burden of end of life caregiving can be substantial.
Methods: The aim of this critical debate paper was to review and critique some of the key evidence on the financial costs of informal caregiving and describe how these costs represent an equity issue in palliative care. Results: The financial costs of informal caregiving at the end of life can be significant and include carer time costs, out of pocket costs and employment related costs. Financial burden is associated with a range of negative outcomes for both patient and carer. Evidence suggests that the financial costs of caring are not distributed equitably. Sources of inequity are reflective of those influencing access to specialist palliative care and include diagnosis (cancer vs non-cancer), socio-economic status, gender, cultural and ethnic identity, and employment status. Effects of intersectionality and the cumulative effect of multiple risk factors are also a consideration. Conclusions: Various groups of informal end of life carers are systematically disadvantaged financially. Addressing these, and other, determinants of end of life care is central to a public health approach to palliative care that fully recognises the value of carers. Further research exploring these areas of inequity in more depth and gaining a more detailed understanding of what influences financial burden is required to take the next steps towards meeting this aspiration. We will address the conclusions and recommendations we have made in this paper through the work of our recently established European

Association of Palliative Care (EAPC) Taskforce on the financial costs of family caregiving.

A Narrative Literature Review on Human Resource Planning for Palliative Care Personnel
Author(s): Erin Raine and Majid Taghavi
Source: Indian Journal of Palliative Care 26(4) pp. 401-404
Publication date: 2020
A literature search was started with the objective of finding works pertaining to the use of operations research techniques in planning for human resources in palliative care. Since the search indicated that there is no such work, in this paper, we report on the literature on workforce planning and human resource planning for palliative care personnel. Using our findings, we discuss the factors that influence the supply and demand for the palliative care workforce. Our results show that the enhancement of efficiency, training more primary caregivers to deliver palliative care, and allowing for mid-career specialist training are practical ways to compensate for the gap between the supply and demand in the palliative care workforce.

Policy Changes Key To Promoting Sustainability And Growth Of The Specialty Palliative Care Workforce Full text available with NHS OpenAthens account*
Author(s): Kamal et al.
Source: Health Affairs 38(6)
Publication date: June 2019
Specialized palliative care teams improve outcomes for the steadily growing population of people living with serious illness. However, few studies have examined whether the specialty palliative care workforce can meet the growing demand for its services. We used 2018 clinician survey data to model risk factors associated with palliative care clinicians leaving the field early, and we then projected physician numbers from 2019 to 2059 under four scenarios. Our modeling revealed an impending "workforce valley," with declining physician numbers that will not recover to the current level until 2045, absent policy change. However, sustained growth in the number of fellowship positions over ten years could reverse the worsening workforce shortage. There is an immediate need for policies that support high-value, team-based palliative care through expansion in all segments of the specialty palliative care workforce, combined with payment reform to encourage the deployment of sustainable teams.

Using simulation modelling to test the impact of future demand for end-of-life care Abstract only*
Author(s): Pepler et al.
Source: Healthcare Management Forum 31(4) pp. 147-152
Publication date: July 2018
Health systems globally are exploring new models of care to address the increasing demand for palliative, hospice, and end-of-life care. Yet few tools exist at the population level to explore "what if" scenarios and test, in a "cost avoidance environment," the impact of these new care models on policy, workforce, technology, and funding. This article introduces the application of scenario-based "what if" thinking and discrete event simulation in strategic planning for a not-for-profit hospice organization. It will describe how a set of conceptual models was designed to frame discussions between strategic partners about the implications and alternatives in implementing a new, integrated service model for palliative and end-of-life care.

Future of the Palliative Care Workforce: Preview to an Impending Crisis
Author(s): Kamal et al.
Source: American Journal of Medicine 130(2) pp. 113-114
Publication date: 2017
Background: The specialty of palliative care has experienced remarkable acceptance over the last decade, with teams present in 85% of medium/large hospitals in the US.1 For many serious

illnesses like cancer, advanced heart disease, stroke, and chronic obstructive pulmonary disease, routine integration of palliative care is considered standard of care.

Characterizing the Hospice and Palliative Care Workforce in the U.S.: Clinician Demographics and Professional Responsibilities
Abstract only*
Author(s): Kamal et al.
Source: Journal of Pain and Symptom Management 51(3) pp. 597-603
Publication date: March 2016
Context: Palliative care services are growing at an unprecedented pace. Yet, the characteristics of the clinician population who deliver these services are not known. Information on the roles, motivations, and future plans of the clinician workforce would allow for planning to sustain and grow the field. Objectives: To better understand the characteristics of clinicians within the field of hospice and palliative care. Methods: From June through December 2013, we conducted an electronic survey of American Academy of Hospice and Palliative Medicine members. We queried information on demographics, professional roles and responsibilities, motivations for entering the field, and future plans. We compared palliative care and hospice populations alongside clinician roles using chi-square analyses. Multivariable logistic regression was used to identify predictors of leaving the field early. Results: A total of 1365 persons, representing a 30% response rate, participated. Our survey findings revealed a current palliative care clinician workforce that is older, predominantly female, and generally with less than 10 years clinical experience in the field. Most clinicians have both clinical hospice and palliative care responsibilities. Many cite personal or professional growth or influential experiences during training or practice as motivations to enter the field. Conclusion: Palliative care clinicians are a heterogeneous group. We identified motivations for entering the field that can be leveraged to sustain and grow the workforce.

Competency Frameworks

Nursing Career Pathway & Competency Framework Toolkit
Source: The Clatterbridge Cancer Centre NHS Foundation Trust
Publication date: 2021
The Clatterbridge Cancer Centre NHS Foundation Trust has ambitious goals to transform the way we deliver cancer care to our patients in new, innovative and exciting ways. We have opened a new flagship hospital in Liverpool in 2020 and are committed to being recognised as the leaders in cancer care delivery across Cheshire & Merseyside and beyond. We recognise that our mission to ‘Drive improved outcomes and experience through our unique network of specialist cancer care across Cheshire and Merseyside’, our strategic goals and objectives, can only be achieved by supporting all our staff to develop and grow their knowledge and skills as a highly talented, educated and motivated workforce. We want you to be proud to work at the Trust and we want to support you to be the best you can be; to learn, to develop, to achieve and to promote the Trust as a great place to work. We will offer you new challenges and opportunities to promote a culture of continuous quality improvement, and we will support and encourage you to succeed in your ambitions.

Towards a set of competencies in palliative care nursing in Spain: what’s getting in the way of consensus?
Author(s): Guanter-Peris et al.
Source: BMC Palliative Care Nursing 23(41)
Publication date: 2024
Background: Spain currently lacks a competency framework for palliative care nursing. Having such a framework would help to

advance this field in academic, governmental, and health management contexts. In phase I of a mixed-methods sequential study, we collected quantitative data, proposing 98 competencies to a sample of palliative care nurses. They accepted 62 of them and rejected 36. Methods: Phase II is a qualitative phase in which we used consensus techniques with two modified nominal groups to interpret the quantitative findings with the objective of understanding of why the 36 competencies had been rejected. Twenty nurses from different areas of palliative care (direct care, teaching, management, research) participated. We conducted a thematic analysis using NVivo12 to identify meaning units and group them into larger thematic categories. Results: Participants attributed the lack of consensus on the 36 competencies to four main reasons: the rejection of standardised nursing language, the context in which nurses carry out palliative care and other factors that are external to the care itself, the degree of specificity of the proposed competency (too little or too great), and the complexity of nursing care related to the end of life and/or death. Conclusions: Based on the results, we propose reparative actions, such as reformulating the competencies expressed in nursing terminology to describe them as specific behaviours and insisting on the participation of nurses in developing institutional policies and strategies so that competencies related to development, leadership and professional commitment can be implemented. It is essential to promote greater consensus on the definition and levels of nursing intervention according to criteria of complexity and to advocate for adequate training, regulation, and accreditation of palliative care expert practice. Locally, understanding why the 36 competencies were rejected can help Spanish palliative care nurses reach a shared competency framework. More broadly, our consensus methodology and our findings regarding the causes for rejection may be useful to other countries that are in the process of formalising or reviewing their palliative care nursing model.

Career Pathway, Core Cancer Capabilities and Education Framework for the Supportive, Assistive and Registered Nursing and Allied Health Professions Workforce Part of the Aspirant Cancer Career and Education Development (ACCEND) programme
Source: Health Education England
Publication date: 2023
This new framework will support the development of the cancer workforce by providing guidance on routes into working in cancer care and career progression, and a detailed capabilities and education framework. It offers the opportunity for the workforce at all levels, from pre-registration to advanced and consultant level roles, to develop and evidence their knowledge and capabilities, which will support the highest standards of practice as well as providing a structure for career and role development within specialist cancer services.

What competency frameworks are available to promote a consistent education framework for the palliative and end of life care workforce in Wales? A rapid evidence map Abstract all available
Item Type: Journal Article
Authors: Mann, M.;Cordine, R. and Byrne, A.
Publication Date: // ,2023
Journal: BMJ Supportive and Palliative Care 13, pp. A11-A12
Abstract: Introduction Education frameworks identify specific learning needs, promote consistent, inclusive and flexible approaches to education, address discipline-specific standards and support learning and development at individual, service, and organisational levels. A recent service evaluation in the Cardiff and Vale University Health Board (C&V UHB) identified areas of inequity regarding standardised palliative and end of life care (PEOLC) education. Furthermore, the National Programme Board for Palliative and End of Life Care (NPBPEOLC) in Wales has prioritised the need for an all-Wales strategy to identify an

established competency framework or develop a framework specific to Wales. Aims To conduct a rapid evidence map on behalf of NPBPEOLC to identify established PEOLC education frameworks from the published literature and map the core domains and competencies included within them. Methods Four key databases were searched from 2012-2022 for relevant published papers. Reference lists of systematic reviews were checked for appropriate studies. Methodology was used from the Palliative care Evidence Review Service (PaCERS)1 for this review, with some adaptations. Results Of 84 articles identified, 8 studies met the inclusion criteria. Two frameworks were based in the UK (Scotland and England), 3 in the USA, 2 in Canada and 1 in Ireland. A mapping exercise was carried out, whereby competencies from identified frameworks were mapped to the European Association for Palliative Care (EAPC) Ten Core Competencies. Two multidisciplinary, comprehensive frameworks covered all ten EAPC domains across their competencies.2 3 Conclusions The findings will be used by the NPBPEOLC to inform a Wales specific PEOLC education core competency framework. Impact The frameworks identified: . provide sufficient coverage of competencies to inform a Wales-wide multidisciplinary competency framework for adult specialist palliative care. . contribute to providing a standardised training framework for organisations to implement, regulate and continuously evaluate.

Palliative care organization and staffing models in residential hospices: Which makes the difference? Abstract only*
Item Type: Journal Article
Authors: Artico, M.;Piredda, M.;D'Angelo, D.;Di Nitto, M.;Giannarelli, D.;Marchetti, A.;Facchinetti, G.;De Chirico, C. and De Marinis, M. G.
Publication Date: // ,2022
Journal: International Journal of Nursing Studies 126, pp. 104135

Abstract: Background: The number of patients using palliative care services, particularly residential hospices, is increasing. Policymakers are urging these services to reflect on the most effective organizational strategies for meeting patients' complex care needs. Aim(s): To analyze the predictive power of staffing, structure and process indicators towards optimal control of patients' clinically significant symptoms over time. Design(s): Secondary analysis of data from a multicentre prospective longitudinal observational study (PRELUdiHO) collected between November 2017 and September 2018. Setting/participants: Adult patients (n = 992) enrolled in 13 Italian residential hospices. Method(s): Two generalized estimating equations logistic models were built, both with number of hospice beds and length of stay as independent variables as well as, in one case, patient-to-healthcare worker ratios, and, in the other, health professionals' qualification levels. Dependent variables were six not clinically significant (score<4) symptoms: pain, nausea, shortness of breath, feeling sad, feeling nervous, and 'how you feel overall', according to the Edmonton Symptom Assessment System revised (ESAS-r) scale. Result(s): The generalized estimating equations indicators on staff revealed the following 'optimal' model: Patient-to-Physician ratio (5.5:1-6.5:1); Patient-to-Nurse ratio (1.5:1-2.7:1); Patient-to-Nurse-Assistant ratio (4.1:1-6.3:1); with the most balanced staff composition including 19% physicians, 23% nurse assistants, and 58% registered nurses; hospice beds (12-25); length of stay (median = 12 days). This model predicted an up to four times greater likelihood of controlling all six ESAS-r symptoms over time. The generalized estimating equations model on the educational level of physicians and registered nurses showed that it was significantly associated with optimal patients' symptom control during the entire hospice stay. Conclusion(s): This study showed the exact skill-mix composition and proportions of palliative care team able to ensure optimal control of patients' symptoms. The added value of physicians and nurses with a qualification in palliative care in terms of better patient outcomes reaffirmed the importance of education in guaranteeing quality care. Hospices with 12-25 beds, and recruitment methods guaranteeing at least 12-day stay ensured the most propitious organizational environment for optimal management of clinically significant symptoms. The transferability of these results mainly depends on whether the skills of health professionals in our `ideal' model are present in other contexts. Our results provide policymakers and hospice managers with specific, evidence-based information to support decision-making processes regarding hospice staffing and organization. Further prospective studies are needed to confirm the positive impact of this 'optimal' organizational framework on patient outcomes. Copyright © 2021

Palliative Nursing Competency Framework
Source: Ministry of Health Singapore
Publication date: 2022
This Framework has been developed for nurses providing palliative care services in all sectors and is supported by the key stakeholders such as the palliative nursing professionals, employers, certification and professional bodies and training providers. The purpose of the PNCF is to provide up-to-date and forwardlooking information on existing and emerging job roles, skills and competencies. Furthermore, the PNCF will guide the enhancement of education and training programmes for the sector.

The Canadian Interdisciplinary Palliative Care Competency Framework: a curriculum guide for educators and reference manual for disciplines providing palliative care
Source: Canadian Partnership Against Cancer
Publication date: 2021
Canadians want and need high-quality palliative care: One measure of a society's commitment to its most vulnerable citizens is how the society helps people through the difficult consequences of life-limiting illnesses. High-quality palliative care provides the physical, psychosocial, and spiritual support people and their families or caregivers need as they navigate some of the most challenging events of their lives. Palliative care helps people live more fully, and more comfortably – even through the stages of advanced disease.

A National, Palliative Care Competency Framework for Undergraduate Medical Curricula
Author(s): Pieters et al.
Source: International Journal of Environmental Research and Public Health 17(7)
Publication date: April 2020
As nearly all doctors deal with patients requiring palliative care, it is imperative that palliative care education starts early. This study aimed to validate a national, palliative care competency framework for undergraduate medical curricula. We conducted a Delphi study with five groups of stakeholders (palliative care experts, physicians, nurses, curriculum coordinators, and junior doctors), inviting them to rate a competency list. The list was organized around six key competencies. For each competency, participants indicated the level to which students should have mastered the skill at the end of undergraduate training. Stability was reached after two rating rounds (N = 82 round 1, N = 54 round 2). The results showed high levels of agreement within and between stakeholder groups. Participants agreed that theoretical knowledge is not enough: Students must practice palliative care competencies, albeit to varying degrees. Overall, communication and personal development and well-being scored the highest: Junior doctors should be able to perform these in the workplace under close supervision. Advance care planning scored the lowest, indicating performance in a simulated setting. A wide range of stakeholders validated a palliative care

competency framework for undergraduate medical curricula. This framework can be used to guide teaching about palliative care.

The Ontario Palliative Care Competency Framework: A reference guide for health professionals and volunteers
Source: Ontario Palliative Care Network
Publication date: April 2019
This reference guide for health professionals and volunteers describes the knowledge, personal attributes and skills providers need to deliver high-quality palliative care in Ontario. Applying these competencies in practice will lead to better care for people with a life-limiting condition, and encourage collaboration among professionals and organizations providing palliative care.

RCN Competencies: Caring for Infants, Children and Young People requiring Palliative Care
Source: Royal College of Nursing
Publication date: 2018
This document is a revision of the first RCN competence framework produced for nurses and health care support workers in the UK involved in the care of infants, children and young people requiring palliative care. This newly revised competence framework builds on a number of best practice guidance documents and resources.

End of Life Care Core Skills Education and Training Framework
Source: Health Education England
Publication date: 2017
Health Education England (HEE) commissioned the The framework classifies key skills and knowledge into three tiers, ranging from general end of life care awareness to the in-depth knowledge needed to care for and support an individual approaching the end of their life, and their family. It describes core skills and knowledge that are common and transferable across services. Enabling greater consistency in the training and assessment of end of life care core skills and knowledge.

Common Core Principles and competences for social care and health workers working with adults at the end of life
Source: Skills for Care
Publication date: 2014
People nearing the end of their life often need specialist care and support that is provided by experts working in the field. Increasingly though, people working in social care and health who are not specialists in this area find themselves working with people who are dying. This document, while relevant for everyone, is aimed at those non specialist workers.1 It sets out the principles for working with adults at the end of their life, and describes the underpinning competences, knowledge and values they should have. Used alongside occupation-specific guidance, these 'common core principles' form a framework to guide managers and workers, helping to define the additional knowledge and competences needed when supporting someone who is dying.

Palliative Care Competence Framework
Source: Forum of Irish Postgraduate Medical Training Bodies
Publication date: 2014
The purpose of this project was to develop a Palliative Care Competence Framework for health and social care professionals working in various health care settings. The framework is intended to provide for core competences in palliative care whilst also detailing individual competences for each health and social care discipline. It is envisioned that the framework will inform academic curricula and professional development programs, and so will enhance the care of people with a life-limiting condition, fostering greater inter-professional and inter-organizational collaboration in palliative care provision.

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