2nd International Children’s Palliative Care Conference

Building Bridges - Home, Hospital and Hospice
An Interdisciplinary Conference
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Development of the PaedPAL TASK (Tool for Assessing Skill and Knowledge) to assist professional learning and development in children’s palliative care nursing

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Presentation Aims:

1. Explain the project-design and pilot of the current PaedPAL TASK tool
2. Present the background & design of the evolving tool
3. Share next steps
International Context

The emergence of children’s palliative care (CPC) as a new specialty has a fundamental effect on societal and professional expectations placed on nursing staff working within this area. It is well documented that for optimum care nurses are required to have the skills, knowledge and expertise necessary to care for children and their families.

Background

• 2015 figures indicate a growing Irish prevalence 32/10,000 or 3840 children (Ling, O’Reilly, Devins, Quinn, Balfe 2015)

• 2015 Position paper from the National Development Committee on the education and training needs for the specialty of children’s Palliative care (Foley and Quinn 2015)

• Recruitment challenges nationally

• New helpful documents identifying required competencies

• A developing evidence base and service user feedback

• National Policy 2010 noted ‘the lack of educational programmes to provide health professionals with the specific knowledge to care for children and families’ (Department of Health and Children)

• New services emerging
LauraLynn
Ireland’s Children’s Hospice
Creation of a new Clinical Education and Research Department at LauraLynn Hospice

“…to support the development of a competent and knowledgeable workforce within a new children’s Hospice”
(Ref: LauraLynn 2013)

Remit:

✓ Assess the developmental needs of staff (Quinn et al 2013).
✓ Creation of an in-house career progression framework (Quinn, Neary, Hillis and Vaughan 2014)
✓ Deliver responsive in-house programme design and professional development advice
✓ Links to 3rd level programmes, tertiary centers, CNE, OLCHC
✓ Establishment of a Personalised CPC Skill Assessment and Learning Plans
Four stages to our approach
2012-2015

1. Identification of need
Organisational Staff Learning Needs Assessment (Quinn and Hillis 2013, published in IJPN, 2015, 21, 12, 596-601)

2. Career development Map (2014) The Competency Matrix Training Plan is based on the premise that the traditional career path of a Staff Nurse can follow one of three routes: Management, Specialist or Educator in CPC

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Staff Nurse
   /  \\
 /    \\/
/      \
MANAGER  SPECIALIST  EDUCATOR
  /  \\
/    \\/
/      \
CNM1  CPC/NPD  CNS  Nurse Tutor  Nurse Lecturer
  /  \\
/     \\/
/       \
CNM2  ANP               \
  /  \\
/     \\/
/       \
CNM3                            Head CER
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3. In House Programme design (2012-2015) and Personalised Learning Plans

4. Development of a method to identify individual strengths and learning goals = PaedPAL TASK (Tool to Assess Skills and Knowledge)
EXAMPLE
Career development: Skill Matrix for Continuous Professional Development for the specialty of children’s palliative care within LauraLynn Children’s Hospice (Quinn, Neary, Hilis and Vaughan 2015)

Level 4. Advancing Nursing Practice (e.g. Established CNS, possible aim ANP) aware of ongoing learning requirements i.e. Nurse prescribing, advanced symptom management, advanced communication skills. Is research active, well established CPD portfolio. Dissemination of wider evidence to colleagues and juniors. Seeks out learning opportunities to include 3rd level, (MSc, PhD studies) national and international seminars.

Level 3. Proficient CPC Nursing Expert (fully competent CNS, CNM 2 or 3) Evidence of awareness of existing learning requirements and actively participates. Is research active, well established CPD portfolio. Dissemination of wider evidence to colleagues and juniors, seeks and attends learning programmes to include 3rd level, national and international seminars. Both within and external to LLH.

Level 2- Is seeking development of competence in CPC and differing care locations (CNM1, Senior staff nurse). Actively aware of own ongoing learning requirements. Beginning to build and take responsibility for personal CPD portfolio. Aware of career progression. Attending workshops: Level A and B in OLCHC, internal programmes within LLH. Developing Symptom assessment and management skills, advanced communication skills, medication management, assessing the child with LLI and caring in the community.

Level 1 - Basic Knowledge (novice) Is seeking development of skills, knowledge & competence in CPC and differing care locations (staff nurse). Actively aware of own ongoing learning requirements. Beginning to build and take responsibility for personal CPD portfolio. Aware of career progression and aware of ongoing learning requirements including: attending Level A and B in OLCHC, Intends to complete Level 1 programmes in LL including workshops in overview of CPC, documentation, PEG, basic pain and symptom management, EOL care, Communication skills, medication management working with technology, epilepsy management, syringe driver management, working with parents as partners, CPI and CPR. (Ref Benner 1984 Novice to Expert)
# Example of point 3: LL Skills framework 2013

## Skills Framework Continuing Professional Development for the specialty of Children’s Palliative Care (Graduate Nurses)

January 2014  
Author: Claire Quinn

<table>
<thead>
<tr>
<th><strong>BEHAVIOURS</strong></th>
<th><strong>CLINICAL SKILLS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD Portfolio</td>
<td>Training Programmes which relate to competencies that must be completed</td>
</tr>
<tr>
<td>Dissemination of Information</td>
<td></td>
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<tr>
<td>Research Activity</td>
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<tr>
<td>Basic Level of knowledge in:</td>
<td>As for Level 1 plus:</td>
</tr>
<tr>
<td>- Principles of palliative care</td>
<td>- Level A and B in OLCHC</td>
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<tr>
<td>- Communication</td>
<td>- Generic Skills</td>
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<tr>
<td>- Optimizing Comfort &amp; Quality of Life</td>
<td>- Documentation</td>
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<tr>
<td>- Care planning and collaborative practice</td>
<td>- CPR</td>
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<tr>
<td>- Loss, grief and bereavement</td>
<td>- CPR</td>
</tr>
<tr>
<td>- Professional and ethical practice in the context of palliative care</td>
<td>- PEG</td>
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</tbody>
</table>

**Level 1**
(eg. Graduate Nurse)

- Requires direction to identify areas for skill development in line with strategic objectives of LLH and current role
- Has started to collate evidence for personal CPD portfolio
- Not expected to disseminate research findings to colleagues but utilise research evidence for own clinical practice
- Begins involvement in preceptorship

**Level 2:**
Generalist

- Seeks advice to ensure skill
- Takes responsibility
- Takes research evidence for own clinical practice
- Not expected to participate in formal research activity but assist with evaluation and audit processes

**Proficiency in the areas of:**
- Level 1 LLH Courses in:
  -  Advanced symptom
What is Competence?

Competence is the proven ability to use **knowledge, skills and attitudes** in work to meet the standards expected in employment (Source: adapted from Cole 1996)

**Knowledge:** The required information to perform a task as well as the capacity to apply it back in the workplace

**Skills:** Skill encompasses experience and practice, and the gaining of skill leads to unconscious and automatic actions

**Attitudes:** Attitudes are the established ways of responding to people and situations that we have learned, based on the beliefs, values and assumptions we hold. How we respond to situations and our behaviour can reflect our attitude
Domain of Competence 1: Principles of Palliative Care:
Domain of Competence 2: Communication:
Domain of Competence 3: Optimizing Comfort and Quality of Life
Domain of Competence 4: Care Planning and Collaborative Practice.
Domain of Competence 5: Loss, Grief and Bereavement:
Domain of Competence 6: Professional and Ethical Practice in the Context of Palliative Care

(2014 HSE Competency Framework: Domains of Competence Key Performance Indicators)

These KPIs underpin the design of the LauraLynn Competency Matrix Training Plan for Clinical Nurse Managers and Staff Nurses
Developing The PaedPal TASK (2014)

**PROCESS**

- Review of the literature
- Preliminary design
- Consultation with external professional colleagues and Dr. Richard Hain
- Pilot & evaluate
- Version 1 uses 3 different domains - clinical, professional/ organisational and personal
The growing literature: Publications to Assist Clinical Learning and Training in CPC

• **Internationally:** The End of Life Nursing Education Consortium (ELNEC) in the United States (2004/ 2011) and the Palliative Care Curriculum for Undergraduates (PCC4U) in Australia, "provides a combination of both active and experiential learning methods of teaching”

• **European:** The recent European Report from the Children’s Palliative Care Education Taskforce (EAPC 2014)

• **Nationally:** Recent Irish Core Competencies for Children’s Palliative Care (HSE 2014) provide an invaluable structure to encourage Continuous Practice Development
Improving care at LauraLynn Hospice
-Learning like a superhero!
FEEDBACK from the pilot - Focus Group Interview

Q1) How did you find the notification process and what improvements should happen after the pilot phase?

‘I actually liked the fact that there was very little information given beforehand as it’s a true test’ (N1)

‘There’s a certain pressure in answering clinical questions on the spot…..Timing was perfect. I did mine on the phone (there was no choice) and I actually thought this was a better way!’ (N4)

‘I felt it was very fairly done’ (all 7 nurses agree)

‘It needs to be put into context. What is it being benchmarked against? Is it linked to your PDR or a training development plan? Everyone needs to know that they are being assessed’ (N4)

‘It comes back to what are the necessary qualifications to work in CPC… I thought my assessor was really helpful- I know their background is all CPC and teaching’ (N4)

‘I think a lot of staff felt they immediately knew their areas of weakness themselves straight after… I immediately knew where I had fallen down’ (N3)

‘We can’t have a prescriptive learning needs plan, it will have to be tailored for each person… I’d like to know what the timeframe is for my learning plan.. I felt ownership of the document’ (N4)

2) How was the timing of the assessment for you?

Q3) What are your views on the required qualification of the assessor i.e what level of knowledge/clinical backgrounds do you think the assessor should have?

Q4) How did the manner and approach of the assessor help to put you at ease / or not?
FEEDBACK from the pilot - Focus Group Interview

Q5) Did the questions surprise you? Did you know they were based on the published competencies for CPC?

“It was very relaxed atmosphere non-threatening” – (all agree)

“‘It’s an excellent idea and really narrows what you know and what you don’t…it focused me on what I needed to know’” (N5)

Q6) What standards of role do you think the questions were for (SN, CNM, CNS, ANP)

‘The question about paediatric palliative emergency’s surprised me’(N4)

‘There were no surprises in the questions it was more about how you answered’ (N1)

Q7) Was it hard not to share the questions and experience with other colleagues afterwards?

‘Staff may be apprehensive about the process... It may bring up some insecurities for people and make them nervous. It may get people thinking about what will happen if they don’t do well, will they be transferred etc (N3)

Q8) What Challenges can you imagine going forward?

‘The assessors themselves will need more support to keep knowledge current’ (N4)

Q9) What would YOU have liked to have known directly after the assessment?

‘I think a lot of staff felt they immediately knew their areas on weakness themselves straight after... I immediately knew where I had fallen down, it was really helpful’ (N3)
Next steps

✓ Consultation with the NDC
✓ Consultation with the NMPDU
✓ Publish findings from pilot project (in press)
  • Progress and modify existing tool with published HSE competency framework 2014
  • Continue to lobby on behalf of education for the future generations of CPC nurses
As professionals we have ONLY one chance to provide the very best of care

“Education isn't how much you have committed to memory, or even how much you know. It's being able to differentiate between what you do know and what you don't. It's knowing where to go to find out what you need to know; and it's knowing how to use the information you get”
-William Feather

Remembering our dear colleague, Ms. Jacqui Ellis RIP who shared our passion for CPC and helped in the design and pilot of this tool.
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